Honoring Our Past to Create Our Future: Celebrating 25 years

The Business Book
2003 NCSBN Annual Meeting

Alexandria, Virginia ❦ August 5-8, 2003
National Council of State Boards of Nursing, Inc.

NCSBN
Leading in Nursing Regulation

2003 NCSBN Annual Meeting

Mission Statement

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

Vision Statement

The National Council of State Boards of Nursing will advance optimal health outcomes by leading in health care regulation worldwide.

Purpose and Function

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

The major functions of NCSBN include developing the NCLEX-RN® and the NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to NCSBN's purpose, and serving as a forum for information exchange for National Council members.

Section I

2003 NCSBN Annual Meeting

Business Agenda of the 2003 Delegate Assembly

Special Note

Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permits.

Tuesday, August 5, 2003
9 -10 am

Opening Ceremony
- Introductions
- Announcements

Opening Reports
- Credentials Report
- Approval of Standing Rules

Adoption of Agenda

Report of the Committee on Nominations
- Presentation of 2003 Slate of Candidates
- Nominations from Floor
- Approval of the 2003 Slate of Candidates

Thursday, August 7, 2003
2:45 - 4:30 pm

Board of Directors' Report
- Proposed NCSBN Mission Statement

Bylaws Committee Report
- Proposed revisions to the NCSBN Bylaws

Results of Election of Officers and Committee on Nominations

Friday, August 8, 2003
9 -10:15 am

Examination Committee Report
- Proposed changes to the *NCLEX-RN® Test Plan*

Board of Directors' Report
- Request to negotiate contract amendment with Pearson VUE to extend time limit for NCLEX-RN® examination

New Business
- Resolutions Committee and New Business

Friday, August 8, 2003
10:35 - 12:00 pm

Introduction of 2003-2004 Board of Directors and Committee on Nominations

Adjournment

Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.

B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting cards authorized for that delegate. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.

C. A registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting card(s) to the Credentials Committee, at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.

D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

2. Meeting Conduct

A. Meeting Conduct

1. Delegates must wear badges and sit in the section reserved for them.
2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
3. There shall be no smoking in the meeting room.
4. All cellular telephones shall be turned off or turned to silent vibrating mode. An attendee must leave the meeting room to answer a telephone.
5. A delegate's conversations with nondelegates during a business meeting must take place outside the designated delegate area.
6. All attendees have a right to be treated respectfully.

3. Agenda

A. Business Agenda

1. The Business Agenda is prepared by the President in consultation with the Executive Director and approved by the Board of Directors.

B. Consent Agenda

1. The Consent Agenda contains agenda items that do not recommend actions.
2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
4. All items remaining on the Consent Agenda will be considered received without discussion or vote.

4. Motions or Resolutions

A. Only delegates, members of the Board of Directors, and the Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council of State Boards of Nursing, Inc. (NCSBN).

B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and nonprocedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.

C. The Resolutions Committee, according to its Operating Policies and Procedures, shall review motions and resolutions submitted before Wednesday, August 6, 2003, at 12 pm. Resolution- or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.

D. The Resolutions Committee will convene its meeting on Wednesday, August 6, 2003, at 4 pm and schedule a mutually agreeable time during the meeting to meet with each resolution- or motion-maker. The Resolutions Committee shall meet with the resolution- or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the criteria in its operating policies and procedures. The Committee shall submit a summary report to the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee. The Committee report shall precede the resolution or motion by the maker to the Delegate Assembly.

E. If a member of the Delegate Assembly wishes to introduce a nonprocedural main motion or resolution after the deadline of 4 pm on Wednesday, August 6, 2003, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

A. Order of Debate: Delegates shall have the first right to speak. Nondelegate members and employees of Member Boards including members of the Board of Directors may speak only after all delegates have spoken.

B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.

C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.

E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.

6. Nominations and Elections

A. A delegate making a nomination from the floor shall have two minutes to list the qualifications of the nominee. Written consent of the nominee and a written statement of qualifications must be submitted to the Committee on Nominations at the time of the nomination from the floor.
B. Electioneering for candidates is prohibited except during the candidate forum.
C. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, August 6, 2003.
D. Election for officers, directors, and members of the Committee on Nominations shall be held Thursday, August 7, 2003, from 7:45 to 8:45 am.
E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.

7. Forums

A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of member Boards have spoken.
B. Open Forum: Open forum time will be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.
C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

2002 Annual Meeting Schedule

Tuesday, August 5, 2003

8:00 - 8:50 am – NCSBN Delegate Orientation
Donna Dorsey, NCSBN President; Joan Bouchard, Executive Director, Oregon State Board of Nursing; and Julia von Haam, Parliamentarian
Are you representing your state as a delegate? Please join us for a review of the parliamentary procedures required for voting on Delegate Assembly business.

8:00 - 9:00 am – Registration and Continental Breakfast

9:00 am - 4:30 pm – Exhibit Showcase
Stop by the Exhibit Showcase to learn of products and information pertinent to the work of boards of nursing. Exhibitor participation at the NCSBN Annual Meeting does not imply endorsement or approval by NCSBN of any product, service or participant.

9:00 - 9:05 am – Welcome to Virginia!
Presented by representatives from the Virginia Board of Nursing.

9:05 - 9:40 am – Delegate Assembly Opening Ceremony and First Business Meeting
Delegate Assembly business includes adoption of the business agenda, standing rules and credentials report. The Committee on Nominations will also present the Slate of Candidates and call for nominations from the floor.

9:40 - 9:55 am – President's Address
Donna Dorsey, MS, RN, NCSBN President

9:55 - 10:10 am – Executive Director's Address
Kathy Apple, MS, RN, NCSBN Executive Director

10:10 - 10:30 am – Report of the Finance Committee
Sandra Evans, MAEd, NCSBN Treasurer, and Robert Clayborne, NCSBN Director of Finance

10:30 - 11:00 am – Break

11:00 - 12:00 pm – NCSBN Board of Directors Forum
The NCSBN Board of Directors will describe proposed revisions to the NCSBN Mission Statement and initiate a strategic planning discussion.

12:00 - 1:30 pm – Lunch

1:30 - 2:00 pm – Examination Committee Forum
Anita Ristau, RN, MS, Chair, NCSBN Examination Committee, and Casey Marks, PhD, NCSBN Director of Testing Services
Discussion of the proposed *NCLEX-RN® Test Plan* (effective April 2004) and report on the current status of international administration of the NCLEX® examinations.

2:00 - 2:50 pm – Closed Session: Contractual Information Regarding International Administration of the NCLEX
Anita Ristau, RN, MS, Chair, NCSBN Examination Committee, and Casey Marks, PhD, NCSBN Director of Testing Services – OPEN TO NCSBN MEMBERS ONLY

2:50 - 3:10 pm – "The Big Chill" Break
Sponsored ice cream break

3:10 - 4:30 pm – Candidate Forum
Karla Bitz, RN, BSN, MMGT, Chair, Committee on Nominations, and Gino Chisari, MSN, RN, Vice-Chair, Committee on Nominations
Support NCSBN and your fellow NCSBN members: come to the Candidate Forum to hear from the nominees for NCSBN elected office.

4:30 - 5:00 pm – Optional Session: NCSBN Research Services Update
Lynda Crawford, PhD, RN, CAE, NCSBN Director of Research Services, and June Smith, PhD, RN, NCSBN Research Services Manager
NCSBN Research Services will report findings and discuss the NCSBN Post-Entry Competency Study.

4:30 - 5:00 pm – Optional Session: Nur*sys*™ Update
Angela Diaz-Kay, Director of Information Technology
Update on the Nursys™ database and answer questions from the membership.

6:00 - 9:00 pm – Monuments by Moonlight
Join us for the "Monuments by Moonlight" bus tour of the nation's capital, an event organized by the Virginia Board of Nursing.

Wednesday, August 6, 2003

8:00 - 9:00 am – Registration & Continental Breakfast

9:00 - 4:30 pm – Exhibit Showcase
Stop by the Exhibit Showcase to learn of products and information pertinent to the work of boards of nursing. Exhibitor participation at the NCSBN Annual Meeting does not imply endorsement or approval by NCSBN of any product, service or participant.

9:00 - 10:15 am – Keynote Presentation

10:15 - 10:35 am – Break

10:35 am - 12:00 pm – Bylaws Committee Forum
Laura Rhodes, MSN, RN, Chair, NCSBN Bylaws Committee
Discussion will include recommended changes to the elections process and the Committee on Nominations.

12:00 - 2:00 pm – Area Luncheon Meetings: NCSBN Members Only
NCSBN Area Luncheons – OPEN TO NCSBN MEMBERS AND STAFF ONLY
The purpose of NCSBN Area Meetings is to facilitate communication and encourage regional dialogue on issues important to NCSBN and its members.

12:00 - 1:00 pm – NCSBN Guest Lunch
NCSBN guests are invited to attend this lunch in lieu of the Area Lunches.

2:00 - 2:30 pm – Break

2:30 - 3:30 pm – Practice Regulation and Education (PRE) Model Revision Subcommittee Forum
Barbara Newman, RN, MS, Chair, Practice, Regulation and Education (PR&E) Model Revision Subcommittee, and Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice & Regulation
Request for feedback from the Practice Regulation and Education (PR&E) Committee regarding proposed revisions to the model administrative rules which reflect current nursing regulation issues.

3:30 - 4:00 pm – Social Security Number Forum
Kristin Hellquist, MS, NCSBN Associate Director, Policy & External Relations
Report on the 2002 Delegate Assembly resolution resolving the Social Security "Catch 22."

4:00 - 5:00 pm – Resolutions Committee Meeting
Cheryl Koski, MS, RN, CS, Chair, NCSBN Resolutions Committee

5:00 - 7:00 pm – Board & Candidate Reception

Thursday, August 7, 2003

7:45 - 8:45 am – Election of Candidates

8:00 - 9:00 am – Registration & Continental Breakfast

9:00 - 10:00 am – Open Forum & Resolutions
NCSBN Board of Directors and Cheryl Koski, MSN, RN, CS, Chair, NCSBN Resolutions Committee

10:00 - 10:15 am – Break

10:15 am - 11:45 am – Building Bridges Networking Groups
Session topic options are listed at right

11:45 am - 12:00 pm – Break

12:00 - 2:30 pm – Awards Luncheon
Enjoy a celebration of NCSBN milestones in conjunction with the annual Awards Luncheon. As in the past, NCSBN will honor its award recipients, but this year will also honor the four boards of nursing that are celebrating 100 years of nursing regulation. Additional special recognitions will take place.

2:45 - 4:30 pm – Delegate Assembly Second Business Meeting

6:00 - 9:00 pm – NLCA Dinner Meeting
This is a business meeting of the Nurse Licensure Compact Administrators (NLCA). **NCSBN MEMBERS ONLY, PLEASE.**

"Building Bridges" Session Topics

Board Presidents
Executive Officers
Board Members
Consumers & Public Members
Education
Practice
Discipline (includes board attorneys)
LPN/VN Issues

Friday, August 8, 2003

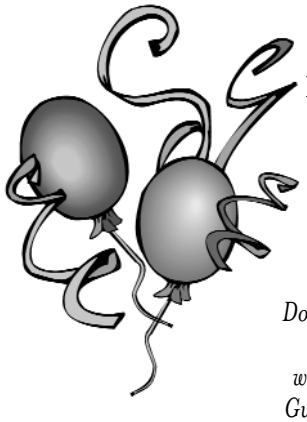
8:00 - 9:00 am – Registration & Continental Breakfast

9:00 - 10:15 am – Delegate Assembly Third Business Meeting

10:15 - 10:35 am – Break

10:35 am - 12:00 pm – Delegate Assembly Closing Ceremony

12:00 - 1:00 pm – Boxed Lunch
In anticipation of food and fun at the evening gala, we are happy to provide attendees with a light, boxed lunch.



NCSBN 25th Anniversary Gala
6:00 – 10:00 pm
Firday, August 8, 2003

The celebratory events culminate in a gala at the Women in Military Service for America Memorial. Donna Dorsey, President, NCSBN Board of Directors, will introduce and pay tribute to past NCSBN Presidents while guests enjoy a wonderful dinner planned by the NCSBN 25th Anniversary Panel. Guests may also take in panoramic views of Washington, DC, during cocktails on the rooftop veranda. Cocktail attire is requested. Transportation to the event is provided by NCSBN.

The Memorial is located at the entrance to Arlington National Cemetery and offers scenic views of Washington, DC. Featured displays include permanent World War II and Korean War exhibits, as well as temporary exhibits that rotate throughout the year. Guests will also have the opportunity view the Women in Military presentation on the history of women in the military in the Memorial's 196-seat state-of-the art-theater.

Summary of Recommendations to the 2003 Delegate Assembly with Rationale

This document provides a summary of recommendations that the NCSBN Board of Directors, Committee on Nominations, Examination Committee, and the Bylaws Committee propose to the Delegate Assembly 2003. Additional recommendations may be brought forward during the 2003 Annual Meeting.

Board of Directors

1. Adopt the proposed mission statement for National Council of State Boards of Nursing: *The National Council of State Boards of Nursing provides leadership to member boards and others who influence health care, to advance regulatory excellence for public protection.*

   Rationale
   The current mission statement has been in place for more than six years. The standard practice for nonprofit associations is to review mission statements every five to seven years and the policy of NCSBN is to review the mission statement every six years. Utilizing a consultant, the Board of Directors reviewed and discussed the purpose of a mission statement as a declaration of purpose that drives other elements of the organization. Elements of a mission statement address ownership, customers, outcome, and reputation. A draft mission statement was presented at the 2003 Mid-Year Meeting for feedback and input from the membership. Feedback from the membership was then incorporated in the final draft noted above.

   Fiscal Impact
   None.

2. Authorize the Board of Directors to negotiate a proposed contract amendment with Pearson VUE to implement a time limit extension for the NCLEX-RN® examination supported by the data and the analysis of the Examination Committee with the negotiated proposed contract reported back to the 2004 Delegate Assembly for approval.

   Rationale
   The Examination Committee recommends to the Board of Directors an increase in the current five-hour time limit for the NCLEX-RN examination. The recommendation is based on the increasing number of candidates who are running out of time, which is approximately 6% of the total RN candidate population. Further rationale includes the expectation that future NCLEX enhancements, such as alternate item formats, potential increase in passing standard and the addition of more cognitively complex examination items will necessitate more time for examinees to complete the examination. A change to the NCLEX-RN time limit will prevent an increasing number of candidates from running out of time for test administration and allow candidates to have their competency assessed by the optimal NCLEX passing rule (the 95% Confidence Interval Rule).

Fiscal Impact
None for the current fiscal year. Future fiscal impact to be determined by negotiation and brought to the 2004 Delegate Assembly for approval.

Committee on Nominations

3. Adopt the 2003 Slate of Candidates.

Rationale
The Committee on Nominations has prepared the 2003 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information for each candidate follows in the Business Book under the Report of the Committee on Nominations, and each candidate will present himself or herself at the Candidate's Forum on Tuesday, August 5, 2003, from 3:10-4:30 pm.

Fiscal Impact
Incorporated into FY04 budget.

Examination Committee

4. Adopt the proposed changes to the *NCLEX-RN® Test Plan*.

Rationale
The Examination Committee reviewed and accepted the *Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003), as the basis for recommending changes in the *NCLEX-RN® Test Plan*. Empirical evidence provided from job incumbents, the professional judgment of the Examination Committee, and feedback from the Member Boards of Nursing and other stakeholders support the recommendations regarding the *NCLEX-RN® Test Plan*.

Fiscal Impact
Incorporated into FY04 budget.

Bylaws Committee

5. Adopt the proposed Bylaws Revisions presented under the Bylaws Committee Report.

Proposed Revision #1: Article V. Section 5, Election of Officers and Directors

Section 5. *Election of Officers and Directors*.
a) *Time and Place*. Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
b) *Officers and Directors-at-Large*. Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
c) *Area Directors*. Each Area shall elect its Area Director by majority vote of the delegates from each such Area.
d) *Run-Off Balloting*. If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes. In the case of a tie on the reballoting, the final selection shall be determined by lot.
~~d)~~ **e)** *Voting*. Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.

Rationale
The addition to this section is intended to clarify run-off balloting. The proposed language was based on a recommendation from the Parliamentarian which makes explicit the limitation of the top two candidates moving forward in a run-off election, thus eliminating a third candidate automatically when the third candidate has not received a large number of votes. This situation has occurred in the past and was handled informally with the permission of the third candidate. This language helps to articulate and clarify the process.

Proposed Revision #2: Article V. Section 8, Vacancies

Section 8. *Vacancies.* 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 **and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.**

Rationale
This additional language is intended to clarify when elections shall be held after the appointment of a vacancy.

Proposed Revision #3: Article VII. Section 1, Committee on Nominations

Section 1. *Committee on Nominations*

a) *Composition*. The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.
b) *Term*. The term of office shall be two years. One half of the Committee members shall be elected in even numbered years and one half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.
c) *Election*. The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term.
d) ***Meetings.*** **The ~~first meeting of the~~ committee shall ~~be held~~ meet concurrently with the first meeting of the Board of Directors in the subsequent fiscal year.**
~~d)~~**e)** *Limitation*. A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.
~~e)~~**f)** *Vacancy*. A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section **1a**. of this Article. **If the vacancy is the chair, the other person serving the second year of a two-year term shall be the chair. If the vacancy is the vice-chair, the other person serving the first year of a two-year term shall become the vice-chair. The person filling the vacancy shall serve the remainder of the term.**
~~f)~~**g)** *Duties*. The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations ~~as proposed by Member Boards or by members of the Committee on Nominations~~, and present a ~~qualified~~ slate of **qualified** candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session 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.

Rationale
This addition is intended to provide more flexibility for when the first meeting of the committee is held and to clarify the appropriate sequencing of the chair and vice chair should vacancies occur. The change to the duties of the committee is to solidify the primary role of the committee in proposing a slate of qualified candidates. It does not negate nomination from the floor of the Delegate Assembly.

Fiscal Impact
None.

Report of the Committee on Nominations

Recommendation to the Delegate Assembly

Adopt the 2003 Slate of Candidates.

Rationale

The Committee on Nominations has prepared the 2003 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information for each candidate follows. Each candidate will present himself or herself at the Candidate's Forum on Tuesday, August 5, 2003, beginning at 3:10 pm.

Background

Per the bylaws, the Committee on Nominations considers the qualifications of all nominees for officers and directors and presents a qualified slate of candidates for vote at the Annual Meeting. The Committee's report is read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name is placed in nomination without the written consent of the nominee.

Highlights

The committee met on December 4 to discuss the purpose of observing the Board of Director's meeting. The bylaws direct the committee to meet with the Board of Directors at its first meeting of the new fiscal year. The committee then attended and observed the daylong meeting of the Board of Directors for NCSBN. The committee ended the day with a discussion with the Board regarding the core competencies, conduct and commitment requirements for each Board position. The Board encouraged the committee to recruit for diversity in position, background, and expertise.

The committee reviewed the evaluation feedback from Delegate Assembly 2002 regarding the role of the Committee on Nominations, the election process, and the concern when there are more than two candidates from one area.

The committee reviewed the video "Building a Successful Team" and discussed recruitment strategies.

The committee reviewed the contents of the reference manual and members suggested that sample solicitation letters be included. They also suggested that a contact list of people who were interested in a committee but not appointed, current committee members, people who ran for elected office but were not elected, and board members who are eligible for re-election, be developed every year for inclusion into the reference manual.

The committee reviewed and revised the Committee on Nominations Form. The consent-to-serve form will include a sentence stating that the applicant has reviewed the NCSBN Board of

Committee Members

Karla Bitz, BSN, MMGT, RN, Chair
North Dakota, Area II

Cookie Bible, BSN, RNC, APN
Nevada, Area I

Gino Chisari, MSN, RN
Massachusetts, Area IV

Betty Sims, MSN, RN
Texas-VN, Area III

Staff

Kathy Apple, MS, RN
Executive Director

Christine Ward, Executive Office Relations/Meetings Manager

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

December 4 & 5, 2002

March 25, 2003

April 24 & 25, 2003

Attachments

A. 2003 Slate of Candidates

Director standards of conduct, core competencies and responsibilities, and is qualified to serve. Other changes were editorial. The committee recommended that Board Policy 3.1, The Role of the Board of Directors, and Board Policy 3.2, Orientation for Newly Elected Board of Directors, be attached to the nomination form.

The committee discussed the pros and cons of a brochure and decided on a flyer that was developed by Amy Bird, Corporate Communications manager, and was distributed to Member Boards and at the 2003 Mid-Year Meeting.

The committee reviewed the preliminary recommendations from the Bylaws Committee.

The committee debated the format of the candidate forum.

The committee discussed its role at the 2003 Mid-Year Meeting and held a candidate reception at that meeting.

Recruitment letters were sent on January 6, 2003.

The committee discussed the merits of last year's Candidate Dial-In session and decided to conduct the session again this year on Tuesday, July 22, 2003, at 1:00 pm CST.

The committee prepared and presented a PowerPoint presentation at the 2003 Mid-Year Meeting. Nomination forms were included in the 2003 Mid-Year Meeting packets.

The deadline for nomination forms this year was April 11, 2003.

The committee reviewed feedback from the 2003 Mid-Year Meeting. Members provided positive comments about the PowerPoint presentation and the flyer. The committee felt the PowerPoint presentation content was excellent but would like to change the background colors and font to be more pleasing to the audience. The committee felt that the presentation should be given at next year's Mid-Year Meeting. The committee was pleased with the flyer and will use it again next year. The flyer should be sent in early January and only to executive officers and presidents for distribution among their board members and board staff. A copy of the flyer should also be included in the registration packet along with copies of the nomination form. The committee thought that future Board of Director meeting dates should be incorporated into the flyer for Mid-Year Meeting so that potential candidates have adequate notice and can plan accordingly.

Given the response to both the PowerPoint presentation and the flyer, the committee does not see the need to repeat the candidate reception at next year's Mid-Year Meeting.

The committee reviewed the Board of Directors policy regarding financial support for committee members' attendance at Delegate Assembly and recommended that the Board reconsider sponsoring the fourth member of the committee. The rationale is that 1) the work of the committee does not end until the election results are announced; 2) the member who, under the current policy, would not be there would therefore not be able to support his or her Area; 3) there is the possibility that a candidate may withdraw at the last minute which may require last minute recruitment activities; 4) all committee members represent the delegates; and 5) if there is a nomination from the floor, the standing rules require written consent and a statement of qualifications that must be submitted to the Committee on Nominations. The financial impact of including the fourth member at Delegate Assembly would be approximately $1,600.

The committee discussed the electronic submission of nomination forms, and thought this would be helpful and that the need for a signed hard copy is not necessary. The committee would like to explore this further for next year.

The committee approved the minutes from the December 4 & 5, 2002, meeting.

The committee reviewed the letter sent to candidates who have been selected for the slate and made minor changes.

The candidate call-in is scheduled for July 22, 2003, and notice will be included in the letter sent to candidates who have been selected for the slate.

The nomination form needs revision and should be reviewed by next year's committee. The revision should include a cell phone number and clarification of the expiration of terms for board members.

The committee reviewed all nomination forms for determination of eligibility and qualifications. There were a number of candidates who are members of Member Boards whose terms on their state boards expire and are not eligible for reappointment. If elected, these candidates would be unable to complete the term with the Board of Directors since they would have to resign when their state board term expires. Candidates who are members of Member Boards whose term expires but are eligible for reappointment are considered qualified for placement on the slate. The committee discussed at length (Karla Bitz recused herself from this discussion and action) whether or not a candidate meets the qualifications for the slate if the term of the elected office cannot be completed. The committee consulted with legal counsel for NCSBN regarding this issue. The committee moved that in the best interest of the organization, a candidate does not meet the qualifications for elected office if unable to complete the term of the elected office. The candidates who fall in this category will be notified by the committee including the rationale for the decision.

The committee approved the minutes from the April 24 & 25, 2003, meeting.

Future Activities

Gino Chisari will be Chair for the committee in FY04 per the bylaws.

Detailed Information on Candidates

Information is provided on each candidate in the following pages (taken directly from the nomination forms) and is organized as follows:

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including NCSBN activity
6. Professional organizations
7. Date of term expirations and eligibility for reappointment
8. Personal statement

Committee on Nominations – Attachment A

2003 Slate of Candidates

The following is the slate of candidates developed and adopted by the Committee on Nominations. Each candidate profile is taken directly from the candidate's nominations form. The Candidate Forum will provide the opportunity for candidates to address the 2003 Delegate Assembly on Tuesday, August 5, from 3:10-4:30 pm.

Board of Directors

Area I Director

Gregory Y. Harris, Arizona, Area I *(see page 23)*
Barbara Swehla, Montana, Area I *(see page 24)*

Area II Director

Mary Blubaugh, Kansas, Area II *(see page 25)*
John Brion, Ohio, Area II *(see page 26)*

Area III Director

Sonja Fuqua, Mississippi, Area III *(see page 27)*
Mark W. Majek, Texas, Area III *(see page 28)*

Area IV Director

Myra A. Broadway, Maine, Area IV *(see page 29)*
Cindy Van Wingerden, Virgin Islands, Area IV *(see page 30)*

Director-at-Large (two positions)

Delores Barlow, Mississippi, Area III *(see page 31)*
June Bell, Kentucky, Area III *(see page 32)*
Linda Busch, Minnesota, Area II *(see page 33)*
Deborah Johnson, North Dakota, Area II *(see page 34)*
Polly Johnson, North Carolina, Area III *(see page 35)*
Marjesta Jones, Alabama, Area III *(see page 36)*
Frank T. Maziarski, Washington, Area I *(see page 37)*
Maryjeanette (Jan) Monihan, Delaware, Area IV *(see page 38)*
Emily Pharr, Mississippi, Area III *(see page 39)*
Emmaline T. Woodson, Maryland, Area IV *(see page 40)*

Committee on Nominations

Area I

Shirlie Meyer, Idaho, Area I *(see page 41)*

Area II

Karla Bitz, North Dakota, Area II *(see page 42)*
Karen A. Trettel, Minnesota, Area II *(see page 43)*

Area I Director Candidate

Gregory Y. Harris, JD
Board Member, Arizona State Board of Nursing, Area I

Education
Arizona State University, Political Science, BA, 1980
Arizona State University, Law, JD, 1983

Professional/Regulatory/Community Involvement
Lawyer, Lewis and Roca, LLP
Executive Assistant Director, Arizona Department of Insurance
Assistant Attorney General, Arizona Attorney General
Trial Attorney, Commodity Futures Trading Commission

Since July 2000, I have served as a public member of the Arizona Board of Nursing, and currently serve as the chair of the Arizona Board's legislation and regulation committee.

Last year, the Delegate Assembly elected me to serve as a member of the Board of Directors of NCSBN as a director-at-large. My service has included work as the Board liaison to the Model Rules Subcommittee.

Before my election to the NCSBN Board, I served as a member of the Bylaws Committee from 2000 to 2002, where I assisted in the development of the bylaws amendments presented to the 2001 Delegate Assembly.

In June 2002, with tremendous assistance from the Board, I led an effort to expand the training opportunities provided by NCSBN to include attorney training. The program, which was held in conjunction with the Investigator Summit last year, will be continued in June 2003, to which I have been invited to speak.

Before joining the Arizona Board of Nursing, I worked with the nursing regulatory issues as an Assistant Attorney General for the Board from 1987 to 1989. I continued to represent a number of state and federal agencies until 1994, when I joined the staff of the Arizona Department of Insurance, where I served as an Administrative Law Judge and as the department's Executive Assistant Director until 1998. I am currently a lawyer in private practice in Phoenix.

In addition to my service on the Arizona Board of Nursing, I also serve as a member of the Arizona Board of Athletic Trainers, and currently hold the post of vice-chair of this board.

Date of expiration of term: 06/05
Eligible for reappointment: Yes

Personal Statement

While on the Board of Directors, I have worked to keep the National Council a central voice regarding what nursing is and how nursing impacts and is impacted by other factors. Clearly, NCSBN leaders must open and value knowledge to save the best of the past to shape the future of regulation. My background prepares me for this responsibility to serve the public to foster the NCSBN's position as the institution best suited to analyze and report on the implications of the policy options our society faces.

I remain true to the three themes that I stressed during my campaign and throughout the last year: Ability, Background and Commitment. I look forward to working with all of you as the debate over the 2004 NCSBN strategic plan progresses. I have the ability, background and commitment to be an agent of the regulatory transformation and invite you to join me.

Personal Statement

I believe I have historically given all I can give to any project to which I am assigned or to which I have committed service. I sought involvement at the national level in NCSBN during my first year as the executive director for the Montana State Board of Nursing and did so successfully. I have made many friends and developed relationships with colleagues at NCSBN and believe these relationships and growing knowledge of NCSBN processes will help me serve on the NCSBN Board as an active participant. My Board supports me totally, and I have the support of my organizational leadership as well, to serve at the national level. It would be my honor to serve on the NCSBN Board or any other NCSBN Committee.

Area I Director Candidate

Barbara Swehla, RN, MN
Executive Director, Montana State Board of Nursing, Area I

Education
University of North Dakota, Nursing, BSN, 1974
Montana State University, Rural Nursing, MN, 1989

Professional/Regulatory/Community Involvement
Executive Director, Montana State Board of Nursing
Quality Services Supervisor; Risk Manager; House Supervisor; Staff Nurse; Staff Educator, St. Peter's Hospital
Assistant Professor of Nursing, Carroll College
Staff Educator, Montana Deaconess Medical Center
Assistant Professor of Nursing, MSU Northern
Nursing Faculty, Great Falls College of Technology
ICU and OB/Labor & Delivery, Columbus Hospital
Consultant and Educator–Home Services, Great Falls Medical Supply
Pulmonary Nurse Clinician, Great Falls Clinic
Staff Nurse in OB/Labor & Delivery, NICU, ICU, Coronary Care, MT Deaconess Medical Center
Staff Nurse–Post ICU Unit, United Hospital
Staff Nurse–Medical Unit, Trinity Hospital

I served on the PERC Task Force for two years. Prior to this, I have served on the American Lung Association of Montana Board of Directors for nine years, served on committees for the Montana Nurses' Association, and have developed relationships with peers both nationally and in the state of Montana. I was also an active member of the Business and Professional Women's Organization for nine years.

Date of expiration of term: NA
Eligible for reappointment: NA

Area II Director Candidate

Mary Blubaugh, MSN, RN
Executive Administrator, Kansas State Board of Nursing, Area II

Education
North Central Kansas Area Vo-Tech School, LPN, June 1980
Fort Hays State University, Nursing, ADN, May 1983
Fort Hays State University, Nursing, BSN, May 1991
Fort Hays State University, Master of Science in Nursing Administration, 1998
Kansas University Public Management Center, Certified Public Managers, December 2002

Professional/Regulatory/Community Involvement
Executive Administrator, Kansas State Board of Nursing
Instructor, Barton County Community College
Practice Manager, Health Care Associates
Performance Improvement/Education Coordinator, Hays Medical Center
Regional Supervisor, MedStaff Home Health
Nurse Manager, MedStaff Home Health
Health Facility Surveyor, Kansas Department of Health and Environment

Fort Hays State University Nursing Honor Society, May 1991-Present
Sigma Theta Tau International Nursing Society, April 1993-Present
Lenora B. Stroup Master's Award, Fort Hays State University, December 1998
Kansas Small State Agency Administrators Council, 2000-Present
Health Resource Partnership, 2000-Present
Recruitment/Retention Strategies Workforce Council Team for HealthCare and Direct Care Classes, August 2001-Present
PERC Committee, 2000-2002
PR&E Committee, 2002-Present
Kansas Nursing Work Force Partnership, 2002-Present
Kansas Society of Public Managers, 2002-Present
Kansas Organization of Nurse Leaders, February 2002-present

Date of expiration of term: NA
Eligible for reappointment: NA

Personal Statement

I have the honor of being the Executive Administrator of the Kansas State Board of Nursing. Upon joining the Board, my vision was and continues to be a commitment to bring the agency into the 21st century. A commitment to the development of technology has achieved that goal. I would continue this level of commitment and dedication as Area II Director.

I enjoy challenging work and using my strong problem-solving abilities to improve any situation that I face. While I value current strategies that are "getting the job done," I am not afraid of change. I continually question the "why" and "how."

I work efficiently with people and encourage others to use out-of-box thinking. I value open communication and honesty – qualities I feel are important in every partnership. I possess passion, optimism and desire to serve as an effective voice for member boards in meeting the NCSBN mission.

Personal Statement

I think if you were to ask my coworkers at the Ohio Board of Nursing about what I have brought to my position as Executive Director, they would groan a bit and say "change." I think most would also, however, agree that the changes have resulted in a more productive, cooperative, cohesive work environment. I have an ability to find new and creative ways of getting things done in a more efficient way that does not sacrifice quality or customer service. I am a very fair and honest person who is genuinely interested in the viewpoints of others; however, I am very willing to make a decision based on what needs to be done. I am also a team player and an "out of the box" thinker. These are some of the qualities I am prepared to offer the members of National Council.

Area II Director Candidate

John Brion, RN, MS
Executive Director, Ohio Board of Nursing, Area II

Education
Clarion University of Pennsylvania, BA, 1985
Ohio State University, BSN, BA, 1989, 1990
Ohio State University, MS, (PhD candidate) 1993, TBD

Professional/Regulatory/Community Involvement
Executive Director, Ohio Board of Nursing
Administrator HIV Drug & Insurance Programs, State of Ohio Department of Health

Date of expiration of term: NA
Eligible for reappointment: NA

Area III Director Candidate

Sonja R. Fuqua, RNC, MSN
Board Member, Mississippi State Board of Nursing, Area III

Education
Millsaps College, Biology, BS, 1979
University of Mississippi School of Nursing, Nursing, BSN, MSN, 1982, 1996
Cambride State University, African American Studies, PhD, Expected Completion June 2004

Professional/Regulatory/Community Involvement
Jackson Heart Study (UMMC), Director of Recruitment and Retention
University of Mississippi Medical Center, Clinical Nurse Educator

Charter member Theta Beta Chapter of Sigma Theta Tau, 198-Present
Served in various capacities, presently Finance Committee Chair

Eliza Pillars RN Association, 1987-Present
Presently State President, served in numerous positions on District and State levels

ANA/MNA, 1983-Present
Currently 1st Vice-President of District 13
Leadership Jackson Participant and Alumnus, 2000-Present
Community Health Awareness Coalition, Executive Board, 2000-Present
Sponsors and participates in grass-root activities in the community

Date of expiration of term: 06/04
Eligible for reappointment: Yes

Personal Statement

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

I come to NCSBN with degrees in nursing and biology, expectation of completing a doctoral program in African American Studies next year and several years experience as an educator of nurses, other health care providers and health care consumers. This diverse educational background along with my professional and personal activities in the community give me a broad perspective. I have the ability to look at issues from multiple sides and impart my findings in ways that are generally well received and easily understood. I know the importance of research-based decisions using the scientific process and the absolute necessity of keeping the human condition in mind. I truly believe that quality nursing care is invaluable and am excited about the future of nursing and the prospect of moving to anther level of leadership in the field of nursing regulation.

Area III Director Candidate

Mark W. Majek, MA, PHR
Director of Operations, Texas Board of Nurse Examiners, Area III

Education
The University of Texas at Austin, Political Science, BA, 1979
Southwest Texas State University, Paralegal Certification, 1979
Corpus Christi State University, Business and Communications, MA, 1981

Professional/Regulatory/Community Involvement
Director of Operations, Texas Board of Nurse Examiners

National Council of State Boards of Nursing:
Area III Director, 2002-2003
Nursys™ Advisory Panel, 2000-2001
Phase II User Group Nursys, 1999-2000
Information System Users Group, 1998-1999
Licensure Verification Task Force, Chair, 1996-1997
Licensure Verification Task Force, 1995-1997
Special Services Division Forms Group, 1994
Delegate Assembly Page, 1995-2000

State of Texas:
Texas State Human Resource Association, Past Chair
Small State Agency Task Force, Past Chair
Texas State Business Administrators Association
Texas State Compensation Task Force
Society for Human Resource Management, 1991-Present

Date of expiration of term: NA
Eligible for reappointment: NA

Personal Statement

It has been a privilege and honor to serve as Area III Director for the past two years. During my tenure, I have valued the communication between and the facilitating of issues with member boards, board members and NCSBN staff. If elected, I will continue the practice of promoting cohesion between Board Presidents, Board Members, Executive Officers, staff and interested stakeholders. As I indicated two years ago, listening will be the cornerstone of my directorship. I have utilized this skill continuously by being prepared for Board meetings, Mid-Year Meetings, and Delegate Assembly.

I have not been tentative in making decisions on board issues and if re-elected, will continue to utilize the diversity of my professional background in human resources, finance, information technology and licensing to add to board deliberations and effectively promote the Council's mission and vision.

Area IV Director Candidate

Myra A. Broadway, JD, MS, RN
Executive Director, Maine State Board of Nursing, Area IV

Education
Franklin Pierce Law Center, JD (Law) 1990
University of Colorado, MS (Community Health Nursing) 1973
Hunter College, BSN 1967

Professional/Regulatory/Community Involvement
Executive Director, Maine State Board of Nursing

NCSBN:
Commitment to Ongoing Regulatory Excellence, 2002-2003
Director-at-Large, 2000-2002
Board Liaison to Commitment to Excellence, 2000-2002
Model Rules Subcommittee Liaison, 2001-2002
Bylaws Committee Liaison, 2001-2002
Awards Advisory Panel Liaison, 2000-2001
Delegate Assembly Advisory Group Liaison, 2000-2001
Commitment to Excellence Advisory Group, 1999-2000
Resolutions Committee, 1999
Mutual Recognition Member Board Operations Analysis Tool Working Group 1998
Nurse Licensure Compact Administrators, Executive Committee

***United States Air Force Reserves*:**
9019th Air Reserves Squadron, 1976-1998
Colorado Air National Guard, 1972-1975
Active Duty, 1968-1971

Date of expiration of term: NA
Eligible for reappointment: NA

Personal Statement

I am firmly committed to the mission we have as state boards of nursing and to the collective mission represented by NCSBN. I am appreciative of the variety of structure of boards in our area. It is this richness in distinction that makes us unique. While different in format, we serve the same function. The problems and issues that face one of us face us all. It is important to dialogue and deliberate to best achieve that which will meet our needs in regulation. The integrity of the examination, continuation of relevant research, and implementation of agreed upon strategic initiatives is top priority. My style and approach is to be open and objective. It is my philosophy that the best decisions are those made after all sides of an issue are heard, addressed and deliberated. I would consider it a great privilege to serve as your Area IV Director.

Area IV Director Candidate

Cynthia Van Wingerden, RN, BSN, MS Ed Admin
Board Member, Virgin Islands Board of Nursing, Area IV

Education
University of Miami, Education, MS Ed Admin, 1989
Boston University, Nursing, BSN, 1973
Bethel College: Currently enrolled in MSN/FNP program

Professional/Regulatory/Community Involvement
Nurse Consultant, 1995-present
Coordinator and Nurse Faculty, Practical Nursing Program,
St. Croix Skill Center (1986-1995)/St. Croix Voc Sc. (1995-2001)
Clinical Care Coordinator, Virgin Islands Medical Institute (Medicare State Agency), 2001-2002
Nurse Consultant, Discipline and Education, Virgin Islands Board of Nurse Licensure, 1996-2002

Appointment to the Virgin Islands Board of Nurse Licensure, 1989-1996, 2002-2005
VIBNL: Vice-Chair, Chair-Education Committee, Member-Discipline Review Advisory Committee, 2003-present
Chair–Nursing Shortage Task Force, VIBNL, 2001-2002
Chair–Legislative Review Task Force, VIBNL, 2001
Chair–Task Force on Impaired Nurse Alternative Program, VIBNL, 2000-2001
Chair/Member–Education Committee, Discipline Committee, 1989-1996
National Council of State Boards of Nursing, 1990-present
- Served two terms on the NCSBN Board of Directors
- Member–Model Act and Rules Revision Subcommittee
- Member–Bylaws Committee
- Chair–Foreign Education Nurse Credential Committee
- Member–Nursing Practice & Education Committee
- Member–Multistate Licensure Task Force

Date of expiration of term: 10/05
Eligible for reappointment: Yes

Personal Statement

I have been an RN for 30 years, practicing during that time in acute care nursing, nursing administration, nursing education of LPN's, and nursing regulation. I hold a BSN and an MS Education Admin. and I am currently pursuing an MSN/FNP.

While serving with the Virgin Island Board of Nurse Licensure, I have worked in the areas of education (LPN, CNA, HHA, Med Aides) and the discipline processes of the Board. Since 1990, I have served with NCSBN in a variety of capacities including Board of Directors and committees NP&E, Foreign Nurse Credentialing, Multistate Licensure, Bylaws, and currently serve on the Model Rules Revision Subcommittee. My experiences with VIBNL and NCSBN have been some of the most professionally enriching of my career. I would be privileged and delighted to serve as Area IV Director should you so choose.

Director-at-Large Candidate

Delores Barlow, RN, MSN
Board Member, Mississippi State Board of Nursing, Area III

Education
University of Mississippi SON, Nursing, BSN, 1961
Case Western Reserve, Med/Surg, Administration, MSN, 1965

Professional/Regulatory/Community Involvement
University of Mississippi SON, Association Professor, July 1976- May 2003
Veterans Administration Hospital, Associate Chair of Nurse Med. Service, June 2003
University of Southern Mississippi, Upward Mobility Program Coordinator, 1972-1973

No regulatory other than Board of Nursing appointment.
Active in ANA since 1961.
Active participant at SON in accreditation activities.

Date of expiration of term: 06/04
Eligible for reappointment: Yes

Personal Statement

I am a very organized, committed, and active professional. My years serving as an Associate Professor of Nursing benefit me in my understanding of the mission of NCSBN. Helping shape policy and procedures for future nurses at a national level would be an honor and privilege. Coming with experience in educating our future professionals, I have the background to best guide decisions impacting our future health care. I will come and work, as expected, with a clear, open mind, and I will dedicate myself to the business at hand. In prior job performance evaluations, I have been complimented on my assets of organizational skills, timely work completion, creativity, and ability to maintain focus on activity at hand.

Director-at-Large Candidate

June D. Bell, BSN, RN, BC
Board Member, Kentucky Board of Nursing, Area III

Education
Murray State University, Nursing, RN, 1960
Western Kentucky University, Nursing, BSN, 1993

Professional/Regulatory/Community Involvement
Executive Director, St. Joseph's Peace Mission for Children
Clinical Nurse Manager-Clinic Nurse, River Valley Behavioral Health

Kentucky Board of Nursing, two terms, 1996 to present
1. President–Kentucky Board of Nursing, 1999-2000
2. Currently Vice President

Delegate to NCSBN–Five years, sixth year to attend
Committee on Nominations–elected to two terms (Area III), served as chair one year
Executive Director Search Committee
Citizens Foster Care Review Board
Board Member–Safe Place
Citizens Healthcare Advocacy
Sigma Theta Tau
Kentucky Nurses Association, District #8, Immediate Past President
ANCC Expert Panel for Psych–Mental Health Certification Exam

Date of expiration of term: 06/04
Eligible for reappointment: Yes

Personal Statement

I want to be your Director-at-Large from Area III. I have been actively involved in NCSBN for six years – serving as delegate for five years. I served on Nominating Committee two terms, with one as chair. I was also privileged to serve on the Executive Director Search Committee. Each opportunity has provided more insight as to how National Council functions and how each of us can contribute to the mission of the Council. I have a sincere desire to serve the nursing population at a time that is so critical on a national, state and local level. I have the support of my state board of nursing and my employer, which will assure my opportunity to serve actively. As regulators, we are on the cutting edge of our profession and I want to be a part of the mission that will keep us moving forward nationally and internationally.

Director-at-Large Candidate

Linda Busch, LPN
Board Member, Minnesota Board of Nursing, Area II

Education
Willmar Area Vocational Technical College

Professional/Regulatory/Community Involvement
CRNA, Appleton Municipal Nursing Home
CRNA, Madison Lutheran Home
LPN, Chippewa County Montevideo Hospital
LPN, Luther Haven Nursing Home

Resolutions Committee, NCSBN, 2002-Present
Page, NCSBN annual meeting, 2002
Honorary Lifetime Member North Dakota PTA, 1976
Volunteer of the Month, Family Services, Ellsworth Air Force Base
Minnesota Nursing Association Union Steward 1994-1998
Primary Nursing Implementation Committee–Present
Facilitator, Team Leader and Weekend Coordinator for Beginning Experience Support Group, 1999-Present

Date of expiration of term: 01/03
Eligible for reappointment: Yes

Personal Statement

I am a very concerned, punctual, flexible Licensed Practical Nurse. I graduated from nursing school with honors 30 years after graduating from high school. Much of my education was made easier by the many real life experiences I had encountered up to that stage in my life.

Since being on the Minnesota Board of Nursing I have attended three NCSBN Annual Meetings as well as two Mid-Year Meetings. The collegiality I have experienced by being a member of the board has allowed me to become acquainted with nurses across the nation. I have lived and worked in three of the Area II states and have traveled to the others.

I have a tendency to give 100% plus to any job I tackle. Most of the projects I have been involved in have been in a leadership position.

Personal Statement

As National Council and its member boards advance into the 21st century, we face challenges and opportunities on many fronts. Both will require strong leadership to help our organization navigate the turbulent waters which may lie ahead. As a current Board of Directors member and current state board member, I have the experience and vision necessary to serve on the Board of Directors as Director-At-Large. These characteristics permit me to expand and implement the knowledge I have gained in further service to our profession. A skilled bridge-builder, I have a strong belief in the necessity of nursing regulation. I support the mission of National Council and our member boards. If we as member boards and National Council continue our leadership roles in nursing regulation, I am convinced we also meet our responsibilities to provide public protection and enhance healthcare for the public.

Director-at-Large Candidate

Deborah Johnson, PhD, RN, CNS
Past President, North Dakota Board of Nursing, Area II
President, North Dakota Board of Nursing

Education
Kennedy Western University, Psychology, PhD, 2003
Texas Woman's University, Nursing/Psychology, MS, 1988
Texas Woman's University, Nursing/Psychology/Sociology, BS, 1973

Professional/Regulatory/Community Involvement
President, Center for Mind/Body Wellness
Partner and Provider, Darveaux, Eaton, Johnson and Associates

NCSBN:
APRN Task Force, 1999-2001
Executive Director Search Committee, 2001
Area II Director, 2001-2003
IT Task Force, 2003

North Dakota Board of Nursing:
Chair, Prescriptive Authority Committee, 1999-Present
Multistate Licensure Task Force President, 2000-2002
Chair, Nurse Practice Committee, 2002-Present
Medication Exemption Task Force

Other:
- Presenter at many professional meetings for topics on depression in women, post-partum depression, anxiety and depression in children, eating disorders in women.
- Participated in large multicenter research project for trial of antidepressant.
- Member, multiagency committee for wellness in youth in Minot (Police, Schools, others)
- Past board member for Minot Commission on the Status of Women, Women's Resource Center, Minot State University and the Domestic Violence Center Board
- NDNA Advance Practice Nurse of the Year nominee 2000 and recipient 2001
- Member, Omicron Tau chapter and Beta Beta chapter, Sigma Theta Tau Honor Society for Nursing
- Member of the American Association of Marriage and Family Therapists
- Member, American Psychological Association
- Corporate Recruitment Chair, American Heart Association, Minot Chapter
- Participant as research site for EXCEED Study, Forest Pharmaceuticals

Date of expiration of term: 07/31/04
Eligible for reappointment: No

Director-at-Large Candidate

Polly Johnson, RN, MSN
Executive Director, North Carolina Board of Nursing, Area III

Education
Ohio State University, Nursing, BSN, 1962
Ohio State University, Special Education, Certificate, 1967
Duke University, Nursing, MSN, 1980

Professional/Regulatory/Community Involvement
North Carolina Board of Nursing–Executive Director
North Carolina Board of Nursing–Assoc. Dir./Practice (1996-1997)
North Carolina Board of Nursing–Practice Consultant (1988-1996)

Selected Current Statewide Activities:
NC Center for Nursing Advisory Council (1997-Present)
NC Center for Nursing Workforce Planning Committee (2003)
Chaired NC Nursing Centennial Celebration Committee (1998-2003)
Office of Emergency Services Hospital Bioterrorism Preparedness Task Force (2002-Present; Appointed 2003)
NCNA Professional Practice Advocacy Coalition (2000-Present)
NC Institute of Medicine–Nursing Workforce Taskforce (2002-Present)
Member: NCNA, NC Association of Nurse Leaders

National Activities:
Nurse Licensure Compact Administrators (2000-Present)
Institute of Medicine's Committee on Health Professions Education Summit (January 2002-May 2003)
NCSBN Board of Directors–Delegate-at-Large (2002-2003)

NCSBN Committees:
UAP Task Force (1996-1999), Chair (1998-1999)
Resolutions Committee (2000, 2001, 2002)
Advisory Panel–Commitment to Excellence in Regulation (2000-Present)
Area III Program Planning Committee Chair (1998)
Pilot State Participant: Nursys™ and Commitment to Excellence Programs

Citizens Advocacy Center:
Pilot State Participant and Member of Advisory Panel for Practitioner Remediation and Enhancement Partnership (PREP) Project (2001-Present)

International Activities:
Participant: Fifth International Conference on Regulation of Nursing and Midwifery (2001)
Presenter: International Congress of Nurses (2001)
Invited Presenter: Sixth International Conference on Regulation of Nursing and Midwifery (2003)

Date of expiration of term: NA
Eligible for reappointment: NA

Personal Statement

I would bring enthusiasm along with the following attributes in service to the National Council:

- Current knowledge of and commitment to the work of the NCSBN Board of Directors
- Visionary skills: ability to consider issues from a global perspective; to think strategically and visualize new possibilities
- Analytical skills: courage to ask 'tough' questions and consider all angles of an issue
- Interpersonal skills: commitment to function in a collaborative, consensus-building manner that values diversity of opinions; ability to listen carefully as well as clearly articulate ideas and perspectives.
- Commitment to achieving excellence in health care regulation; providing member boards with the necessary support to enhance their leadership in assuring the delivery of safe, effective health care within and among their respective jurisdictions.

It would be a great privilege for me to continue to serve a second term as Director-at-Large.

Personal Statement

If selected for nomination for a position on the National Council of State Boards of Nursing ballot, I pledge to uphold the goals and objectives of the organization to the best of my ability. Having the opportunity to serve on the Alabama Board of Nursing for the last four years has given me the chance to see regulation in ways I never thought possible. I have learned the true meaning of public protection and I now realize the role I play on this team. Being able to gather various views and ideas from other areas and then bring those views to others to better define our roles as public protectors is a gigantic task, but one that I would take on proudly if elected.

Director-at-Large Candidate

Marjesta Jones, LPN
Board Member, Alabama Board of Nursing, Area III

Education
Wallace State Community College, Practical Nursing, Certificate-LPN, 1979

Professional/Regulatory/Community Involvement
Staff Nurse, Vaughn Reg. Med. Center
School Nurse, Selma City Schools

Alabama Board of Nursing, Member
Alabama School Nurses Association, Associate Member
Alabama Federation of LPN's Incorporated, Director
Alabama Education Association, Member
National Education Association, Member

Date of expiration of term: 12/31/06
Eligible for reappointment: No

Director-at-Large Candidate

Frank T. Maziarski, BSN, MS, CRNA
Board Member, Washington State Board of Nursing, Area I
Self-Employed, Allied Anesthesia Associates

Education
University of Nebraska at Omaha, BSN, 1960, MS, 1968
Albany Medical Center, CRNA, 1954
Creedmoor State Hospital, RN, 1952

Professional/Regulatory/Community Involvement
Program Director–Anesthesia, US Army Nurse Corp.
School Director–Anesthesia, Bryan Memorial Hospital
Anesthesia Department, University of Washington

NCSBN APRN Compact Committee 2003
Washington State Nursing Care Quality Assurance Commission 1996-2005
WSNA 1990-present
WANA 1987-presemt
ARNP United of Washington 1990-present
AANA 1954-present
AANA Board of Directors 1998-2000
AANA Vice President 2000-2002
AANA Foundation 2002-present
National Quality Assurance Forum (NOE) 2000-present
WANA Legislative Committee 1995-1996
President WANA 1993-1995
President-elect 1992-1993
Vice President 1991-1992
Board of Directors 1989-1991
WSNA Nursing Foundation 1999-2001
National Patient Safety Foundation (NPSE) 1996-present

Date of expiration of term: 6/30/05
Eligible for reappointment: No

Personal Statement

NCSBN continually seeks individuals with strong leadership qualities with the ability to focus on problem solving and team building. I believe I possess the qualities described above. Having spent 21 years as an officer in the US Army Nurse Corps.

The last 12 years as Program Director of Phase I and Phase II of the Academy of Health Sciences Schools of Nurse Anesthesia. This position required strong leadership abilities, problem-solving and team building. After retiring from the Army Nurse Corp I was Director of the Bryan Memorial Hospital/Drake University School of Nurse Anesthesia, which again required strong leadership, research and problem solving. In my current capacity as Clinical Anesthesia and Legal Nurse Consulting firm I continue to develop my leadership and problem solving skills. If elected I could apply my skills to assist NCSBN.

Director-at-Large Candidate

Maryjeanette (Jan) Monihan, RN, MEd
Board Member, Delaware Board of Nursing Area IV
Retired

Education
Salisbury University, MEd, 1985
Wilmington College, BA–Psychology, 1977
Wilmington General Hospital School of Nursing, RN, 1957

Professional/Regulatory/Community Involvement
Board of Nursing Chairman Practice Committee 1997
Education Committee 2000
ALSAM (medication by untrained personnel) 2000

Date of expiration of term: 08/05/04
Eligible for reappointment: No

Personal Statement

I have a broad background in education and clinical nursing starting as a Certified School Nurse, instructor at Beebe School of Nursing and Wesley College.

When I wasn't an educator, I was practicing my expertise in the emergency room or critical care unit.

My nursing expertise has allowed me to teach EMTs at Delaware Fire School and CPR to the public.

Being appointed to the Delaware Board of Nursing, I am Chairman of the Practice Committee and this allows me to work on expanding the scope of practice of the RN and LPN.

A member of the Delaware Board of Nursing Education Committee allows me to participate in the standards of education for nurses.

A member of the ALSAM – a committee designed to develop criteria to protect the public in the administration of medications in unstructured facilities and possibly by unlicensed personnel.

Director-at-Large Candidate

Emily Pharr, LPN
Board Member, Mississippi State Board of Nursing, Area III

Education
Hinds Community College, LPN

Professional/Regulatory/Community Involvement
Staff LPN, South Mississippi Regional Center
Staff LPN, Capital Home Health
Staff LPN, Healthy Solutions

Member of State and National LPN Association
Held office on state level as Director, 2nd Vice President and as of April 22-25
Have attended all state and national conventions for last five years
Member, Mississippi State Board of Nursing, Area 111

Date of expiration of term: 06/05
Eligible for reappointment: Yes

Personal Statement

An LPN for 35 years having worked in doctors offices, home health, hospital setting, and now mental health. Worked for OB-GYN and General Practice for a number of years. Have three years of hospital experience on Med-Surg and Stepdown units. Extended training in Medicare/Medicaid rules, regulation, coding and payment for home health. Last five and a half years worked in mental health. Working on a campus setting for young children/young adults/ and teenager. Having learned how to deal with behavior problems, which can and is a challenge just to get them to take their medicine. I have worked very close with the psychiatric. Due to the encouragement of the psychiatric I have become involved in Special Olympics, working with them in them in their training. Sometimes very close to my heart is working with abuse children on all levels. I would be honored to serve on NCSBN as a Director-at-Large.

Personal Statement

Involvement with the Council has given me personal knowledge of its mission and vision. If elected, I would bring 34 years of nursing experience, which includes 13 years of regulatory experience in Maryland and the knowledge and sensitivity of current regulatory issues that affect the nation. This includes the nursing shortage and the economic crisis facing most states, all of which affect health care. As the legislative liaison for the Maryland Board, I provide an important resource and leadership for the state legislators. My ability to communicate clearly and concisely has been an important and necessary asset in my role as Director for Discipline and as Coordinator for Advanced Practice. As a Director-at-Large, my communication and organizational skills and my ability to look at things objectively will serve this office well. Most of all I would bring a real passion for nursing and the work of the Council.

Director-at-Large Candidate

Emmaline T. Woodson, BN, MS
Deputy Director, Maryland Board of Nursing, Area IV

Education
Tuskegee Institute, Nursing, BSN, 1969
University of Maryland, Nursing, MS, 1973

Professional/Regulatory/Community Involvement
Deputy Director, Maryland Board of Nursing
Clinical Director, Liberty Medical Center
Disciplinary Resource Task Force, 2001-Present
Commitment to Excellence Workgroup, 1999
Multi-State Regulation Task Force, 1998
Cast in the video "Breaking the Habit: When your Colleague is Chemically Dependent," 2001
Chemically Impaired Nurse Issues Task Force, 1996
Literature Review Focus Group, 1994
Various Offices of the Maryland Nurses Association-Chair
Nominating Committee, 2001-2003

Date of expiration of term: NA
Eligible for reappointment: NA

Committee on Nominations – Area I Candidate

Shirlie Meyer, RN
Board Member, Idaho Board of Nursing, Area I

Education
College of the Desert, Nursing, ADN, 1972
Boise State University, Nursing, 1985-1988

Professional/Regulatory/Community Involvement
Meyer Manor, Self-Employed
Valley View Health Care, Supervisor
Ada County Board Guardians, Ada County, Idaho
Committee Member, Idaho State Board Occupational Licensing Residential Care Board of Examiners
Meridian Chamber Commerce, Meridian, Idaho
Past President, Idaho Assisted Living Association
Member, Elder Care Council Health and Welfare Department Idaho
Board Member, Idaho State Board of Nursing
Member of the Committee of Residential Care Assisted Living of the National Association of Boards of Examiners of the Long-Term Care Administrators

Date of expiration of term: 01/04
Eligible for reappointment: Yes

Personal Statement

I strongly believe in the goals and values of the National Council. Many challenges loom on the horizon that will require strong leadership to maintain quality in those goals and values. I believe I have the knowledge and background to meet those challenges.

I have been in nursing for 40 years and have seen the many changes in nursing, and have participated in many of those in a variety of nursing specialties as direct care staff as well as in management.

I am very involved in my position as a Board Member on my state Board of Nursing as well as being active on my state Board of Occupational Licensing, our county Board of Guardians, and other rule-making entities.

I have enjoyed having my successful business in the residential care/assisted living industry for the last 12 years and have been active in maintaining quality care for my industry, including quality nursing care for our consumers. I feel public safety is at risk in this arena and a challenge that must be dealt with.

I feel I am qualified, and certainly anxious, to meet the challenges as a member of the committee on nominations.

Committee on Nominations – Area II Candidate

Karla Bitz, RN, PhD (c)
Board Staff, North Dakota Board of Nursing, Area II
Associate Director, North Dakota Board of Nursing

Education
Mary College, Nursing, BSN, 1981
University of Mary, Management, MMGT, 1998
Kennedy Western University, Public Administration, PhD (c)

Professional/Regulatory/Community Involvement
North Dakota Board of Nursing, Associate Director
North Dakota Nurses Association, Continuing Education Director

NCSBN
Commitment to Excellence Regulatory Project, 1999-2001
Practice Breakdown Research Study/TERCAP, 2002-Present
Committee on Nominations, 2002–Vice Chair, 2003-Chair

North Dakota Board of Nursing
Nurse Practice Committee
Nurse Advocacy Program Committee

American Nurses Association
North Dakota Nurses Association
American Nurses Credentialing Center, Site Visitor

Sigma Theta Tau, Kappa Upsilon Chapter
National Organization of Alternative Programs (NOAP)
International Nurses Society on Addictions (IntNSA)

Date of expiration of term: NA
Eligible for reappointment: NA

Personal Statement

Participation in National Council is a privilege, honor, and pleasure and is an excellent way to demonstrate your personal commitment to nursing excellence and to the profession. Serving on various NCSBN committees, including the Commitment to Excellence project, Practice Breakdown Research Task Force, and Nominating Committee, I have had the opportunity to get to know colleagues throughout the jurisdictions. My experience with NCSBN has been extremely positive and empowering. I believe that being active in National Council is how we stay connected, motivated, and inspired.

Being on the Committee on Nominations has allowed me the opportunity to participate and help shape the future of the nursing profession. If re-elected to the Committee on Nominations for Area II, I will continue to draw on the ongoing experience to identify strong, qualified candidates for National Council positions. I will work toward strengthening the linkages to provide appropriate leadership for National Council as we bring the future of nursing in to the present. What an exciting time to be a nurse and to be part of NCSBN!

Committee on Nominations – Area II Candidate

Karen A. Trettel, LPN
Board Member, Minnesota, Area II

Education
Minnesota/ Hennepin Technical Center–Practical Nursing 1972

Professional/Regulatory/Community Involvement
North Memorial Health Care–LPN-ACMS
Advisor to Hennepin Technical Practical Nursing Program 1998-2003
LPN–Union Steward Local 113 1983-2003, still contract negotiator

Date of expiration of term: 1/11/2006
Eligible for reappointment: Yes

Personal Statement

LPN Job Analysis Panel of Experts

When I became an LPN in the early 70s, I had children in school. Nursing felt like a "good fit." I have worked 30 years in the medical-surgical area. When I started, there were 150 beds; now there are over 400 beds of Level One Trauma. LPNs have chosen me to be their contract negotiator for 15 years. This led me to work on the advisory council of Practical Nursing at the Technical School. I am a new member of the Minnesota Board of Nursing. I currently am working on the Scope of Practice Committee. I would like to be involved in a panel that influences our LPN nursing field at a larger national level.

Report of the Board of Directors

Each year, the Board of Directors adopts a certain focus, and this year, the Board had a recurring theme of review of governance philosophy and structure at NCSBN with the goal of establishing a model and policies that will guide the organization long-term. Along with this, discussion of the organization's mission and values occurred at meetings throughout the year, resulting in a proposed new mission statement that is before the delegates this year. The Board held a retreat in February dedicated to governance issues, where members reviewed governance models, committee structure, mission and vision, and the Balanced Scorecard strategic management approach. Many of the Board's motions throughout the year were in response to discussions about governance, including decisions that created clarity on the distinction between the governance and operational management of NCSBN.

Collaboration with External Organizations

Collaboration with other organizations is necessary for NCSBN to accomplish its mission and to stay involved in projects and activities that also influence the practice of nursing. To this end, the following collaborative efforts occurred during the year.

- The Board approved appointment of Debra Brady, executive director of the New Mexico Board of Nursing, to be NCSBN's representative to the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP).
- The Board directed NCSBN Executive Director Kathy Apple to discuss possible collaborative projects with the American Association of Colleges of Nursing (AACN), including directing the research staffs of each organization to develop possible research questions for mutually agreed upon joint projects.
- The Board approved support of the project "Nursing's Agenda for the Future" and encouraged resolution of the funding issue that members of the project's steering committee expressed. At a later Board meeting, the Board committed NCSBN to donating $5,000 to this project to fund a proposal for meta-analysis of the cost of inadequate nursing supply.
- The Board supported meeting with Colleagues in Caring (CIC) to clarify that group's interest in giving nine participating boards of nursing the ability to collect and submit workforce data and any overlap with or interest in Nursys™ data.
- Jim Bentley, senior vice president for Strategic Policy Planning at the American Hospital Association, attended a meeting with the NCSBN Board of Directors to discuss areas of mutual concern, including how to provide flexibility between disciplines and scopes of practice; inconsistency between scopes of practice from state to state; board of nursing requirements for faculty qualifications and student-faculty ratios; and data collection regarding accurate number of licensed, practicing nurses in this country.
- The Board approved sending a letter of education to bill sponsors in response to the Patient Safety and Quality Improvement Act of 2003. The Board's concern centered on how the lack of designating boards of nursing as exempt agencies may impact discipline reporting requirements in the future.
- Discussion with various organizations expressing concern about the introduction of alternate test items on the NCLEX® examinations resulted in responses from NCSBN, most notably a fact sheet sent to Member Boards and available on the NCSBN Web site that was routinely updated as more questions about the new formats were gathered.
- The Board was apprised of AACN's Reaction Panel discussion on its draft Clinical Nurse Leader role, which is based on the essentials of a BSN-prepared nurse. The Board was told that

Board of Directors
August 2002 – August 2003

Donna Dorsey, MS, RN, President
Maryland, Area IV

Marcia Hobbs, DSN, RN, Vice President, Kentucky, Area III

Sandra Evans, MAEd, RN, Treasurer
Idaho, Area I

Paula Meyer, MSN, RN, Area I Director, Washington

Deborah K. Johnson, PhD, RN
Area II Director, North Dakota

Mark Majek, MA, PHR, Area III Director, Texas-RN

Iva Boardman, MSN, RN, Area IV Director, Delaware

Gregory Y. Harris, JD, Director-at-Large, Arizona, Area I

Polly Johnson, MSN, RN, Director-at-Large, North Carolina, Area III

Staff
Kathy Apple, MS, RN
Executive Director

Christine Ward, Executive Office Relations/Meetings Manager

Legal Counsel
Thomas Abram

Meeting Dates of the FY03 Board of Directors

August 17, 2002, Long Beach , CA
September 4-5, 2002, Chicago, IL
December 2-4, 2002, Chicago, IL
February 19-21, 2003, Chicago, IL
March 24, 2003, Savannah, GA
April 30-May 2, 2003, Chicago, IL
July 10-11, 2003, Chicago, IL
August 4, 2003, Alexandria, VA

Attachments to this Report

A. Annual Progress Report on NCSBN Strategic Initiatives
B. PERC Action Plan Progress Report
C. Social Security Issue Update

AACN is soliciting feedback on this role description from a variety of stakeholders as well as its own membership.

- At the Alliance for Nursing Accreditation meeting, the NCSBN APRN Task Force "Criteria for APRN Certification Programs" was discussed. NCSBN presented the document and stressed the importance of Commission on Collegiate Nursing Education (CCNE) accepting this criteria; CCNE agreed to obtain feedback on the document.
- The Board stressed the need to stay involved with the work of the Institute of Medicine (IOM) and directed that updates on activity be reported in the *Council Connector* newsletter. This directive was in response to the IOM Health Professions Summit, which was attended by NCSBN representatives.

Meeting Attendance by NCSBN Representatives (Board Members and/or NCSBN Staff)

- Annual Conference of the Council on Licensure, Enforcement and Regulation (CLEAR), Las Vegas, NV, September 2002
- National League for Nursing (NLN) Education Summit, Anaheim, CA, September 2002
- Friends of the National Institutes of Nursing Research (FNINR) Annual Gala, Washington, DC, September 2002
- National Coordination Council for Medication Error and Reporting (NCC MERP) Meeting, Washington, DC, September 2002
- National Federation of Licensed Practical Nurses (NFLPN) 53rd Annual Convention, Springfield, IL, October 2002
- American Association of Colleges of Nursing (AACN) Fall Semiannual Meeting, Washington, DC, October 2002
- Institute of Medicine (IOM) Annual Meeting, Washington, DC, October 2002
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Symposium on "Homeland Defense: Blueprints for Emergency Management Responses," Washington, DC, October 2002
- Federation of Associations of Regulatory Boards (FARB) Attorney Certification Course, Colorado Springs, CO, October-November 2002
- National Organization for Associate Degree Nursing (NOADN) Convention, Washington, DC, November 2002
- Citizen Advocacy Center (CAC) Annual Meeting, San Francisco, CA, November 2002
- American Association of Colleges of Nursing (AACN) Baccalaureate Education Conference, Lake Buena Vista, FL, November 2002
- National Leadership Forum, Washington, DC, November 2002
- National Conference of State Legislatures (NCSL) Health Policy Conference Meeting, New Orleans, LA, November 2002
- The Alliance (Nursing Organizations Alliance) Annual Meeting, Indianapolis, IN, November 2002
- National Practitioner Databank (NPDB) Executive Committee, Arlington, VA, November 2002
- National Credentialing Databank (public-private partnership), Washington, DC, November 2002
- Council of State Governments (CSG) Annual Meeting, Richmond, VA, December 2002
- American Medical Association (AMA) House of Delegates Interim Meeting, Chicago, IL, December 2002 and June 2003
- Nurse Practitioner Database Planning Committee, Washington, DC, January 2003
- Division of Nursing meeting on discussion of Nurse Reinvestment Act, Washington, DC, January 2003
- American National Standards Institute (ANSI) Annual Meeting session "Breaking Down Borders: Business, Standards and Trade," Washington, DC, January 2003
- National Governors Association (NGA) Winter 2003 Meeting, Washington, DC, January and July 2003

- Federation of Associations of Regulatory Boards (FARB) Annual Forum, Austin, TX, February 2003
- NCC MERP Meeting, Rockville, MD, February 2003
- American Association of Colleges of Nursing (AACN) Spring Annual Meeting, Washington, DC, March 2003
- American Organization of Nurse Executives (AONE) Annual Meeting, New Orleans, LA, March 2003
- 5th Annual National Patient Safety Foundation (NPSF) Safety Congress, Washington, DC, March 2003
- Alliance for Nursing Accreditation meeting, Washington, DC, March 2003
- National Nursing Research Roundtable, Bethesda, MD, March 2003
- Federation of State Medical Boards (FSMB) Annual Meeting, Chicago, IL, April 2003
- National Student Nurses' Association (NSNA) Annual Convention, Phoenix, AZ, April 2003
- American Telemedicine Association Annual Meeting, Orlando, FL, April 2003
- American Telemedicine Association, Orlando, FL, April 2003
- National Association of Boards of Pharmacy (NABP) Annual Meeting, Philadelphia, PA, May 2003
- Association of State and Territorial Directors of Nursing (ASTDN) Meeting, Salt Lake City, UT, May 2003
- National Association for Practical Nurse Education and Service (NAPNES) Annual Meeting, New Orleans, LA, May 2003
- National Association of Boards of Pharmacy, Philadelphia, PA, May 2003
- JCAHO Liaison Forum, Oakbrook, IL, May 2003
- PreP for Patient Safety, Washington, DC, May 2003
- American Nurses Association (ANA) House of Delegates, June 2003
- Telehealth Leadership Council, Washington, DC, June 2003
- American Medical Association, Chicago, IL, June 2003
- American Nurses Association, Washington, DC, June 2003
- National Conference of State Legislators, San Francisco, CA, July 2003
- American Association of Nurse Anesthestists, Boston, MA, August 2003

Motions of the Board of Directors

The following is a list of motions passed by the Board of Directors from September 2002 through May 2003.

APRN

- An APRN comment paper to assist Member Boards in determining regulatory sufficiency of advanced practice certification examinations was approved.
- The Board approved an additional meeting, an additional committee member and a consultant to assist the APRN Task Force in dialogue with certifying bodies regarding criteria setting.
- The APRN Task Force will continue into FY04.

Celebrations and Member Recognition

- The Board created an Awards Panel that includes a representative from each area and if possible, members who were former award recipients. This panel is responsible for the awards nomination and selection process.
- The Board was routinely apprised of fund raising progress and other plans in preparation for the 25th Anniversary Gala to be held during the 2003 Annual Meeting.

Foreign-Educated Nurse Issues

- Direction was given to prepare a final report for the 2003 Business Book on the Social Security Number resolution passed by the Delegate Assembly in August 2002. The Board and membership were apprised of progress and status through the year.
- The Board approved a response to a notice for public comment regarding the proposed regulations for the Immigration and Naturalization Service (INS) Certificates for Certain Health Care Workers, and directed that the response by NCSBN include the support of psychometrically sound tests of spoken and written English, acceptance of the NCLEX® in lieu of the Commission on Graduates of Foreign Nursing Schools (CGFNS) predictor exam and encouragement of an expeditious certification process that is consistent with industry standards.

Governance

- The Board approved the proposed budget for the fiscal year 2002-2003 (FY03) beginning on October 1, 2002, and ending on September 30, 2003. The Board approved the audited financial statements for FY02, and the financial statements each quarter throughout FY03.
- The Board approved the strategic outcomes for FY03 proposed to accomplish the strategic initiatives, and provided oversight of the tactics by review of the tactical progress reports during the year.
- The Board approved a new logo for NCSBN.
- The Board approved revision of Policy 8.5, Investments, as recommended by legal counsel.
- The Board approved the accounting firm Thomas Havey LLP to conduct audit services through September 30, 2005.
- The *Board Policy Manual* was approved with changes, and the Board requested that appropriate committees continue a periodic review of relevant sections of the policy manual and make recommendations to the Board. In addition, the Board approved revisions to the personnel policies for NCSBN.
- The decision was made that the Board will attend the BoardSource Leadership Forum in odd years and utilize a consultant in the interim. Direction was also given to include team-building exercises during Board orientation.
- The annual report text was reviewed and approved.
- The draft mission statement developed at the February retreat session was shared with Member Boards at the Mid-Year Meeting to gain feedback. At a later Board meeting, the Board approved a revised version of the mission that will be presented for discussion and adoption by the Delegate Assembly.
- In response to concerns raised about the need to disseminate research information quickly, a motion was passed to evaluate the resources necessary to improve external communications, their scope and timeliness, for all NCSBN services, with a report back to the Board.
- The Board accepted the Finance Committee's recommendation not to raise the annual membership fee. The Board directed NCSBN staff to explore options to underwrite and support member attendance at NCSBN activities and report back to the Board.
- A motion was approved to remove Article 2 (Directors) and Article 6 (Terms of Office) from the Bylaws Committee recommendations, with the remaining recommendations being forwarded to the Delegate Assembly.
- The Board conducted a self-assessment of its performance utilizing the consulting services of BoardSource.

Information Technology and Nur*sys*™

- A motion was made to proactively comply with the Federal Credit Reporting Act (FCRA) by including appropriate scripting on the Nursys™ screens and procedures as outlined by legal counsel, and that the changes to the database should not exceed $8,000, and direct public access should not be launched until the changes are tested and complete.

- An IT Strategic Task Force was approved for the purpose of developing an IT strategic plan. Three Board members were assigned to the task force, as well as NCSBN staff and outside consultants.
- An NCSBN IT vision statement was approved.
- The Board agreed that the Nursys Advisory Panel is an internal organizational committee and not a committee of the Board, but the Board expects to receive routine updates. Continuance of the panel on an ad-hoc basis is an NCSBN internal decision.

Member Board Leadership and Resources

- The Board reviewed information gathered from the Member Board Needs Assessment Survey and meetings evaluation feedback to construct session topics for the 2003 Mid-Year Meeting.
- The Board appointed liaisons to specific committees following the current policy and directed that liaisons gather evaluative data throughout the year to further clarify the intent and value of the liaison role.
- The Board discussed opening a dialogue with Member Boards and the Board of Directors via conference call during a reserved hour of Board meetings. This was presented at the Mid-Year Meeting and the first dialogue was held during the April 30-May 2 Board meeting.
- The following were approved by the Board after conversation with the Member Board Leadership Advisory Group: deliverables developed from the charges of the group; changing the scheduled time for the regulatory seminar; charging the group with planning the seminar; and selecting Mary Kay Sturbois, president of the Ohio Board of Nursing, as the key contact person for the Member Board Presidents in FY03.
- With Board approval, books on credentialing and governance were purchased for the Member Board Leadership Development Advisory Panel, and for executive officers and Member Board Presidents prior to the Mid-Year Meeting Leadership Forum.
- The Executive Officer Network Group Leadership Development Seminar was approved and planned for April 29, 2003.
- The Board identified the need to revise Board Policy IV.1, Annual Committee and Member Selection Process, to include term limits for committee chairs.
- The Board approved continuance of the Member Board Leadership Development Task Force for FY04.

NCSBN Meetings

- The Board approved Mid-Year Meeting and Annual Meeting fees.
- The Board approved the U.S. Grant Hotel in San Diego, CA, for the 2005 Mid-Year Meeting the week of March 20, 2005.
- Board Policy 5.1, NCSBN Major Meetings, was revised with Board approval.
- The Board approved Salt Lake City as the convention hotel for the 2006 Annual Meeting, and directed that in the future, the Board would select the cities for both Annual Meeting and Mid-Year Meeting, but would no longer approve meeting dates or hotels.
- An open house will be held at the NCSBN offices at the 2004 Mid-Year Meeting in Chicago in lieu of a Board Reception.
- The Standing Rules for Delegate Assembly were approved and it was requested that these be part of the meeting script to ensure that the entire document is read aloud to the delegates.
- Revisions to NCSBN Policy 5.8, Committee on Nominations, was approved, to allow committee members to attend the Annual Meeting in order to process nominations from the floor.
- The Board considered a request from the Disciplinary Resources Task Force to plan a discipline education day at the 2004 Mid-Year Meeting.

Nursing Practice

- The Board approved a position statement on alternative licensure models.
- The Board approved development of a practical nurse online review course similar to the already available RN review course as recommended by the Finance Committee.
- The Board accepted the proposed PERC Plan timeline and requested a review at the end of the year. At a later meeting, the Board requested that the Puerto Rican examination be included as an action item, and that focus be put on leading in patient safety with external organizations. The Board also requested the PERC Action Plan poster to be showcased at the Annual Meeting.
- Continuation of the PR&E Model Rules Subcommittee for fiscal year FY04 was approved, in order to allow more time for feedback on the administrative rules and to begin work on continued competence and delegation rules.
- The charge of the PR&E Committee was amended to add a standing direction that the committee review all actions taken at Delegate Assembly in order to assess any need for subsequent changes to model act and model rules.
- The PR&E Committee recommendation to create an Unlicensed Assistive Personnel (UAP) subcommittee was approved as well as continuance of the Foreign Nurse Subcommittee for one year.
- The Disciplinary Resources Task Force will be continued in FY04 and the proposed action plan will be transferred into the committee's charge. In addition, the Bylaws Committee is directed to explore the pros and cons of changing the status of the Disciplinary Resources Task Force to become a standing committee.

Research in Regulation

- The Board directed that a one-page executive summary be drafted for members that captures the breadth of the Nurse Aide Practice Analysis and that focuses on policy decisions pertaining to long-term care and the expansion of unlicensed assistive personnel (UAP) practice to ensure patient safety.
- The Commitment to Ongoing Regulatory Excellence (CORE) Advisory Group was approved to continue in FY04.

Testing Services

- The Board directed that a "Lessons Learned" document be prepared for use by NCSBN in the future regarding the recent test service transition.
- The NCSBN-Pearson VUE NCLEX® contract was approved with amendments.
- The Board remained informed about progress on the proposed updates and feedback process for the *NCLEX-RN® Test Plan*. At the May meeting, the Board approved forwarding the recommendations for changes to the test plan to the Delegate Assembly.
- To fulfill the 2002 Delegate Assembly resolution about international testing, the Board accepted the proposed criteria for selection of countries and approved providing a detailed report on international testing at the 2003 Delegate Assembly.
- The Board approved sending to the Delegate Assembly a recommendation from the Examination Committee to explore the extension of the NCLEX-RN® examination maximum time limit.
- Adoption of Revisions to the testing policies and procedures was passed.

Board of Directors – Attachment A

Annual Progress Report, October 2002–May 2003

Background

The annual Progress Report is provided as a summary of the year's activity and accomplishments in the work toward achieving the organization's strategic initiatives.

I. Strategic Initiative: Nursing Competence

NCSBN will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcome A. NCLEX® is state-of-the-art entry-level nurse licensure assessment.

Tactic 1. Continuously improve development and administration of the NCLEX examination.
Examination Committee continues to monitor item development, psychometrics and examination administration of the NCLEX® examinations through standing and unique reports produced by NCSBN staff and test service. The committee evaluated the efficacy of Board of Directors-approved examination-related policies and procedures and Examination Committee policies and procedures. As an extension of this quality control process, the committee reviewed and adopted necessary modifications and enhancements to the *NCLEX® Member Board Manual*.

The Examination Committee reviewed and accepted the *Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003) as the basis for recommending changes in the *NCLEX-RN® Test Plan*. Empirical evidence provided from job incumbents, the professional judgment of the Examination Committee, and feedback from the member boards of nursing and other stakeholders support the recommendations regarding the test plan.

The Examination Committee recommended to the NCSBN Board of Directors a proposal to extend the time limit for the NCLEX-RN examination from the current limit of five hours to six. The recommendation is based on the increasing number of candidates who are running out of time, approximately 6% of the total RN candidate population. Further rationale includes the expectation that future enhancements, such as alternate item formats, will require more time for completion. A recommendation to change the NCLEX-RN time limit will prevent an increasing number of RN candidates from running out of time for test administration and allow candidates to have their competency assessed by the optimal passing rule (the 95% Confidence Interval Rule).

Tactic 2. Implement new item types for the NCLEX Examinations.
The introduction of alternative item formats, beginning April 1, 2003, was for purposes of pretesting the quality of alternate item types. As with all standard NCLEX items, it is required that alternate items be pretested before becoming part of the operational (scored) part of the examinations. This is done in order to gather "real" statistical information on all newly developed items. As with multiple-choice items, alternate items have to meet NCSBN's stringent statistical criteria before they can be used as operational items. The current Examination Committee investigation is designed to assess if these new item formats can accomplish these objectives and the collection of real data is necessary to that end. If items utilizing these formats meet NCSBN's selection criteria, these items will be placed in operational items pools beginning as soon as October 2003.

Tactic 3. Continue to improve practice analysis methodologies to support the NCLEX examinations.
Recent changes in nurse aide practice methodologies are now being analyzed for their effectiveness.

Tactic 4. Investigate reasons for nonlicensure of nursing school graduates.
The Examination Committee has undertaken an initial investigation of reasons why nursing school graduates do not take the NCLEX-RN® or NCLEX-PN® examination. A survey was developed based on a review of appropriate literature and expert opinion. The survey was sent to all of the candidates (RN and PN), with addresses in a Member Board jurisdiction, who registered to take the NCLEX in the year 2000 and as of January 2003, have yet to take the exam. The initial survey was then sent to 2,022 nonlicensed candidates who applied for, but never took either of the NCLEX examinations. Unfortunately, the response rate for the survey was less than 10% of the sample and the returned surveys were not representative of the sample. Consequently, the Examination Committee cannot release the results of the study at this time. Committee expects this tactic to continue in FY04 with an additional data collection component based on a refined survey tool and data sampling framework. Assuming productive data collection in FY04, the Examination Committee will present the findings from the study at the 2004 Annual Meeting.

Tactic 5. Investigate the feasibility of increasing frequency of NCLEX administrations.
The Examination Committee investigated the feasibility of increasing the frequency of NCLEX administrations during FY03 for purposes of reducing barriers for retake candidates. Since the inception of NCLEX using Computerized Adaptive Testing (CAT) in 1994, the administration rule dictated that candidates could not receive examination administrations more frequently than once every 91 days. The NCLEX-RN and -PN master item pools are large enough to accommodate increasing the number of times NCLEX candidates may take the examinations from four to eight times per year, with a 45-day wait period between examination administrations.

NCSBN policy was amended to permit candidates to test as often as once every 45 days or eight times per year, unless limited to fewer retakes by the desired jurisdiction of licensure. This policy allows candidates to be exposed a maximum of four times to any one operational item pool. Member Boards can make retesting time periods longer but not more frequently than NCSBN policy. Starting with the October 2003 deployment, the number of items in an operational pool will be increased to accommodate this more frequent retake policy.

Tactic 6. Determine the feasibility of allowing foreign nurses licensed by a Member Board to apply directly to NCSBN for NCLEX administration.
The Examination Committee considered the feasibility of allowing foreign-educated nurses, currently licensed by a Member Board, to apply directly to NCSBN for an NCLEX Examination administration during FY03. Specifically, the action requested concerned whether NCSBN could create a mechanism for nurses who have been licensed by endorsement, primarily from Canada and without having taken the NCLEX, to apply directly through NCSBN to take the NCLEX in order to satisfy part of their requirements for a permanent visa. Currently, some Member Boards endorse Canadian nurses without having to take the NCLEX; consequently, these Member Boards are now trying to deduce a way to allow these nurses to take the NCLEX to satisfy the visa requirement.

After careful consideration of how acceptance of this initiative might affect current Member Board NCLEX eligibility process, the Examination Committee recommends to not allow foreign-educated students licensed by a member board of nursing to apply directly to NCSBN for an NCLEX examination administration. The rationale for this decision is based on the idea that application directly to NCSBN to take the NCLEX in order to satisfy part of their requirements for a permanent visa is contrary to the purpose of the licensure examination and is not a legally defensible use of the examination. Mechanisms are currently in place with test service to

allow previously licensed nurses to be made eligible by a Member Board to take an NCLEX examination, which should satisfy the intent of this initiative.

Tactic 7. Compare equivalency of NCLEX-RN with Spanish language Puerto Rican Nurse Licensure Examination.
Examination Committee is compiling a matrix to investigate similarities between the NCLEX-RN with Spanish language Puerto Rican Nurse Licensure Examination. Information requested from Puerto Rico is not complete at this time. Committee will provide an update on progress at the 2003 Annual Meeting; however, the tactic will not be completed in FY03.

Outcome B. NCLEX is administered at international sites for purposes of domestic licensure.

Tactic 1. Initiate implementation of the international testing plan for the NCLEX examinations including components of the 2002 Delegate Assembly resolution.
Examination Committee has collected information to fulfill the resolution passed at the 2002 Annual Meeting and will report out at the 2003 Delegate Assembly.

Tactic 2. Set performance benchmarks for existing English proficiency examinations.
Examination Committee met with representatives with from ETS to plan a standard-setting exercise for the TOEFL/TOEIC examinations. Committee will provide an update on progress at the 2003 Annual Meeting; however, due to the time needed to establish a standard-setting panel, results may not be available for the year's business book.

Outcome C. International testing exams are explored for foreign nurse licensure.

Tactic 1. Complete data collection on foreign nurse licensure examinations.
Testing Services staff continues to collect data.

Tactic 2. Determine the use of NCLEX by interested countries for purposes of nurse regulation outside of current Member Board jurisdictions.
Testing Services staff continues to collect data.

Outcome D. Nurse aide competence is assessed.

Tactic 1. Continuously improve development and administration of the NNAAP™ examination.
Testing Services staff continues to monitor the item development and psychometric activities of our test service through standing and unique reports.

Outcome E. Inform stakeholders about the NCLEX examination program and related products/services.

Tactic 1. Continuously improve quality of NCLEX programs and related products/services.
NCSBN Testing Services staff conducted more than 15 NCLEX informational presentations. In an effort to keep stakeholders up-to-date on changes to the NCLEX process, NCSBN produced an informational video titled "Understanding the NCLEX® Examinations." The video was distributed, free of charge, to more than 3,100 groups including Member Boards, nursing education programs and other nursing organizations.

The committee continues to oversee development of various publications that accurately reflect the NCLEX examination process.

On September 23, 2002, 121 attendees took part in the 2002 NCLEX Invitational at the Coronado Springs Resort, Walt Disney World in Orlando, FL. Feedback from attendees was positive and constructive. For FY04, the NCLEX Invitational is going to be held on September 26, 2003, in Boston, MA, at the Wyndham Tremont Hotel.

NCLEX Program Reports were distributed to subscribing nursing education programs during the current fiscal year in October 2002 and April 2003. The October 2002 through May 2003 program reports represent test results administered exclusively with Pearson VUE. Despite the transition of NCSBN test service, the Program Reports continued to be produced as expected.

Testing Services staff began development of a curriculum for an advanced Assessment Strategies online course.

Tactic 2. Continuously improve utilization of NCLEX programs and related products/services.
Testing Services staff continues to market NCLEX-related products and services at speaking engagements and exhibiting opportunities. More than 14, 000 candidates used NCLEX Quick Results service between October 2002 and March 2003. Currently, 37 state boards of nursing participate in the NCLEX Quick Results service, the highest level of Member Board participation since the onset of the program.

Outcome F. Research demonstrates relationships of various regulatory approaches to validate continued competence.

Tactic 1. Analyze data obtained during year one of the Post-Entry Competence Study for emerging patterns and changes in nursing practice.
More than 12,000 nurses are participating in the Post-Entry Competence Study. Data collection for the cross-sectional cohorts is complete and are being analyzed. The longitudinal cohorts have received five surveys. The Subject Matter Expert and Post-Entry Advisory Panels met during the year and advised on data analysis.

Tactic 2. Report results of continuing education study.
Results of Continuing Education Study were presented to Board in December and were then posted on Web site for members only. Printed as Research Brief 6, this is available for purchase. This study has been presented to statewide groups of nursing educators and boards of nursing.

Tactic 3. Continue to monitor entry-level practice and related issues.
Two Practice and Professional Issues surveys were conducted FY03 and their findings made available to members and the public. Two large practice analysis studies, the 2002 RN Practice Analysis and Nurse Aide Practice Analysis were conducted.

II. Strategic Initiative: Regulatory Effectiveness

NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome A. Advanced regulatory strategies promote public protection and effective nursing practice.

Tactic 1. Implement a system of ongoing performance measurement as related to identification of "best practices."

Data were collected for the year FY02 and analyzed. Reports to Member Boards will be completed in Fall 2003. Best practices were identified from FY00 data and disseminated to members. Data from both years will continue to be analyzed and information related to regulatory outcomes and best practices identified. Next data collection efforts will be FY05.

Tactic 2. Develop methods and resources to promote uniform scope-of-practice.

The PR&E Committee began the year using the development and promotion of the NCSBN Model NPA and Rules as an approach to promoting uniform scope-of-practice. The committee also discussed other possible approaches and identified several areas needing additional information before undertaking additional activities, including:

- Post-entry competency study results.
- Epidemiology of Nursing Error study results.
- Identification of competencies through evidence-based indicator of quality education studies.

The committee recommended that the NCSBN Board of Directors to remove this tactic from the strategic plan at this time. The issue could be revisited once the above data is available and has been analyzed.

Tactic 3. Develop a common discipline lexicon for incorporation into the model rules.

Draft lexicon incorporated into model act/rules revision work.

Tactic 4. Continue to support PREP for Member Boards to utilize as a resource.

Conducted quarterly conference calls for Prep-4-Patient Safety participating boards and other interested boards. Convened in-person PreP meetings at NCSBN Mid-Year and Delegate Assembly Meetings for education and promotion of PreP. Conducted survey of boards on remediation resources available to boards of nursing for the HRSA/CAC subgrant. North Carolina and West Virginia-PN have active PreP cases, and 5-10 other boards have expressed interest and are in varying degrees of the project.

Tactic 5. Review and revise as necessary the Model Nursing Administrative Rules for consideration by the 2003 Delegate Assembly.

Models Revision Subcommittee met in December and January to draft the revisions. The subcommittee has developed a comprehensive models document, using a two-column approach with the model act on one side, the model rules on the other and editorial notes throughout the document providing comment and rationale. With the language side-by-side, some discrepancies were noted that required some modification of the model act language adopted last year. The Board of Directors directed the subcommittee to use this year to collect feedback regarding these documents and plan to bring them to the 2004 Delegate Assembly for adoption. This approach will also provide opportunity to work on two additional topic areas for the models, continued competence and assistive personnel. The draft models will be presented for discussion at an informational forum at the 2003 Annual Meeting. External feedback will also be solicited.

Outcome B. Models for system and individual accountability address practice issues.

Tactic 1. Analyze the use of TERCAP as a tool to help regulators to distinguish individual from system error.
TERCAP was used in the development of the models revision. TERCAP was also used for data collection for the Epidemiology of Nursing Error study and is intended to assist in reviewing cases to analyze the source, causes and contributions to error. In addition, TERCAP has been used to develop investigator checklists regardin specific types of error.

Outcome C. Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education and practice.

Tactic 1. Develop criteria for Member Boards using national accrediting agencies for the accreditation of nursing education programs.
Boards of nursing and the national accrediting agencies were surveyed, as well as reviewed the literature and the past work done in this area by NCSBN. Criteria was then developed based on current thoughts and practices.

Tactic 2. Analyze data obtained from member distance education survey which reflects the entire continuum of nursing practice.
Data has been analyzed and presented to the PR&E Committee and the Board. From these results and the literature, best practices were developed for distance education, and these were incorporated into the Model Education Rules.

Tactic 3. Identify evidence-based indicators of quality nursing education programs.
NCSBN collaborated with various professional disciplines, read the current literature, and reviewed the recent IOM report. Findings from the 2002 PPI (Crawford & Smith, 2002) were reviewed, looking at statistically significant relationships between components of nursing education and increased nursing errors or decreased ability to carry out current nursing assignments. These findings will be a beginning for future work with this tactic.

Tactic 4. Implement the PERC Action Plan by developing and monitoring a schedule of activities, related tactics, and timelines for review by the Board of Directors.
FY03 PERC Action Plan report included in 2003 Business Book.

Tactic 5. Determine the effectiveness of models for nurses transition from education to practice.
PR&E developed effective components for transition programs, and the outcomes of these programs will be studied next year.

Tactic 6. Conduct a second employer survey to monitor trends and enhance data obtained from the 2001 study.
A 2003 Employer Survey was conducted May through August 2003.

Tactic 7. Provide resource materials to Member Boards on the education, immigration and endorsement of foreign nurses.
A resource manual for nurse regulators about foreign-educated nurses nurses was developed. It has been reviewed by the PR&E Committee and presented at the NCSBN Mid-Year Meeting. It can be accessed on the member-only side of the NCSBN Web site.

Tactic 8. Address barriers for foreign-educated nurse applicants in obtaining Social Security numbers.
Conducted research and information regarding this tactic, which arose from a Delegate Assembly 2002 resolution. Worked specifically with boards, INS, DOL, legal counsel and related entities

and one solution resulted after NCSBN and other interested parties commented to INS-proposed regulations and INS-issued new policy. (This issue will be highlighted in detail at Delegate Assemby 2003.)

Outcome D. Approaches and resources assist Member Boards in the regulation of advanced practice registered nurses.

Tactic 1. Assist and facilitate in the communication between boards of nursing and APRN Certification agencies.
The APRN Task Force met with representatives from the National Association of Clinical Nurse Specialists, American Nurses Credentialing Center, American Academy of Nurse Practitioners Certification Program, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the National Certification Corporation for the Obstetric Gynecologic, and Neonatal Nursing Specialties.

Tactic 2. Evaluate the regulatory sufficiency of all APRN certification programs and provide the information to Member Boards.
The APRN Task Force has continued to dialogue with APRN certification programs regarding the implementation of the APRN criteria for certification programs.

Tactic 3. Continue to hold the APRN Roundtable to promote communication with APRN stakeholders.
The APRN Roundtable was held on April 10, 2003, in Chicago with 25 attendees. Laura Poe presented an update on the APRN compact and Kathy Thomas discussed this year's activities of the APRN Task Force.

Tactic 4. Monitor APRN certification programs to notify Member Boards of changes in status.
A comment paper has been placed on the Members Only side of the NCSBN Web site.

Tactic 5. Develop an APRN chapter in the Model Administrative Rules.
Feedback was provided to Model Rules Subcommittee.

Outcome E. Approaches and resources address issues related to assistive personnel.

Tactic 1. Identify current status of the regulation of Unlicensed Assistive and Nursing Assistive Personnel including the transition implications for Member Boards in the regulation of UAPs.
New survey questions were developed to be included in 2002 Member Board Profiles survey. New survey tool for nursing assistive personnel (all types) developed by CORE and included in FY03 data collection.

Tactic 2. Conduct a conference on nurse aide issues.
The UAP Conference was held in New Orleans on May 14-15.

Outcome F. New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.

Tactic 1. Complete Phase 1 of research study, An Epidemiology of Nursing Error.
Fourteen boards of nursing participated in Epidemiology of Nursing Error study completed in summer 2003. Results will be disseminated to members and published as a Research Brief.

Tactic 2. Develop a plan and research methodology for study to evaluate effectiveness of alternative programs including the impact on Member Boards that do not have alternative programs.
A new study, Regulation of Chemically Dependent Nurses, is planned for FY04-05. A panel of

principle investigators will design and implement a cross-sequential study of nurses going through alternative-to-discipline programs and traditional discipline.

Tactic 3. Facilitate networking and communication among discipline staff, investigators and attorneys.
Quarterly conference calls were implemented to facilitate networking and information sharing among discipline staff, investigators and attorneys. Topics for calls have included imposters, pain management (both the current standard of care for all patients and the implications for nurses who require pain management) and discipline resources.

Outcome G. NCSBN supports, monitors and evaluates the implementation of the mutual recognition model.

Tactic 1. Provide secretariat services to Nurse Licensure Compact Administrators.
Services are currently being provided per contract.

Tactic 2. Evaluate the impact of two regulatory models (compact and non-compact states).
Compact states conducted first evaluation of the impact of Compact implementation. Findings were disseminated to members.

Tactic 3. Track multistate discipline cases specific to Nurse Licensure Compact.
Information about discipline cases that have involved multiple states has been requested and a few cases reported. A telephone survey of Compact states in June was designed to identify additional discipline cases for inclusion in a database that will focus on types of complaints, the process used, how well states have been able to collaborate on discipline matters and case outcomes (this information is in addition to the basic information available through Nursys).

Tactic 4. Develop a communication plan for education regarding the mutual recognition model in collaboration with the NLCA.
A plan was developed and continues to be modified based on the nursing regulation environment and consultation with the NLCA Executive Officers. Implementation and measurement of this plan is also occurring.

Tactic 5. Participate in the planning and implementation of technology solutions that provide post-implementation support to assure compliance with the provisions of the Nurse Licensure Compact in collaboration with the NLCA.
Completed the design and development of the Public Access project as well as the test plan. Implemented secure, e-commerce technology to support this application. Began developing test case scenarios and planned launch for February of 2003.

III. Strategic Initiative: Public Policy

NCSBN will analyze the changing health care environment to develop state and national strategies to impact public policy and regulation effecting public protection.

Outcome A. NCSBN analyzes national and international trends impacting public protection.

Tactic 1. Review and analyze mission-relevant legislation and regulation for dissemination.
Ongoing analysis and review of legislation and regulation impacting NCSBN and Member Boards. Highlights include federal immigration bills, Nurse Reinvestment Act, telehealth bills, INS foreign-educated health care worker certification regulations, nurse loan forgiveness legislation, patient safety legislation, etc.

Tactic 2. Monitor national and international environments for information related to the NCSBN mission.

Ongoing national and international monitoring of the environment does occur. NCSBN Environmental Analysis report was presented to the Board of Directors during its February meeting. NCSBN networks with many organizations in a variety of capacities (see meeting reports for examples). International environmental monitoring has been enhanced through new partnerships with the American National Standards Institute (ANSI), Council on Licensure, Enforcement and Regulation's (CLEAR) International Committee and membership, and increasing dialogue with international regulatory authorities, etc. Ongoing surveillance activities involve contacts, conferences, list serves, publications and other information gathering activities. Policy calls and *Policy Perspectives* ongoing. Finished environmental assessment for Board of Directors strategic planning session.

Tactic 3. Monitor the legislative/policy climate relative to nursing, healthcare professional shortages and environment of care issues as it impacts public protection.

Legislative and policy monitoring specific to nursing, personnel shortages and settings of care issues is ongoing. Highlights of note include NCSBN's involvement in JCAHO's Nursing Roundtable (invited) and its subsequent Nurse Advisory Group, which NCSBN was asked to serve; involvement in the Nursing Agenda for Change/Future; Americans for Nursing Shortage Relief Coalition; Washington, DC-based nursing group; the new Nursing Community group; JCAHO Liaison Network Forum; routine conference calls with key stakeholder groups (i.e., ANA, AHA, AONE, NCC MERP); Division of Nursing; Health Resources Services Administration, etc.

Outcome B. NCSBN and Member Board leadership impacts regulation and public protection issues.

Tactic 1. Increase NCSBN and Member Boards' presence on key, mission-related issues.

As mentioned above, NCSBN and Member Boards' presence on key, mission-related issues is accomplished through a variety of tactics. NCSBN has been increasingly successful in making key organizational, governmental and other stakeholders aware of NCSBN and Member Boards as the primary resource for nursing regulation information related to public protection. Highlights include increased speaking requests, citations of NCSBN and Member Board information by other stakeholders, opinions sought on federal regulation/legislation, etc.

Tactic 2. Support Member Boards to promote public protection through effective policy development.

Support for Member Boards, for public protection issues, continues to take place through NCSBN policy call presentations and dialogue, *Policy Perspectives*; breaking news alerts, policy-related information gathering activities (surveys), and fulfillment of requests from Boards as needed. Policy call highlights outlines recent agenda items discussed by member boards.

Tactic 3. Collaborate with external stakeholders on public protection issues.

External stakeholder collaboration has been articulated above, highlights of note include work aimed at increasing visability and funding for nurse shortage; broadening the dialogue with other national regulatory associations, settings of care, health care recruiters and staffing agencies, federal and state legislators and related regulators, Prep project collaborations, NCC MERP, JCAHO, IOM Health Professions Summit, etc.

IV. Strategic Initiative: Information Technology

NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

Outcome A. Information technology infrastructure is enhanced among Member Boards, NCSBN and service providers.

Tactic 1. Continue to identify and evaluate various information technology products and services.
Attended the Oracle World and Project Management Institute conferences. Gathered good information on upcoming technology as well as made several important contacts. Evaluating various hardware and software auditing software. Began initial environmental scan for IP Telephony monitoring software.

Tactic 2. Implement network system technology to strengthen security and improve remote access for Member Boards and NCSBN staff.
Successfully implemented VPN remote access for NCSBN staff. Implemented IP Telephony and Cisco network server and monitoring system. Implemented new firewalls. Implemented keycard functionality on all doors.

Tactic 3. Evaluate the use of wireless technology to support the increased business mobility of the Board of Directors and NCSBN staff.
Began evaluating various mobile communication options.

Tactic 4. Evaluate and implement technology, systems and services to strengthen IT continuity and Disaster Preparedness efforts in support of overall organization and Member Board disaster preparedness. Included would be identification of resources Member Boards would need to recover from a disaster.
Began outlining the RFP requirements for off-site, redundant production environment.

Outcome B. Information technology provided improves Members Boards' efficiency and productivity.

Tactic 1. Participate in the planning and implementation of technology solutions that provide post-transition support subsequent to move of NCLEX to Pearson Professional Testing.
Implemented FTP for secure file exchange between NCSBN and Pearson. Also reconfigured the Testing Department's equipment to correlate with Pearson's move from Minnesota to Iowa City. Distributed QuickLaunch software to appropriate Testing Department personnel for evaluation purposes.

Tactic 2. Serve as a technical resource and clearinghouse for Member Boards to enhance their use and understanding of technology.
Completed the IT Summit 2003 and it was a great success.

Tactic 3. Determine the feasibility of providing virtual meeting capabilities at Board meetings.
Began evaluating various technologies for the Annual Meeting as well as for future BOD and other NCSBN-sponsored meetings. Arranged for open conference call for April/May BOD meeting.

Outcome C. Nur*sys*™ is the preferred national database among Member Boards, employers and nurses for licensure information.

Tactic 1. Increase participation in disciplinary data collection by Member Boards.
Finalized requirements from Virginia regarding the upload of its HIPDB files into Nursys™ and have received several test files. Planned implementation is 2Q FY03. Virginia HIPDB file upload has been delayed due to problems with HIDPB.Worked with HIPDB to update the latest changes in their data structure and submitted another discipline file to HIPDB.

Tactic 2. Implement a plan to increase participation and usage of Nur*sys*.
Included Minnesota, Wisconsin, Arizona and Delaware into Nursys monthly data collection. Discussed various approaches with NAP committee and assigned each team member with a short list of jurisdictions to work with directly. As a result of NAP involvement, additional boards have expressed serious interest to participate including Florida, Colorado and Alaska. Launched the Nursys.com website and the Nursys QuickConfirm application.

Tactic 3. Provide resources to Member Boards for contribution of data to Nur*sys*.
Actively working with Mississippi and Florida to include their data into Nursys. Continuing to assist Mississippi.

Tactic 4. Identify the feasibility of offering online renewals for Nur*sys*.
Held initial discussions with potential vendor. Requirements definition planned to begin in late 2Q FY03. Requirements definition delayed due to VESI declined due to other commitments.

Tactic 5. Identify the feasibility of collecting workforce information.
Began preliminary discussions surround the purpose and objectives for collecting this information.

Tactic 6. Complete an evaluation of responses to Nur*sys* Data Collection RFP.
Estimated completion date is 4Q FY03.

Outcome D. The collection, storage and use of data by Member Boards are standardized, accurate, and timely.

Tactic 1. Identify the feasibility to develop a comprehensive and accessible database of nursing regulation information for Profiles of Member Boards, e-survey, System of Performance Measurement and Member Board surveys.
Estimated to begin late 2Q FY03. Began review of available vendors to assist in analysis.

Tactic 2. Identify the feasibility of collecting and reporting nursing assistive personnel disciplinary data.
Estimated to begin 3Q FY03.

Outcome E. The Web site maximizes access to regulatory education and information by Member Boards and the public.

Tactic 1. Evaluate and implement various tools and techniques for state-of-the-art Web technology to meet the needs of NCSBN.
Completed and distributed RFP for Content Management Software. Responses expected in January 2003 with final vendor evaluation and selection to be completed by end of 2Q FY03. Vendor presentations scheduled for late April 2003.

V. Strategic Initiative: Governance & Leadership Development and Organizational Capacity

NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome A. Member Board staff and members access multiple levels of educational programs to develop core competencies in regulation.

Tactic 1. Determine the feasibility of a regulation certification program for Member Boards.
The feasibility of a regulation certification program for Member Boards has been discussed by Member Board Leadership Development Advisory Group. A recommendation will be made after the first offering of the Institute of Regulatory Competence is held on October 20-22, 2003.

Tactic 2. Conduct the continuing education program for Member Boards as recommended by the Regulatory Credentialing Program Development Task Force.
The Institute of Regulatory Competence will be held on October 20-22, 2003, in Chicago. Planning for the conference is under way.

Tactic 3. Conduct a leadership development program for Member Board Executive Officers and Presidents.
NCSBN staff and the Member Board Leadership Advisory group have focused on developing programs/resources to support EO & MB President leadership development. The theme for the mid-year leadershipwas governance strategies. The consultant who facilitated the program conducted a joint session for EOs & MB Presidents, and met with the MB Presidents for an additional hour at the end of the day to address their specific issues/concerns. The Board of Directors approved an EO development seminar that was held in Chicago on April 29. The consultant who facilitated the program focused on issues surrounding the role of the EO. Feedback received on the EO seminar and the evaluations have been positive.

Tactic 4. Convene summits on (1) attorneys and investigators in the discipline process, (2) information technology and (3) patient safety.
Investigator/Attorney Summit scheduled for June 17-19, 2003, at Barton Creek Resort in Austin, Texas. The 2002 Patient Safety Summit was successful, although not as well attended as was hoped. Plans to hold a second conference also in conjunction with the 2003 Citizen's Advocacy Center's (CAC) Annual Meeting are under way. I.T. Summit scheduled for May 19 and 20 in San Antonio, Texas.

Tactic 5. Provide orientation and mentorship for new Executive Officers.
The 2003 annual orientation was held on Monday April 28. The program was planned to coincide with the EO seminar and the Board of Directors meeting the week of April 28. The focus of the orientation was to assist EOs in "doing their job better" by introducing them to NCSBN programs/services and key NCSBN staff. At the retreat they were able to interact with "seasoned" EOs and attend a portion of the Board of Directors meeting. The MB Advisory group evaluated the mentor program and developed recommendations to clarify and strengthen the program. These recommendations will be submitted to the Board of Directors at the July meeting.

Tactic 6. Determine the feasibility of the development of an education program for public board members.
Public Members were surveyed through their respective boards as to their educational needs. The second public member networking session will be held at Delegate Assembly 2003. Further refinement of public member educational needs is ongoing.

Outcome B. Sound organizational governance advances the NCSBN mission and vision.

Tactic 1. Review NCSBN mission and vision statements.
Discussion of revising the mission and vision were conducted at the December 2002 and February 2003 Board of Directors meeting. Preliminary revisions were presented to the membership at the March 2003 Mid-Year Meeting. Feedback from the membership was incorporated in further discussions at the May 2003 Board of Directors meeting. A final recommendation will be presented at the 2003 Delegate Assembly.

Tactic 2. Review for possible endorsement, healthcare and nursing initiatives and positions that advance public protection.
The Board of Directors reviews potential endorsement or position-taking on initiatives advancing public protection. The Americans for Nursing Shortage Relief (ANSR), whose consensus document was reviewed again and supported by NCSBN. NCSBN reaffirmed support for single state and mutual recognition models of nurse licensure. See Strategic Initiative III for details on policy and positions.

Tactic 3. Ensure adequate resources through the development of a long-range financial projection.
The Finance Committee has reviewed long-range financial projections. Projections have been and will continue to be updated and reviewed throughout the year.

Tactic 4. Enhance the organizations public standing and key alliances.
Staff have participated and networked at key external organizational meetings, conferences and issue-targeted meetings and conference calls. The president and executive director attended a CGFNS Awards Dinner and met with the president and executive director of CGFNS in a joint meeting to address inter-organizational issues in January 2003. Quarterly conference calls were reinstituted with ANA staff and NCSBN staff. The president and executive director met with the president and executive director for AACN to discuss areas of mutual concern. Donna Dorsey and Kathy Apple conducted a joint presentation at the AONE annual conference. Kathy Apple gave a special presentation to Chicago area recruiters for *Nursing Spectrum*. Kathy Apple attended the annual Executive Director retreat for all executive directors of the major nursing organizations to facilitate collaboration. Members of the Board of Directors and NCSBN staff have attended various organizational meetings for networking and collaboration opportunities including the Alliance for Nursing Accreditation, AACN, NLN, ANA, NFLPN, NOADN CLEAR, ANSI, IOM, NCSL, CAC, NCC-MERP, HRSA, FARB, NPDB, Emergency Credentialing, JCAHO, NSNA, AMA, CSG, Division of Nursing, NGA, NPSF, NNRR, and AONE.

Tactic 5. Revise and implement the orientation for new NCSBN Board Officers and Directors.
A revised orientation was implemented at the Board of Director meeting in September 2002. The Board of Director policy on orientation was revised to reflect the specific areas for the yearly orientation.

Tactic 6. Conduct a seminar on creating strong Board-Staff partnerships.
A seminar was facilitated by a senior consultant from BoardSource during the Board of Director orientation in September 2002 specific to Board-Staff relationships.

Tactic 7. Review and evaluate the organization's governance structure.
The Bylaws Committee has evaluated the Board structure particularly the issue of continuity looking at Board positions, length of terms, and term limits. Specific recommendations were provided at the February 2003 Board meeting and the Mid-Year Meeting for membership feedback.

Tactic 8. Conduct a Board of Directors Self-Assessment.
A senior consultant was retained from BoardSource to conduct and facilitate the Board Self-Assessment at the May 2, 2003, Board of Directors meeting. The Board identified positive changes from the self assessment from FY02 and recommended areas for improvement for the coming year.

Tactic 9. Begin preliminary strategic planning for strategic initiatives FY05-07 for presentation to the 2004 Delegate Assembly.
Initial discussions were conducted at the December 2002 Board of Directors meeting and again at the Board Retreat in February 2003. Further development including initial application of the Balanced Scorecard model will begin at the July Board of Directors.

Tactic 10. NCSBN recognizes significant contributions and historical milestones of members.
The 2003 awards program was launched and promoted at the mid-year meeting. The awards luncheon at annual meeting will be a happy birthday celebration for the Boards of nursing celebrating 100 years of nursing regulation. The awards panel did not recommend changes to the awards program, however the Board of Directors has directed the awards panel to select the 2003 award recipients.

Tactic 11. NCSBN celebrates its' 25th anniversary and the 100th year of nursing regulation.
NCSBN's 25th anniversary and 100 years of nursing regulation celebrations will culminate during Delegate Assembly 2003. Public relations and operational activities were spear-headed and implemented regarding the anniversary by the 25th Panel, Board of Directors and staff.

Tactic 12. Assist the Board of Directors in the development of a governance philosophy and model.
Initial discussions were conducted at the December 2002 Board of Directors meeting and again at the Board Retreat in February 2003. The retreat consultant has suggested that once the new mission, vision, and strategic initiatives are developed, a governance model should then be developed that will support the implementation of the new direction for the organization. New strategic initiatives will be presented at the 2004 Delegate Assembly.

Outcome C. Promote Member Board understanding use and satisfaction with NCSBN products, programs and services.

Tactic 1. Enhance products, programs and services as feasible by incorporating findings of the Member Board Assessment Survey.
A formal Member Board Needs Assessment survey was conducted in Spring 2002. Results were analyzed and reported to the Board of Directors. A secondary analysis was conducted with the help of the research department specific to responses from Presidents, Executive Officers, Board Member and Board Staff. Recommendations from this analysis were presented at the February 2003 Board of Directors meeting. All data has been presented to relevant staff for incorporation into specific departmental areas, services and products.

Board of Directors – Attachment B

PERC Action Plan FY03 Progress Report

I. Action: Commit to an organizational environment supportive of change and innovation in Practice, Education and Regulation.

A. Foster open, honest communication among Member Boards, Board of Directors, NCSBN staff and enhance communication with nursing stakeholders and the public.

Progress FY03

NCSBN communication with its Member Boards has been fostered through:

a. The Web site is continually updated to provide information pertinent to NCSBN members. Frequent e-mail alerts to members regarding federal initiatives and policy debates of a time-sensitive nature are ongoing.
b. Monthly policy calls continue to be well-received and attended by the executive officers, board presidents and/or their designated staff.
c. Members continue to receive *Council Connector* and *Policy Perspectives* newsletters. Education Network Calls are monthly, with guest speakers on a variety of relevant subjects. Minutes are posted on the Web for those who cannot make the calls.
d. Quarterly Discipline Calls have been implemented, featuring focused topics and guest speakers interacting with Board discipline staff, investigators and attorneys.
e. Communication plan for NLCA developed, and implementation is underway with periodic refinement. APRN compact model will be on docket for Suggested State Legislation Committee at the Council of State Governments meeting. Challenges related to APRN Compact implementation identified by APRN stakeholders and being addressed by APRN Compact Subcommittee and NLCA Executive Committee. Successful resolution will be included in NLCA communications plan.

Communications with nursing stakeholders and the public has been enhanced by:

a. Dialogue
   - A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
   - The APRN Roundtable will be held the end of April. For the past several years, the regular APRN Roundtable has been growing and the attendance consists of not only APRN certification programs but also other nursing organizations. Due to the request from APRN certification programs, a short meeting with only certification programs will be held the day before.
   - NCSBN and CA BON-RN commented on INS proposed rules on foreign-educated health care worker certification. Ongoing dialogue with nursing stakeholders, external organizations and public continues through participation in external meetings, conferences, teleconferences and communication mediums.
b. Research
   - A 2003 Employer Survey is scheduled to be conducted May through August 2003.
   - Proposed draft communication plan drafted in collaboration with the NLCA Executive Committee for educating the public about the mutual recognition model.

Background

The Practice, Education and Regulation Congruence (PERC) Task Force was established as a result of passage of Delegate Assembly Resolution #2 (2000) to explore the congruence among nursing practice, education and regulation. The Task Force was co-chaired by Constance Kalanek, executive director of the North Dakota Board of Nursing, and Margaret Kotek, president of the Minnesota Board of Nursing.

The Task Force examined congruencies and incongruencies among practice, education and regulation and developed an action plan to promote congruence and eliminate incongruence was developed. The action plan was then plotted on a time line to ensure completion of the project by 2010 and stagger the work across years.

The report for the first year of implementation of the action plan is attached. The information presented includes an overview of the activities of FY2003 for each action item and projected next steps for FY2004.

c. Networking
   - The Institute of Regulatory Competence is being planned later in the year.
   - The Institute of Regulatory Competence will be held October 20-22, 2003.
   - The Investigator-Attorney Summit scheduled for June 17-19, 2003.
   - IT Summit scheduled for May 19th and 20th.
   - The UAP Summit scheduled later in the year.
   - Several key meetings with external stakeholders were held to date during FY03 (some of which included IOM, ANSI, CAC, Nursing Alliance, ANSR, CSL Health Policy meeting, CSG, NINR, NNRR, FSMB, AHA, ICONS, FSMB, AMA).

d. Presentations
   Professional staff has made presentations to regulatory and nursing organizations, government groups, schools of nursing, and others to share the perspectives and work of NCSBN. Communication with NCSBN members and external stakeholders will be further enhanced by the marketing and communications plan developed during FY03 to increase key messages with target audiences, support and promote NCSBN's mission, and target key meetings for outreach.

Next Steps (FY04 tactics to be developed)

- Implementation of marketing and communications plan.
- Identification of areas of concern regarding open, honest communication among the Board of Directors and members/delegates, Board of Directors and NCSBN staff, and members/delegates and NCSBN staff.
- Continue policy of open Board and committee meetings for members, minutes posted and available on Web site. Offer Web-based options for purposes of listening to deliberations and decisions and/or by conference call.
- Continue offering regularly scheduled networking calls focusing on critical regulation activities and topics.
- Ongoing development of external relations initiatives will be continued. New relationship building will continue with key groups identified.

B. Strengthen communication among practice, education and regulation.

Progress FY03

Communication between practice and regulation has been strengthened:

- A 2003 Employer Survey is scheduled to be conducted May through August 2003.
- A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
- The APRN Roundtable will be held the end of April. The APRN certification programs have expressed concern that they were not able to address specific issues with the APRN Task Force with other organizations present. Due to the request from APRN certification programs, a short meeting with only certification programs will be held the day before.
- Regularly scheduled teleconference calls with ANA have been initiated. Staff from both organizations will have the opportunity to keep each other abreast of initiatives and issues.
- An NCSBN update was presented at an annual AONE meeting, the Intravenous Nurse Society, and the National Organization of Nurse Practitioners Faculties.
- A coordinated exhibiting plan was developed and implemented in FY03.

Communication between education and regulation has been strengthened through:

- The CORE survey of schools of nursing.
- Attendance at key nursing education meetings, including AACN, NLN, Alliance for Accreditation, National Symposium for Nurses with Disabilities and Southern Regional Education Council.
- Ongoing column in *JONA's Healthcare Law, Ethics and Regulation*, a quarterly journal.

- Participation in NLN Think Tank on revising their educational standards.
- Participation of NLNAC and CCNE on Education Network Calls.
- Presentations at key nursing education meetings.
- Presentation at the annual Mosby faculty meeting.
- Outreach by the Testing Department to schools of nursing.

Next Steps (FY04 tactics to be developed)

- Systematically identify current communication patterns between NCSBN and its stakeholders, including the public.
- Continue to identify opportunities for outreach and communication with other nursing organizations (i.e., ANA staff quarterly calls, opportunities to dialogue with key groups and alliances).

C. Create a professional culture based on mutual respect and trust where opinions of practice, education, regulation representatives and members and staff are valued.

Progress FY03

- NCSBN members have multiple opportunities to be involved with the work and activities of the organization through committees, task forces, focus groups and various special interest teleconferences.
- In the spirit of mutual respect, NCSBN interacts and invites involvement from other organization and stakeholders. NCSBN representatives met with many key non-nursing organizations including IOM, FARB, CLEAR, ANSI, CAC, Nursing Alliance, NCSL Health Policy meeting, FSMB, NPSF, CSG, NABP, NPSF, NCC MERP and AMA. Staff and members served on IOM committees and participated in the development of key documents by invitation.

Next Steps (FY04 tactics to be developed)

Identify barriers to a professional culture within NCSBN based on mutual respect and trust where opinions of practice, education, and regulation representatives and members and staff are valued.

D. Enhance educational and informational resources regarding the purpose of NCSBN and State Boards of Nursing.

Progress FY03

Informational resources were developed using various media forms to educate stakeholders about the work of NCSBN.

a. The Member Board Leadership Development Committee planned and executed a Leadership Day for board executive officers and presidents before the 2003 Midyear Meeting. This educational session provided valuable information regarding the work of NCSBN to these member leaders.
b. Communication with NCSBN members and external stakeholders will be further enhanced by the marketing and communications plan developed during FY03 to increase key messages with target audiences, support and promote NCSBN's mission, and target key meetings for outreach.
c. The Web site is continually updated to provide regulatory information to stakeholders. The Web site also provides frequent e-mail alerts to members regarding federal initiatives and policy debates.

Next Steps (FY04 tactics to be developed)

- Implement marketing and communications plan to educate the public and other stakeholders and provide informational resources to them regarding the purpose of NCSBN and state boards of nursing.

- Web site presentations, member and staff contact directory based on member needs.
- Expand regulatory and NCSBN orientation for newly appointed executive officers beyond current single day model.
- Develop and offer regulatory and NCSBN orientation for board presidents and members.
- Continuing external relations and outreach efforts. FY04 tactics to be developed.

E. Commit to ongoing evaluation and improvement as an NCSBN core competency.

Progress FY03

NCSBN demonstrated commitment to ongoing evaluation and improvement as core competency through:

a. Evaluation
   - Following a secondary analysis conducted by the research department, a more indepth analysis of the Member Board Needs Assessment Survey was conducted. All data has been presented to relevant staff for incorporation into specific departmental areas, services and products.
   - FY03 data collection effort for CORE during FY03 continues systematically measuring board performance.
   - CORE continues to explore identification of best practices.
   - CORE developed Compact evaluation surveys. Board survey sent to Compact states in March.
   - The Bylaws Committee is evaluating Board positions, length of terms, continuity and term limits.

b. Improvement of products and services.
   - The Examination Committee continues to monitor item development, psychometrics, and examination administration of the NCLEX® examinations.
   - The Testing Department began development of a curriculum for an advanced Assessment Strategies online course.
   - Continuously improve development and administration of the NNAAP™ examination.

c. Educational and leadership advancement for members
   - The new EO orientation was held in the spring, allowing the orientees the opportunity to attend a portion of the Board meeting. The orientation program has been refined to meet the new EOs top three challenges/concerns.
   - The mentor program was reviewed and restructured by the MB Advisory group and renamed "EO Contact." The Area Directors and EO Network Chair continue to pair seasoned EOs with new EOs. The restructuring provides specific guidelines and time limited participation.
   - Revised the orientation for new NCSBN Board Officers and Directors and implemented at the Board of Director meeting in September 2002.
   - Conducted a seminar on creating strong Board-Staff partnerships during the Board of Director orientation in September 2002.
   - A consultant has been retained from BoardSource to conduct a self-assessment at the May 2, 2003, Board of Directors meeting.

Next Steps (FY04 tactics to be developed)

Develop a quality improvement plan to ensure periodic and continuing evaluation and improvement of NCSBN processes, services, and products.

F. Assess the health care and nursing environments and analyze the impact of change and innovation on regulation.

Progress FY03

NCSBN assess the health care and nursing environments:

- Environmental Assessment completed and distributed at recent Board of Directors meeting.
- Analyze data obtained during year one of the post-entry competence study for emerging patterns and changes in nursing practice.
- Winter and spring 03 Practice and Professional Issues surveys.
- 2002 RN Practice Analysis.
- Nurse Aid Practice Analysis.
- PN Practice Analysis.
- Member Board Distance Education survey.
- 2003 Employer Survey.
- The UAP Conference held in May.
- Study designed to evaluate effectiveness of alternative programs including the impact on Member Boards that do not have alternative programs.
- Information gathered and analyzed from policy call and member board requests (i.e., foreign nurse survey, etc.)

NCSBN analyzed the impact of changes in the health care environment on regulation:

- Developing effective models of transition from education to practice.
- A resource manual for nurse regulators on foreign educated nurses is being developed and will be reviewed by the subcommittee at its February meeting.
- A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
- NCSBN staff had a conference call with three of the APRN certification programs already in the NCSBN review process. The programs stated they were not willing to submit to another review process. A conference call between the APRN Task Force and the certification programs is being scheduled for January 29th to discuss their concerns about the new program.
- The APRN Roundtable will be held the end of April.
- New NAP survey questions were developed to be included in 2002 Member Board Profile survey.
- New survey tool for nursing assistive personnel (all types) developed by CORE.
- Epidemiology in Nursing Error study.
- CORE developed Compact evaluation surveys.
- NLCA and its executive committee to review environment for Compact to thrive in.
- Completed assessment of remediation resources for CAC's HRSA grant.
- PREP project continues.

Next Steps (FY04 tactics to be developed)

- Continue to assess the nursing and health care environments.
- Develop a plan to systematically analyze the impact of change and innovation on regulation.

II. Action: Promote regulatory excellence based on ongoing data collection and best practices.

A. Develop and implement a performance measurement model and indicators of excellence in regulation.

Progress FY03

NCSBN implemented CORE, a system of ongoing performance measurement and identification of "best practices."

Next Steps (FY04 tactics to be developed)

- Analyze CORE data collected FY03. Identify best practices.

B. Create a comprehensive, unduplicated database of nursing and regulatory information for member and public use.

Progress FY03

The Nursys™ database of nursing and regulatory information increased participation.

- Requirements from Virginia regarding the upload of its HIPDB files into Nursys were finalized.
- Minnesota and Wisconsin included in Nursys monthly data collection.
- Discussed various approaches to increasing board involvement with Nursys within NAP committee.
- Worked with Mississippi, Arizona and Delaware to include their data into Nursys.
- Complete an evaluation of responses to Nursys Data Collection RFP. Estimated completion date is fourth quarter FY03.

Next Steps (FY04 tactics to be developed)

- Continue to implement plan to increase participation in Nursys. Reassess barriers to participation in Nursys.
- Begin to collect workplace information.

III. Action: Ensure that U.S. and foreign-educated graduates and new nurses are prepared for safe practice.

A. Develop and utilize evidence-based indicators of quality nursing education for the roles of all nurses and ensure quality nursing education programs.

Progress FY03

The Education Department began exploration into known evidence-based indicators of quality nursing education programs.

- Worked with medicine, pharmacy and PT to discover the way they measure outcomes in developing evidence-based indicators for education programs.
- Developed five main areas of criteria deemed essential for public safety for use by those Member Boards using national accrediting agencies for the accreditation of nursing education programs.

Next Steps (FY04 tactics to be developed)

- Continue to identify evidence-based indicators of quality nursing education.
- Evaluate the 2003 IOM report, *Health Professional Education: A Bridge to Quality*, for implications for quality nursing education.

B. Enhance model rules to reflect standards and indicators of quality nursing education.

Progress FY03
Once III.A. is complete, model rules will be changed to reflect quality indicators.

Next Steps (FY04 tactics to be developed)
The goal of the ongoing revision of NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules is a comprehensive, evolving useful and useable document. In the coming year, the Models Revision Subcommittee will review the newly published IOM report on the education of healthcare professionals, and incorporate critical elements into model language pertaining to education.

C. Collaborate with accrediting agencies and nursing education programs for an effective approval and accreditation process.

Progress FY03
Developed five main areas of criteria deemed essential for public safety for use by those Member Boards who use national accrediting agencies for the accreditation of nursing education programs.

Next Steps (FY04 tactics to be developed)
- Test criteria for reliability and validity.
- Develop models of collaborative efforts between nursing accreditation and nursing boards.

D. Clarify current foreign nurse regulatory issues and identify potential solutions.

Progress FY2003
NCSBN worked to clarify or address the following issues:

a. Foreign nurse licensure exams. The Testing Department has collected data on foreign nurse licensure examinations. Puerto Rican examination has become a priority due to increased state legislative concerns.
b. Information needed by Member Boards regarding the education, immigration and endorsement of foreign nurses. A resource manual for nurse regulators on foreign educated nurses is being developed and was reviewed by the subcommittee at its February meeting.
c. Barriers for foreign-educated nurse applicants in obtaining Social Security numbers. Research was conducted through Member Boards, federal agencies, meeting with large staffing firm, and legal counsel to address this DA '02 resolution. In addition, NCSBN BOD-approved comment letter sent to INS on Foreign-Educated Health Care Worker Certification rules, and comments applied to removing barriers for foreign-educated nurse applicants needing Social Security numbers. (Soon after, and most likely due in part to NCSBN intervention, INS changed its rules allowing the assigning of Social Security numbers with passing of NCLEX.
d. Foreign nurse survey of member boards created and disseminated through initial idea on a policy call.

Next Steps (FY04 tactics to be developed)
- Continue to provide resource materials to Member Boards on the education, immigration and endorsement of foreign nurses.
- In order to determine the equivalency of the NCLEX-RN® with the Puerto Rican Spanish-language nurse licensure examination, data collection will be completed and analyzed for similarities and differences. It is expected that a final report will be presented at the 2004 NCSBN Annual Meeting.

E. Develop model rules for licensing foreign-educated nurses.

Progress FY03
Once III.D.5. is complete, model rules will be developed/modified as appropriate.

F. Identify and promote effective models to facilitate a successful transition by the foreign educated nurse into U.S. practice roles and environment.

Progress FY03
Once III.D.5. is complete, effective models to facilitate successful transition by the foreign-educated nurse into U.S. practice roles and environment will be developed.

IV. Action: Develop scopes of practice for the roles of all nurses, measures of continued competence of all nurses, and parameters of practice for nursing assistive personnel (NAP).

A. Promote equivalency in essential elements of licensing and scope of practice for all nurses.

Progress FY03
Once IV.B, C and E are completed, a task force will be created to:
- Identify equivalent and non-equivalent essential elements of licensing and scope of practice.
- Explore impact of regulation of all nurses and nursing assistive personnel.

B. Design ways to build flexible and consistent Nurse Practice Acts and regulations that allow for changes in practice across jurisdictions.

Progress FY03
NCSBN Models Revision Subcommittee explored ways to build consistency in Acts and rules across jurisdictions. Members will present proposed revisions to the Models to the 2003 Delegate Assembly for dialogue and feedback, and present a finalized document to the 2004 Delegate Assembly.

Next Steps (FY04 tactics to be developed)
- Collaborate with appropriate stakeholders and explore what "flexible and consistent" actually means.
- Determine the current degree of flexibility and consistency among jurisdictions.
- Consider ways to build flexibility and consistency in Nurse Practice Acts and Regulations.

C. Develop tested measures and methods to ensure continued competence of all nurses and promote patient safety.

Progress FY03
Two studies related to the measurement of continued competence were conducted. First, the Effectiveness of Continuing Education Mandates study explored the effectiveness of continuing education as a measurement of continued competence. Second, the Post-Entry Competence study was initiated. This five-year longitudinal study is expected to yield data about the definition of competence in nursing practice over time.

Next Steps (FY04 tactics to be developed)

- Analyze data obtained during years 1 and 2 of the Post-Entry Competence study to enhance understanding of nursing practice.
- NCSBN is a collaborator with CAC in an upcoming conference on this subject.

D. Assume a leadership role in designing processes to ensure patient safety, collaborating with health care systems.

Progress FY03

- Initial work for the Environmental Assessment included data collection from external stakeholders. The information obtained from this project will inform future collaborative efforts to improve patient safety.
- Likewise, the TERCAP instrument, developed by NCSBN FY02, was useful in providing data related to patient safety and nursing errors. Data collected through the instrument was used during model rules revision this year. It was also the tool used for data collection in the Epidemiology of Nursing Error study.
- PREP has a role in patient safety through early identification of nurses in need of potential remediation, more boards interested in pursuing this project currently.

Next Steps (FY04 tactics to be developed)

Share findings regarding TERCAP and the Epidemiology of Nursing Error study with key practice-related stakeholders.Seek partners in designing processes to ensure patient safety.

E. Identify parameters of practice and competencies for nursing assistive personnel.

Progress FY03

During FY03, new data from the 2002 Member Board Profile survey, CORE, and the Post-Entry study yielded a great deal of new data about the types of nursing assistive personnel and their roles in health care institutions. A UAP Conference was held in May to discuss the emerging issues.

Next Steps (FY04 tactics to be developed)

Analyze data obtained during years 1 and 2 of the Post-Entry Competence study to enhance understanding of the prevalence, authority and roles of nursing assistive personnel.

F. Identify and promote effective models to facilitate a successful transition by new nurses from education to practice.

Progress FY03
Data was collected through several research studies, literature reviews, and interviews regarding transition models.

Next Steps (FY04 tactics to be developed)
Determine the effectiveness of models for nurses' transition from education to practice.

G. Participate in strategies for retention of the new graduate.

Progress FY03
For resource efficiency purposes, no activities in this area occurred during FY03.

Next Steps (FY04 tactics to be developed)
Seek partners to participate in project collecting data regarding retention rates and begin retention project development.

Board of Directors – Attachment C

Social Security Issues and Nurse Licensure Applicants

Recommendations to the Delegate Assembly

None. The report was prepared for information only and lists the actions accomplished to date related to the resolution.

Highlights of FY03 Activities

Background

During the 2002 Delegate Assembly, the member boards directed NCSBN to begin discussions with the U.S. Immigration and Naturalization Service (INS), Social Security Administration (SSA), and other relevant federal agencies to facilitate obtaining Social Security numbers (SSNs) for nursing applicants who meet all qualifications for domestic licensure. The impetus for this resolution was that foreign-educated nurses seeking employment in the United States sometimes find it difficult to obtain SSNs for those jurisdictions who require it for nurse licensure.

How foreign nurses actually obtain SSNs or other means to secure a nursing licensing is impacted by the intersection of the rules from the Department of Labor (DOL), INS, SSA and the state boards of nursing rules and laws of their state of intended practice

In 2000, *Member Board Profiles* reported that 45 boards of nursing required applicants to obtain an SSN before they will issue a state nursing license. Today, only 29 boards of nursing report having the requirement for Social Security number before initial licensure. The SSA will issue SSNs to aliens who can show that they are authorized to work in the U.S. SSA's only exception to this rule is when a federal statute or regulation requires that the alien provide his/her SSN to get the particular benefit or service; or a state or local law requires the alien to provide his/her SSN to get general assistance benefits to which the alien has established entitlement. SSA makes no exception in allowing the issuance of SSNs to nurses outside the U.S. whose primary need for the number is to complete their application for a state nursing license. NCSBN will continue to monitor trends related to SSN use for state nurse licensing.

Thus, the "catch-22" situation referenced in August 2002 can be summarized as follows:

- Before the immigrant visa will be issued, the nurse needed to show evidence that he or she has obtained a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate or obtained a state license in the state where they will work.
- In order to obtain a state license in 29 jurisdictions (as of April 2003), the foreign-educated nurse must provide an SSN. In order to obtain an SSN from SSA, the nurse needs to provide evidence of authorization to work in the United States.
- The nurses primarily (but certainly not in all cases) that are caught in this dilemma are those who did not have a CGFNS certificate, but had already passed the NCLEX® examination and were applying for their state licenses. If these nurses were to try to obtain a CGFNS certificate in order to process for an SSN, they must also take the CGFNS predictor exam in order to obtain the CGFNS certificate, regardless of the fact that they have already taken and passed the NCLEX-RN® examination.

Staff

Kristin Hellquist, MS, Associate Director for Policy & External Relations

Relationship to Strategic Plan

Strategic Initiative 2: Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome C
Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education and practice.

The INS has examined a similar predicament that exists for a public school teacher seeking admission as a H-1B nonimmigrant. Although they have carved out an exception for teachers resulting in a more limited period of initial admission before they are issued an SSN and license, that exception is not a model solution for the nurses since the nursing problem exists for nurses seeking entrance as permanent immigrants, rather than temporary nonimmigrants. It would be impossible to allow nurses to enter temporarily as permanent residents and therefore this process is not applicable to nurse.

NCSBN staff and legal counsel agreed that resolving this dilemma required compromise and action on the part of at least one of the parties affecting this outcome. Those possible solutions identified are:

1. Change the documentation required in the DOL/INS regulations.
2. Create a way for member boards to issue licenses without having first obtained an SSN from the license applicant.
3. Amend the Labor Certification Procedures under 20 C.F.R. 656.22(c)(2). According to the previous 20 C.F.R. 656.22(c)(2) as part of the Schedule A labor certification procedures, a professional nurse must file documentation that the nurse has passed the CGFNS exam (part of the certificate) or that the nurse holds a full and unrestricted (permanent) license to practice nursing in the state of intended employment. No other suitable documentation is endorsed in the current DOL regulation, although these rules are currently being promulgated (no issue date has been released). For nurses unable to obtain licensure in a state due to a lack of SSN, obtaining a labor certification (immigrant visa) becomes an arduous task.

Change the Documentation Required in the DOL/INS Regulations

Since the group of nurses who do not possess the CGFNS certificate have generally already passed the NCLEX exam and since the NCLEX exam is the standard U.S. licensing exam and successful predictor of eventual licensure, the DOL and INS were urged to add the NCLEX exam with the passage of the recognized English language competency tests to its list of suitable documentation that a nurse can show to meet the requirements for an immigrant visa (labor certification). NCSBN made this point known to the relevant federal agencies (in conjunction with other stakeholders) through both correspondence and contact. As of April 2003, the following standardized English language examinations, such as TOEFL, ILETS, and TOEIC, were approved as a requirement for immigrant visa issuance.

As of December 20, 2002, the Immigration and Naturalization Service (INS) issued a memorandum to its Regional Directors to clarify the requirement for a Social Security Number (SSN) in order to have the foreign educated nurses eligibility considered for a Schedule A labor certification. Schedule A is a list of shortage occupations within the U.S. and allows for expedited review of individuals seeking to enter the U.S. within these professions. The only two occupations on this list are Registered Nurses and Physical Therapists. Nursing has been on the Schedule A list for over two decades.

This guidance will allow the SSN requirement to have been met with the presentation by the applicant of a certified letter from the state of intended employment that confirms that the applicant has passed the NCLEX-RN. The guidance is directed only to the requirements for a nurse to become eligible for a Schedule A Labor Certification, and makes no change in the requirements for an immigrant visa. Foreign educated nurses must still present a VisaScreen™: Visa Credentials Assessment program certificate from CGFNS certifying the review of education to ensure comparability with U.S. nursing curriculum; English proficiency testing; and a check of the nurse's home country licensure to ensure that it is valid and unencumbered. Because the applicant has already passed the NCLEX-RN, he/she is not subject to the CGFNS' predictor exam.

INS has stated that anyone who is the beneficiary (worker) of an I-140 petition filed by a petitioner (employer) would benefit from the above policy change. This recent policy change was

meant to give those beneficiaries of an I-140 petition a way to qualify for state nurse licensure (by accepting NCLEX passage). INS notes that there are two large groups: nonimmigrants (temporary workers such as H-1Bs, H-1Cs who file on a Form I-129); immigrants (coming to work permanently and getting a green card who file on a Form I-140); and nonimmigrants on B-2s who were the beneficiaries of Forms I-140. INS realizes that this policy change may not help all nurses with the "catch-22," but expects this will help the bulk of those impacted.

Amend the way nursing licenses are issued at the state level

Another potential solution is for NCSBN to work with interested Member Boards to develop alternate procedures for enabling them to issue permanent and unrestricted licenses in the absence of obtaining an SSN from an applicant. The rationale for requiring SSNs, namely the collection of tax and child-support obligations, may not be readily applicable to people who have never lived in the U.S.

Instead of requiring the SSN, the state boards could issue their own request that nurses who are presently ineligible for SSNs execute an affidavit confirming that they are not yet eligible for an SSN, and pledge that they will apply immediately after entry to the U.S. and provide the SSN to the board when it is available. If needed, state nursing boards could issue their own unique identifying numbers (in lieu of an SSN) for licensure applicants until those applicants can provide an SSN, upon employment or admission to the U.S. There is some legal precedent that certain states have or are executing this option.

Related Comments from NCSBN to INS on Foreign Healthcare Worker Certifications

As NCSBN stated in its comments to INS, the other two parts of the CGFNS certification procedures, namely the credential review and confirmation of English language proficiency, should be continued for all foreign health care workers (nurses) regardless of whether they have taken the NCLEX exam or the CGFNS qualifying test. Continuing to require these two parts of the CGFNS certification process ensures that the nurse has an unencumbered license from abroad, comparable education, and has demonstrated English language competency.

NCSBN also encouraged INS to carefully assess the reasonable period of time allowed for issuance of the certificate, streamlined or otherwise, to achieve expeditious processing and rigorous adherence to quality standards by INS-approved certifiers. We supported INS in its move toward a continuously updated Web site for information dissemination, as proposed, rather than the current method of issuing interim rule notices. This idea seems beneficial to the public and will aid Member Boards in the quest for information.

NCSBN supports the inclusion of the two additional English language proficiency tests to improve the timeliness of the issuance of CGFNS certificates by allowing more flexibility in English testing,. We strongly urged INS to formally evaluate each of the English tests that INS recognizes in its regulation of foreign-educated nurses. This evaluation should assess the tests regarding their psychometric soundness, legal defensibility and abilities to assess the validity and fluidity of the foreign-educated nurse's spoken, written and comprehensive English skills.

In February 2003, the English Language Institute (ELI) announced that the MELAB examination would no longer be recognized for the purpose of certifying health care workers in the United States. ELI said that it was no longer allowing its test (MELAB) to be used for English language proficiency and asked INS and CGFNS to withdraw the information detailing their examinations. But CGFNS began accepting test scores from the Test of English for International Communication (TOEIC) and the International English Language Testing System (IELTS) for both the Certification Program and the VisaScreen: Visa Credentials Assessment program after March 3, 2003. NCSBN and others believe that expanding the English testing options will increase access and availability to English proficiency tests for foreign health care professionals, and in turn,

expedite the certification and screening processes for applicants. NCSBN does not have any information regarding these English proficiency exams and use with foreign-educated nurses.

Additional Member Board Information

One Board shared that it utilizes an SSA policy to issue SSNs to aliens who are otherwise not eligible for SSN for the following non-work purposes: a federal statute or regulation requiring that the alien provide an SSN to get a particular benefit or service; or a state or local law requiring the alien to provide the SSN to get a general assistance benefit to which the alien has established entitlement. If the person doesn't have permission to work, but still needs one for reasons cited above, he or she must provide a statement on letterhead stationary from the government agency that is requiring the SSN. The letter must:

- identify that person as the applicant.
- cite the law requiring that person to have an SSN.
- indicate that that person meets all the agency's requirements to get the benefit or service except for not having an SSN.

All documents must be original or certified as original. SSA says if all paperwork is received in person or through the mail, as SSN should be issued in 14 days. The Web site source is: http://ssa.custhelp.com/cgi-bin/ssa.cgf/php/enduser/std_adp.php?p_sid=ZuOw.

Still other Boards said they often steer foreign-educated nurse applicants to apply for the International Tax Identification Number (ITIN). The language at the top of the ITIN application is similar to that on the SSN application; that is, it questions why someone wishes to have this ITIN. If a foreign nurse checks off for tax purposes, the application will pass through. However, an ITIN will not be issued if the applicant writes that he/she is applying for obtaining a nursing license. The ITIN number comes through the Internal Revenue Service (IRS) on form W-7. Staff learned that this approach can primarily only be used for foreign-educated nurses who already are in the U.S. seeking nurse licensure. The ITIN was primarily developed for illegal aliens who wanted to pay tax on employment or investments, and has nothing to do with visa or alien status. Counsel has advised us that this appears to be a "work-around" solution, and believes it is not a meaningful way to address the problem long-term.

Other Options

Staff also is aware of two other potential solutions that some constituencies have previously mentioned. One option would be proposing new federal legislation to fix these issues currently identified as part of the DOL rule promulgation process. The latter is a state-by-state approach to pass laws that would not require SSNs for obtainment of state nurse licenses. Staff knows of no bill or bill drafts at this time, but does believe it is a remote possibility in certain jurisdictions.

Related Issues

Guam is a U.S. territory and individuals who travel to Guam need a U.S. visa and will go through U.S. INS inspections. The U.S. Government may have turned down some candidates traveling to Guam to take the NCLEX for visas.

The Northern Mariana Islands (CNMI) became a U.S. commonwealth in 1986; U.S. Federal Immigration Authority does not extend to CNMI. By mutual agreement, it is totally independent of the United States with regard to immigration laws and procedures, and CNMI inspection officers do not work for U.S. INS. In short, INS has no jurisdiction or say in how CNMI processes visitors coming to take the NCLEX.

Additionally, an INS press release and fact sheet released June 5, 2001, announced the availability of a new premium processing service for certain immigration petitions. For applicants from the eligible categories who are willing to pay $1,000 USD in addition to the regular filing fees, this service will guarantee 15-day processing or else a refund of the fee. (This processing, of course,

will not necessarily mean approval or denial as the Service will not be considered to have met this deadline if it issues any notice or request within the 15 days.) Interestingly, this service is currently on hold. Member Boards of nursing should know that this idea has been proposed by some employer groups as an option for states as well, and is certainly up to each jurisdiction to consider expedited processing for certain applicants willing to pay additional fees for more timely service options.

Conclusion

This update provides a summary of activities to date addressing the Delegate's resolution on SSNs and work to develop meaningful solutions to the issues facing Member Boards regarding foreign nurse applicants. NCSBN staff is available to Member Boards as a resource on this and related issues.

Staff believes that all environmental signs point to an increase in foreign-nurse applicants in the future due to the growing American nurse shortage. NCSBN will need to insure that it maintains positive and productive relationships with all stakeholders interested in foreign nurses. Those include the federal and state governmental entities referenced above, the Department of State (which plays a role in issuing visas), recruiters, CGFNS, the World Trade Organization (WTO) and other foreign trade groups that deal with the commodities of foreign workers, the American Immigration Lawyers Association (AILA), health care facilities that employ foreign nurses, the American Hospital Association (AHA), members of Congress and their staffs (as federal legislation impacting foreign nurses has already re-emerged in the 108th Congress), state lawmakers, etc.

In addition, central to this ongoing issue of foreign nurses and public protection, is building a new relationship with the newly created Department of Homeland Security. This new federal entity will, for the first time in American history, put all the health and immigration related offices into one federal department, creating in the long run an easier way to navigate the intricate laws and regulations surrounding foreign nurses.

Future Activities

- Future activities will be identified as the environment for nurses seeking social security numbers for licensure evolves.
- Ongoing monitoring of this and related issues will continue.

Section II

Committee Reports

Committees with Recommendations

Informational Reports

Report of the Bylaws Committee

Recommendations to the Delegate Assembly

Adopt the proposed Bylaws Revisions presented under the Bylaws Committee Report.

1. **Proposed Revision #1: Article V. Section 5, Election of Officers and Directors** *(see page 87)*

   Rationale
   The addition to this section is intended to clarify run-off balloting. The proposed language was based on a recommendation from the Parliamentarian which makes explicit the limitation of the top two candidates moving forward in a run-off election, thus eliminating a third candidate automatically when the third candidate has not received a large number of votes. This situation has occurred in the past and was handled informally with the permission of the third candidate. This language helps to articulate and clarify the process.

2. **Proposed Revision #2: Article V. Section 8, Vacancies** *(see page 88)*

   Rationale
   This additional language is intended to clarify when elections shall be held after the appointment of a vacancy.

3. **Proposed Revision #3: Article VII. Section 1, Committee on Nominations** *(see page 89)*

   Rationale
   This addition is intended to provide more flexibility for when the first meeting of the committee is held and to clarify the appropriate sequencing of the chair and vice chair should vacancies occur. The change to the duties of the committee is to solidify the primary role of the committee in proposing a slate of qualified candidates. It does not negate nomination from the floor of the Delegate Assembly.

Fiscal Impact

None.

Background of the Bylaws Committee

The Bylaws Committee has been a standing committee since 2001 and is charged with reviewing and making recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly. The charge from the Board of Directors for FY03 included reviewing the organization's governance structure and addressing comments received by members at the 2002 Delegate Assembly. Both the membership and the Board of Directors expressed that a specific review be completed regarding improving the continuity of the Board.

Members

Laura Rhodes, MSN, RN, Chair
West Virginia-RN, Area II

Theresa Bonanno, MSN, RN
Massachusetts, Area IV

Charlene Kelly, PhD
Nebraska, Area II

Patricia LeCroy, MSN, RN
Alabama, Area III

Board Liaison
Mark Majek, MA, PHR
Texas-RN, Area III

Staff
Kathy Apple, MS, RN
Executive Director

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
The NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

November 7 & 8, 2002

December 13, 2002 (Conference Call)

January 25, 2003

February 18, 2003 (Conference Call)

April 4, 2003 (Conference Call)

Attachments

A. Current Bylaws with Proposed Bylaw Revisions

Highlights of FY03 Activities

- Reviewed the NCSBN mission and vision, charge and timeframe.
- Reviewed the overall purpose of bylaws and standing rules.
- Identified topics to be addressed from the 2002 Delegate Assembly evaluations.
- Review of identified topics with Tom Abram, legal counsel, and Julia Von Haam, parliamentarian.
- Reviewed the number of Board members, term length and geographical representation structure of similar national organizations.
- Reviewed and discussed topics of possible revisions to revoting, vacancies, nominations and elections, area structure, term lengths and continuity of the Board of Directors.
- Reviewed and discussed changes to the standing rules and forwarded recommendations to the Board of Directors.
- Reviewed the historical participation of elected Board of Director positions and yearly turnover on the Board of Directors since 1978.
- Prepared a presentation and handout for the 2003 Mid-Year Meeting. Feedback from the Mid-Year Meeting was reviewed and discussed.
- Reviewed and discussed a policy analysis regarding term limits written by Einer Elhauge, Professor of Law at Harvard Law School.

Future Activities

- None scheduled at this time.

Attachment A

Current NCSBN Bylaws with proposed bylaw revisions

Revision Dates

Revised - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revised - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revised - 8/11/01

Article I

■ **Name**

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (the "National Council").

Article II

■ **Purpose and Functions**

Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* The National Council's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ **Members**

Section 1. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").

Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees and execution of a contract for using the NCLEX® examination.

Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. *Fees.* The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.

Section 6. *Privileges.* Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX examination and another examination leading to the same license shall not participate in the development of the NCLEX examination to the extent that such participation would jeopardize the integrity of the NCLEX examination.

Section 7. *Noncompliance.* Any Member Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. *Appeal.* Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. *Reinstatement.* A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. *Composition.*

a) *Designation of Delegates*. The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
b) *Qualification of Delegates*. Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board as a delegate.
c) *Term*. Delegates and alternates serve from the time of appointment until replaced.

Section 2. *Voting.*

a) *Annual Meetings*. Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.
b) *Special Meetings*. A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. *Authority.* The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX examination; approve the NCLEX examination test service; and establish the fee for the NCLEX examination.

Section 4. *Annual Meeting.* The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the

Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.

Section 5. *Special Session.* The Board of Directors may call, and upon written petition of at least 10 Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least 10 days before the date for which such special session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

Section 7. *Standing Rules.* The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

Article V

■ Officers and Directors

Section 1. *Officers.* The elected officers of the National Council shall be a president, a vice president and a treasurer.

Section 2. *Directors.* The directors of the National Council shall consist of two directors at large and a director from each Area.

Section 3. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers and directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

Section 4. *Qualifications for President.* The president shall have served National Council as either a delegate, a committee member, a director or an officer before being elected to the office of President.

Section 5. *Election of Officers and Directors.*

a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.

b) *Officers and Directors at Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.

c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.

d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes. In the case of a tie on the reballoting, the final selection shall be determined by lot.

◀◀◀ Proposed revision

~~d)~~**e)** *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write in votes shall be prohibited.

Section 6. *Terms of Office.* The president, vice president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors at large shall be elected for a term of one year or until their successors are elected. The president, vice president and treasurer shall be elected in even numbered years. The Area directors shall be elected in odd numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.

Section 7. *Limitations.* No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. *Vacancies.* 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 **and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.**

Proposed revision ▶▶▶

Section 9. *Responsibilities of the President.* The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the National Council.

Section 10. *Responsibilities of the Vice-President.* The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.

Section 11. *Responsibilities of the Treasurer.* The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

■ **Board of Directors**

Section 1. *Composition.* The Board of Directors shall consist of the elected officers and directors of the National Council.

Section 2. *Authority.* The Board of Directors shall transact the business and affairs and act on behalf of the National Council except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.

Section 3. *Meetings of the Board of Directors.* The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly. The Board of Directors may remove any member of the Board of Directors from office upon conviction of a felony, gross misconduct, failure to perform, dereliction of duties or conflict of interest by a two-thirds vote of the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 5. *Appeal.* A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VII

■ **Nominations and Elections**

Section 1. *Committee on Nominations*

a) *Composition*. The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.

b) *Term*. The term of office shall be two years. One half of the Committee members shall be elected in even numbered years and one half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.

c) *Election*. The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term.

d) *Meetings*. **The** ~~first meeting of the~~ **committee shall** ~~be held~~ **meet concurrently with the first meeting of the Board of Directors in the subsequent fiscal year.** ◀◀◀ Proposed revision

~~d)~~**e)***Limitation*. A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.

~~e)~~**f)***Vacancy*. A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section **1a.** of this Article. **If the vacancy is the chair, the other person serving the second year of a two-year term shall be the chair. If the vacancy is the vice-chair, the other person serving the first year of a two-year term shall become the vice-chair. The person filling the vacancy shall serve the remainder of the term.** ◀◀◀ Proposed revision

~~f)~~**g)***Duties*. The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations ~~as proposed by Member Boards or by members of the Committee on Nominations~~, and present a ~~qualified~~ slate of **qualified** candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session 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 revision

Article VIII

■ **Meetings**

Section 1. *Participation.*

a) *Delegate Assembly Session*.

(i) *Member Boards*. Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).

(ii)*Public*. All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.

b) *Delegate Assembly Forums*. Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
c) *Meetings*. National Council, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
d) *Interactive Communications*. Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.
e) *Manner of Transacting Business*. To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

■ **Executive Director**

Section 1. *Appointment.* The executive director shall be appointed by the Board of Directors. The selection or termination of the executive director shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The executive director shall serve as the agent and chief administrative officer of the National Council and shall possess the authority and shall perform all duties incident to the office of executive director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The executive director shall serve as corporate secretary and oversee maintenance of all documents and records of the National Council and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the executive director, and shall set the executive director's annual salary.

Article X

■ **Committees**

Section 1. *Standing Committees.* National Council shall maintain the following standing committees.

a) *Examination Committee*. The Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
b) *Finance Committee*. The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee

shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

c) *Practice, Regulation, and Education Committee.* The Practice, Regulation, and Education Committee shall be comprised of at least six members. The Committee shall provide general oversight of nursing practice, regulation, and education issues.
d) *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.
e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. Committee Membership.

a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors. Standing committees shall include only current members and employees of Member Boards. Special committees may also include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.
b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for reappointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.
d) *Committee Duties.*
    1. *Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.
    2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.
    3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

Article XI

■ **Finance**

Section 1. *Audit.* The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XII

■ **Indemnification**

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

■ **Parliamentary Authority**

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

Article XIV

■ **Amendment of Bylaws**

These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

a) written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Article XV

■ **Dissolution**

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows:

Firstly, all liabilities and obligations of the National Council shall be paid or provided for.

Secondly, any assets held by the National Council which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy five percent (75%) of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which National Council is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

Report of the Examination Committee

Recommendations to the Delegate Assembly

1. Adopt the proposed changes to the *NCLEX-RN® Test Plan*.

Rationale

The Examination Committee reviewed and accepted the Report of Findings from the *2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003) as the basis for recommending changes in the *NCLEX-RN® Test Plan*. Empirical evidence provided from job incumbents, the professional judgment of the Examination Committee, and feedback from the Member Boards of Nursing and other stakeholders support the recommendations regarding the *NCLEX-RN® Test Plan*.

Background of the Examination Committee

The Examination Committee is charged with providing "state-of-the-art" entry-level nurse licensure assessments to NCSBN Member Boards of Nursing. In order to accomplish this outcome, the committee monitors the NCLEX-RN® and NCLEX-PN® examination process to ensure policies, procedures and standards utilized by the program meet and exceed guidelines proposed by the testing and measurement industry. The Examination Committee investigates potential future enhancements to the NCLEX examinations and monitors all aspects of the NCLEX examination process including: item development, examination security, psychometrics, examination administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee approves item development panels and recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the Item Review Subcommittee, which in turn assists with the item development and review process. Individual Examination Committee members act as chair of the Item Review Subcommittee on a rotating basis. All of these activities combine to produce the psychometrically sound and legally defensible NCLEX examinations. Highlights of the activities of the Examination Committee and Item Review Subcommittee activities are listed below.

Highlights of FY03 Activities

NCLEX-RN® Test Plan

At the January 2003 meeting, the Examination Committee reviewed the results of the *Report of the Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003). Based on empirical data from the practice analysis study and expert opinion of the Examination Committee and staff, the committee recommended changes in the structure and content distribution of the *NCLEX-RN® Test Plan*. A draft of the revised test plan was distributed to all member boards of nursing, the Practice Analysis Panel of Experts and legal counsel in January 2003 for feedback on the proposed changes. Information about the recommended changes was presented at the NCSBN Mid-Year Meeting. During its April business meeting, the Examination Committee considered all feedback and a final draft of the proposed test plan was developed.

Members

Examination Committee

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Relationship to Strategic Plan

Strategic Initiative 1: Nursing Competence.
National Council will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcome A
NCLEX® is state of the art entry-level nurse licensure assessment.

Outcome B
NCLEX is administered at international sites for purposes of domestic licensure.

Outcome C
International testing exams are explored for foreign nurse licensure.

Outcome E
Targeted constituencies utilize NCLEX programs and related products/services.

After consulting with various stakeholders, the committee determined that the enhanced document should be available in Fall 2003 with an implementation date of April 2004. This proposed timeline enables Member Boards, NCSBN, and Pearson VUE to effectively plan for and communicate the contents of the new *NCLEX-RN® Test Plan* to all interested parties. This timeline also allows a Panel of Judges to use the new test plan in its criterion-referenced standard setting process scheduled for September 2003. Any changes in the NCLEX-RN examination passing standard set by the Board of Directors, expected to occur in November 2003, could then be implemented coincident with the implementation of the new *NCLEX-RN® Test Plan* in April 2004.

Continuously Improve Development and Administration of the NCLEX Examinations

Evaluated and Monitored NCLEX Examination Policies and Procedures
The committee evaluated the efficacy of Board of Directors-approved examination-related policies and procedures and Examination Committee policies and procedures. As an extension of this quality control process, the committee reviewed and adopted necessary modifications and enhancements to the *NCLEX Member Board Manual*. Revisions were made to pertinent procedures in order to reflect improvements in processes that needed to be changed or refined during the ninth year of the administration of NCLEX via computerized adaptive testing.

Monitored All Aspects of Examination Development

Conducted Committee and Item Review Subcommittee Sessions
In the interest of maintaining consistency regarding the manner in which NCLEX examination items are reviewed before becoming operational, the committee and the subcommittee: (1) reviewed RN and PN Chauncey developed items that had been pretested, and RN and PN Pearson VUE developed alternate items prior to pretesting; (2) recommended that at least two Examination Committee members lead each Item Review Subcommittee meeting; and (3) made final decisions addressing revisions to content coding, Operational Definitions for Client Needs, Cognitive Codes, and the *NCLEX Style Manual*. Assistance from the Item Review Subcommittee continues to reduce item review workload, facilitating the efforts of the Examination Committee toward achieving defined goals.

Monitored Item Production
Under the direction of the Examination Committee, RN and PN pretest items were written and reviewed (see charts on pages 97-98). Item review panels reviewed NCLEX-RN and NCLEX-PN pretested items plus Master Pool items. In addition, the Item Review Subcommittee reviewed real examinations for face validity and provided a report to the Examination Committee.

The Examination Committee has continued to emphasize to test service the importance of writing items that require higher levels of cognitive processing. Since October 1999, both the RN and PN item pools have seen an increase in the total number of items at higher cognitive levels of application and analysis. A significant outcome of this increase is that examinations of different lengths and estimated ability levels have less variability in the percentages of items in the higher cognitive levels. Furthermore, as part of the contractual requirements with Pearson VUE, items that use alternate formats have been developed.

Evaluated Item Development Process and Progress
The committee evaluated item development sessions conducted by test service. Committee representatives attended and monitored each of the item development sessions and provided feedback to the committee and to the test service. Overall, the sessions were rated favorably.

Monitored the Development of Operational NCLEX Item Pools
The Examination Committee monitored the configuration of RN and PN operational item

pools. The process of configuring operational item pools involves only a few variables, however, the quality control checks performed afterward are based upon many variables, both clinical and psychometric. The resulting operational item pools were extensively evaluated with regard to these variables and were found to be within tolerance.

To ensure that the operational item pools and item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan subcategory; it was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams from previous administrations. These conclusions were reinforced by replicating the results using actual candidate data. The Examination Committee will continue to monitor performance of the NCLEX examinations through these and other psychometric reports and analyses.

Member Board Review of Items
Each spring and fall, Member Boards of Nursing have the opportunity to conduct item reviews at Pearson Professional Testing Centers. Member Boards can review and comment on newly developed items and simulated operational examinations online at the test centers during these pre-defined time periods. The committee responded to Member Boards questions and concerns regarding NCLEX examination items and simulated examinations.

In the spring of 2002, three Member Boards reviewed items at Prometric test sites and referred Chauncey-developed pretest items to the Examination Committee. In the fall of 2002, nine Member Boards reviewed items at Pearson Professional Testing Centers and referred items to the Examination Committee. The Examination Committee encourages all Member Boards to take advantage of these semiannual opportunities to review NCLEX items.

Item Related Incident Reports
Occasionally, candidates at test centers comment on items to the test center administrator. When this occurs, an electronic Incident Report (IR) is filed and the item related incident is investigated by Pearson VUE and NCSBN staff. Since October 2002, candidates at Pearson Professional Centers have commented on two PN pretest items. Those items have been reviewed by Examination Committee and have been retained for future use in NCLEX item pools. Seven RN items (two pretest and five operational items) have been commented on by candidates at test centers. The items have been reviewed by the Examination Committee and have been retained for future use in NCLEX item pools.

NCSBN Item Development Sessions Held At Pearson VUE

RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed
April 01 - March 02	3	35	1,593	1	323
March 02- April 03	4	47	2,611	7	1,543

Meeting Dates

Examination Committee
October 28-30, 2002
January 22-24, 2003
February 25, 2003 (Conference Call)
April 7-9, 2003
April 28, 2003 (Conference Call)
May 13, 2003 (Conference Call)

Iten Review Subcommittee
December 9-11, 2002
March 17-21, 2003
June 17-21, 2003
July 21-25, 2003
August 25-29, 2003

Attachments

A. Proposed *2004 NCLEX-RN® Test Plan* (Strikethrough Copy)
B. Proposed *2004 NCLEX-RN® Test Plan* (Clean Copy)

LPN/VN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed
April 01 - March 02	3	36	1,700	1	328
April 01- March 03	3	33	1,476	6	1640

Practice Analysis Updates
The Examination Committee provided direction on modifications to the semiannual survey of nurses (previously known as the quarterly trend analyses studies) and the triennial RN Practice Analysis. The Examination Committee uses the results of these surveys for NCLEX examination content decisions.

Monitored all Aspects of Examination Administration

Monitored Procedures for Candidate Tracking: Candidate Matching Algorithm
The Examination Committee continued to monitor the status and effectiveness of the candidate-matching algorithm. On a semiannual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months. The most recent check covered the period from October 1, 2002, through March 31, 2003, and compared over 57,000 candidate records. The result of that check revealed that there were no duplicate candidate records and that no candidate was treated by the system as separate individuals.

This check serves as a reminder of the importance of each board of nursing to carefully review candidate records for accuracy at the time of eligibility declaration. Accumulated records are required in order to properly enforce the waiting period between examinations and to provide blocking files of previously seen items.

Monitored the Security of the NCLEX Examination Administrations and Item Pools
The Examination Committee monitored investigations of potential security incidents, reviewed final reports from Pearson VUE and made determinations and recommendations regarding security of the NCLEX examination administrations and item pools. Although two potential security incidents were identified during the past year, related to individuals attempting to gain access to Pearson Professional Centers during non-business hours, no incident was determined to compromise the NCLEX examination item pools or NCLEX candidate results.

Compliance with the 30/45 Day Scheduling Rule
The Examination Committee monitors compliance with the 30/45-day scheduling rule. Pearson VUE maintained sufficient capacity on a site-by-site basis to provide compliant seating to all of the 57,007 NCLEX examination candidates who tested between October 1, 2002, to March 31, 2003. A dedicated department at Pearson VUE continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites go over 60% capacity levels.

Uniformity of Process for Special Needs Candidates
To enhance the uniformity of the special accommodations process for candidates, the committee reviewed the current NCLEX procedures. The committee requested that staff provide educational information on the American with Disabilities Act (ADA), the new NCLEX procedures and their potential effect on the administration of the NCLEX examinations to Member Boards, nursing educators and other interested parties. This information

was disseminated through the *Council Connector*, the NCLEX Invitational, and other resources. Since October 2002, Member Boards have been processing special needs candidates electronically via the NCLEX Administration Web site.

Responded to Member Board Inquiries Regarding NCLEX Examination Administration
As part of its activities, the committee responded to Member Boards' questions and concerns regarding administration of the NCLEX examinations in Member Board jurisdictions. The Examination Committee has followed up on post-test service transition activities and has responded to various inquiries regarding system enhancements.

Time Length for the NCLEX-RN

The Examination Committee recommended to the NCSBN Board of Directors a proposal to extend the time limit for the NCLEX-RN examination from the current limit of five hours to six. The recommendation is based on the increasing number of candidates who are running out of time, approximately 6% of the total RN candidate population. Further rationale includes the expectation that future enhancements, such as alternate item formats, will require more time for completion. A recommendation to change the NCLEX-RN time limit will prevent an increasing number of RN candidates from running out of time for test administration and allow candidates to have their competency assessed by the optimal passing rule (the 95% Confidence Interval Rule). Presently, the committee does not recommend a change to the NCLEX-PN time limit due to the substantially shorter maximum length examination (205 for the NCLEX-PN in contrast to 265 for the NCLEX-RN) and the relatively small number of candidates (2.5% of the total NCLEX-PN testing population) who ran out of time in 2002.

Initiate Implementation of the International Testing Plan for the NCLEX Examinations Including Components of the 2002 Delegate Assembly Resolution

Pursuant to Strategic Initiative 1.B of the FY02-FY04 NCSBN Strategic Plan (NCLEX is administered at international sites for purposes of domestic licensure), the Examination Committee is charged with the initiation of the international testing plan for the NCLEX examinations including components of the 2002 Delegate Assembly resolution during FY03.

The 2002 Delegate Assembly resolution regarding international testing is as follows: "That the Delegate Assembly adopt the amended recommendation to proceed with negotiations for a contract amendment with test service for purposes of international administration of the NCLEX examination." As part of this contractual negotiation for international administration for purposes of domestic licensure, the Board of Directors will utilize criteria developed by the Examination Committee and establish jurisdiction-specific candidate examination fees for NCLEX examinations delivered outside current Member Board jurisdictions.

International administration of the NCLEX examinations will not occur before August 1, 2004, with the following proviso: that the recommendation as adopted will not go into effect and cannot be implemented until the following conditions have been met:

1. Acceptable criteria for selection of countries, including NAFTA countries and comprehensive needs assessment to determine the necessity for international testing.
2. Security measures to be utilized in international countries are developed or identified.
3. Fiscal analysis including direct costs and staff resources, is considered by the appropriate committees within NCSBN.
4. Report back to the Delegate Assembly no later than August 2003.

As part of its continuing charge, the Examination Committee is directed by the Delegate Assembly to provide a "state-of-the-art" entry-level nurse licensure assessment. To fulfill that directive, the committee continually looks for ways to provide a psychometrically sound and legally defensible examination with the fewest hindrances possible to candidates. One method

of doing this is to provide administration of the NCLEX examinations outside current Member Board jurisdictions.

On a regular basis, NCSBN receives a number of requests to administer the NCLEX examination outside the current Member Board jurisdictions. This is due to numerous factors, including the present nursing shortage and substantial cost to foreign-educated candidates to take the NCLEX examination in the United States. It is anticipated that the availability of NCLEX examination administrations in international markets will reduce barriers that hinder competent nurses from practicing nursing in a location they desire.

Due to the impact that international administration of the NCLEX examinations will have on the current NCLEX examination program, a planning process has been undertaken by NCSBN. To date, the committee has engaged in an investigation of the operational feasibility regarding the international administration of the NCLEX examinations for purposes of domestic licensure. It is important to note that this investigation assumed that any implementation of international testing in no way change the current licensure determination process in place in member boards of nursing nor does it make available the NCLEX examination to licensure bodies other than current Member Boards. The intent, however, is to provide an opportunity for foreign-educated candidates to apply and take the NCLEX examination prior to moving to a Member Board jurisdiction.

The NCLEX international testing initiative has been defined by NCSBN as follows: "International testing is the administration of current NCLEX-RN and -PN examinations in Pearson Professional Testing Centers located outside Member Board jurisdictions, for purposes of licensure in Member Board jurisdictions. No part of this specific recommendation regarding international administration will contradict or circumvent any current Member Board licensure processes or requirements. This specific recommendation regarding international administration does not address the administration or modification of the NCLEX examinations for purposes of licensure, or any other purpose, for boards of nursing, or any similar regulatory body, outside current Member Board jurisdictions. Candidate examination fees for examination administrations outside Member Board jurisdictions will be set to reflect the costs of the examination administration in the specific international jurisdiction. Domestic NCLEX candidate fees will not be increased to accommodate costs associated with international administration."

Response to 2002 Delegate Assembly Resolution Condition #1

The potential benefits of international administration to NCLEX candidates have been summarized as follows:

- **Public Protection**
  International testing allows qualified and competent nurses to practice sooner than is possible under the current NCLEX administration model. The international testing initiative may impact the current nursing shortage, however, candidates will still need to be made eligible by a Member Board before an examination can be administered.

- **Maintain Fair and Rigorous Entry-Level Nurse Licensure Standards**
  The proposed plan for international testing helps to maintain current state licensure processes. Member Boards consistently receive requests to license entry-level candidates educated outside the United States without having taken proven psychometrically sound and legally defensible examinations based on U.S. nursing practice. International testing affords opportunity to candidates while demonstrating NCSBN Member Board commitment, individually and collectively, to a clear, unambiguous standard for entry-level nurse competency assessment.

- **Removal of Barriers for Nurse Licensure**
  International testing is designed to make the process for foreign-educated candidates to take the NCLEX examination more efficient. Much like NCSBN's state-of-the-art move to computerized adaptive testing in 1994, international testing seeks to provide convenience to candidates without sacrificing standards, while significantly minimizing the time required and overall cost to candidates to become licensed in the United States.

- **Facilitation of Self-Determination of Employment**
  International testing does not change jurisdictional requirements or make it easier to become a nurse in the United States; it only assists to alleviate the economic impact of traveling to the United States each time a candidate must test.

  Nursing organizations such as the International Council of Nurses and affiliate members such as the American Nurses Association and the Canadian Nurses Association have recognized the rights of individuals regarding immigration and professional mobility (Nurse Retention, Transfer and Migration, ICN, 1999; International Trade and Labor Mobility, CNA, 2000). Additionally, international testing is consistent with the NCSBN's position on the qualifications and treatment of foreign-educated nurses, as established in 2001 (Foreign International Nurse Immigration, NCSBN, 2003).

- **Establish An International Presence Commensurate with the NCSBN Mission and Vision**
  International testing is consistent with NCSBN's organizational mission and vision statements and provides a common framework to establish multilateral relationships with nurse regulatory bodies outside the United States.

Criteria for the Initial Evaluation of International Administration Locations:

The following criteria have been accepted and approved by the Board of Directors in fulfillment of the 2002 Delegate Assembly resolution regarding the selection of international administration locations. The Examination Committee will use the approved criteria to evaluate locations, including NAFTA countries, for initial international administration.

- **Security**
  Because of the high security and administration standards required for the NCLEX Examination, only locations where Pearson VUE can build, staff and replicate current Pearson Professional Centers (the same as in current Member Board jurisdictions) were considered.

- **Business Climate**
  The Examination Committee only considered locations that had favorable reports regarding security and economic climate from the U.S. Department of State (www.state.gov).

- **International Locations with Established Records of High-Stakes Testing Success**
  The Examination Committee considered the experiences of other high-stakes testing programs and test service in international markets. Reliability of service and security were the primary measures under consideration. Currently Pearson VUE delivers high-stakes examinations in 123 countries through 3,500+ VUE authorized centers. Approximately 50% of all Pearson's electronic testing volume comes from outside the U.S.

- **Reciprocity/Similarity with U.S. Intellectual Property and Copyright Laws**
  The Examination Committee selected countries for initial consideration that are generally regarded by the U.S. government and industry as areas that minimize risk for new business ventures.

- **Numbers and Locations of Internationally Educated Nurses**
  The Examination Committee favorably rated individual countries and regions with traditionally high NCLEX candidate volume.

- **Regional Representation**
  The Examination Committee chose initial center locations that will serve broad, regional candidate volume needs. Not all countries with high candidate volume can be considered for initial launch due to the inability to rate highly on all criteria, hence the need for convenient alternative regional locations.
- **Proximity to U.S. Military Personnel and Dependents**
  The committee considered potential demand for NCLEX examination administration by U.S. military personnel and dependents as part of the administration recommendations.
- **Similarity to U.S. Nursing Educational Systems**
  The committee considered locations with practitioners who have had have similarities in candidate preparation with candidates from U.S. educational systems.

Response to 2002 Delegate Assembly Resolution Condition #2

Utilizing all current NCLEX administration policies and procedures, including security procedures, *NCLEX® Member Board Manual* and the NCSBN-Pearson NCLEX contract, the NCLEX examinations will be administered in Pearson Professional Testing Centers that are approved by the Examination Committee and meet NCLEX contract specifications. To mitigate security concerns, the committee decided to extend all current security policies, procedures, and contractual requirements to all international administration processes. The security benefits can be summarized as follows:

- All locations will be Pearson owned and operated centers.
- Pearson centers will be built in accordance with standards in the test services contract.
- Pearson centers will always be staffed by at least two certified test center administrators, who are Pearson employees.
- The same secured technology and file server security will be utilized as in U.S.-based centers.
- All centers will have the same video/audio recording technology as U.S.-based centers.
- All the same digital fingerprint, photograph and signature technology (including back-up technology), as used in U.S.-based centers will be employed.
- All examination registration, scheduling and examination proctoring procedures, including incident reports and investigations will be the same as in U.S. centers.

Due to contractual disclosure limitations, a copy of contractual Pearson Professional Test Center and technology requirements will be provided to registered delegates at the Annual Meeting. This addendum will provide a complete description of security requirements for all Pearson Professional Centers, as accepted by Delegate Assembly vote in 1999.

Response to 2002 Delegate Assembly Resolution Condition #3

The international testing plan is not designed to produce a financial benefit, above and beyond regular domestic testing, for NCSBN or Pearson VUE. The sole purpose of the Examination Committee recommendation is to give the NCSBN Board of Directors the authority to establish examination fees in international markets where all domestic security procedures can be followed and to provide this service in a manner that will not be a financial drain or an inappropriate source of revenue.

The ongoing fiscal impact of international testing as proposed in the recommendation is designed to be budget neutral to NCSBN. Increased variable and fixed external costs associated with international testing will be supported solely by international candidate examination fees and will not be maintained by examination fees from candidates tested in current Member Board jurisdictions or NCSBN financial reserves.

Given the number of locations under consideration, international testing will not be a drain on the resources of NCSBN testing services staff. In 2002, NCSBN testing services staff monitored testing activity in more than 200 test centers; the Examination Committee and NCSBN staff can easily accommodate monitoring of additional international test centers as proposed. It is expected that initial staff costs associated with international administration would be less than $15,000 in the first fiscal year of implementation and less than $10,000 per year on an ongoing basis. These costs would primarily be associated with test center audits. Additional legal expenses required at launch are expected to be less than $20,000. All other costs associated with the launch on the international testing initiative will be assumed by test service under the examination fee price.

To place these costs in fiscal context, NCSBN had revenues in excess of $36 million for FY02. The projected costs for international administration represent less than .05% of the total forecasted revenue for FY03. Due to contractual disclosure limitations, more detailed examination price models will be provided to registered delegates at the Annual Meeting.

Examination Committee Recommended Implementation Plan

Based on all current NCLEX examination program policies and procedures, including all current security protocols, the Examination Committee intends to use the above delineated proposed criteria in order to proceed with administration of NCLEX-RN and -PN examinations in testing centers located outside Member Board jurisdictions, for purposes of licensure within Member Board jurisdictions with the following conditions:

- International NCLEX administration will occur no sooner than January 1, 2005.
- International NCLEX examination fees will be established by the NCSBN Board of Directors for examination administration outside Member Board jurisdictions.
- Three or fewer centers will be utilized as the initial set of international administration locations to pilot the initiative. Initial international locations to select from will be selected because they rate highly across all criteria under consideration. An informational matrix regarding Examination Committee rating of potential locations on the selection criteria will be provided to registered delegates at the Annual Meeting.
- In all circumstances, international testing will not be implemented if all security policies and procedures currently used are not employed.

Future Development of NCLEX

Pending a successful adoption of location selection criteria by the Delegate Assembly, NCSBN staff at the direction of the Board will begin contract negotiations. Subsequent to successful contract negotiations, the Examination Committee will establish a plan for operational roll out of international testing utilizing the established criteria, including the development of any policy or procedure enhancement.

Implement New Item Types for the NCLEX Examinations

As part of continuous quality improvement of the NCLEX program, the Examination Committee routinely considers how to best assess entry-level nurse competence. This commitment inspired introduction of Computerized Adaptive Testing in the mid-'90s and has influenced the decision to introduce alternate or innovative items on the NCLEX examinations in 2003.

NCSBN first presented information on alternate items (previously known as innovative items and "Next Generation" NCLEX items) to boards of nursing at the NCSBN Annual Meeting in 1999 and a demonstration of some of the potential item formats was conducted. The NCSBN Examination Committee reports at the 2000 and 2001 NCSBN Annual Meetings have provided updates on a pilot study using alternate item formats. In addition, NCSBN has provided

information on the introduction of alternative item formats through a number of different print and electronic media outlets since 2000.

An alternate item format is an examination item that takes advantage of technology and uses a format other than standard, four-option, multiple-choice items to assess candidate ability. Alternate item formats may include: multiple-choice items that require a candidate to select one or more responses, fill-in-the-blank items (including calculation and prioritization item types), or items asking a candidate to identify an area on a picture or graphic. All NCLEX item formats, however, including current standard multiple-choice items, may include charts, tables, or graphic images. The intent of these new, alternate item formats is to assess candidate ability in a manner more efficient and with more fidelity than can be achieved with standard multiple-choice items.

The introduction of alternative item formats, beginning as of April 1, 2003, was for purposes of pretesting the quality of alternate item types. As with all standard NCLEX items, it is required that alternate items be pretested before becoming part of the operational (scored) part of the examinations. This is done in order to gather "real" statistical information on all newly developed items. As with multiple-choice items, alternate items have to meet NCSBN's stringent statistical criteria before they can be used as operational items. The current Examination Committee investigation is designed to assess if these new item formats can accomplish these objectives and the collection of real data is necessary to that end. If items utilizing these formats meet NCSBN's selection criteria, these items will be placed in operational items pools beginning as soon as October 2003.

Currently, there is no requirement in the *NCLEX-RN® Test Plan* (current and proposed) that candidates will receive a fixed percentage of items with alternate formats. Initially, less than two percent of the items in an operational pool will be of the alternate item format type. This indicates that a candidate who takes a minimum length exam, which is the majority of candidates, may be administered one operational item of the alternate format.

The Examination Committee will continue to monitor the roll-out of these new item types and their effectiveness as part of its charge in FY04. The committee will continue to provide reports on all aspects of NCLEX item development to Delegate Assembly as part of its ongoing charge to continuously improve development of the NCLEX Examinations.

Investigate Reasons for Non-Licensure of Nursing School Graduates

The Examination Committee has undertaken an initial investigation of reasons why nursing school graduates do not take the NCLEX-RN or NCLEX-PN examination. A survey was developed based on a review of appropriate literature and expert opinion. The survey was sent to all of the candidates (RN and PN), with addresses in a Member Board jurisdiction, who registered to take the NCLEX in the year 2000 and as of January 2003, have yet to take the exam.

The initial survey was then sent to 2,022 nonlicensed candidates who applied for, but never took either of the NCLEX examinations. Unfortunately, the response rate for the survey was less than 10% of the sample and the returned surveys were not representative of the sample. Consequently, the Examination Committee cannot release the results of the study at this time; it is still the intent of the Examination Committee to investigate reasons for nonlicensure of nursing school graduates. Thus, the committee expects this tactic to continue in FY04 with an additional data collection component based on a refined survey tool and data sampling framework. Assuming productive data collection in FY04, the Examination Committee will present the findings from the study at the 2004 Annual Meeting.

Despite the unusable nature of the survey results, the Examination Committee sought the number of candidates who register to take the NCLEX examination, but never test. To investigate this, the data accumulated between April 1, 1994, and October 1, 2002, was aggregated to produce approximately 1.3 million candidate records. From those records, the first-time

test-takers were selected (40,019 records). To ensure that these candidates had not tested since the transition to Pearson VUE, these records were compared with the NCSBN master database of test results (through April 6, 2003). Records that had a test result in the NCSBN master database (17,725 records) were excluded. The remaining 22,294 records were partitioned by RN/PN, year of registration, and U.S. vs. Foreign-Educated. The results are broken out in the following table.

First-Time Candidates Who Register for NCLEX But Never Test

Year of NCLEX Registration	1994	1995	1996	1997	1998	1999	2000	2001	Mean (SD)
RN									
U.S.-Educated	213	272	342	329	353	373	332	433	331 (61)
Foreign-Educated	768	1,336	1,040	967	937	1,114	1,727	3,826	1,464 (934)
Total	981	1,608	1,382	1,296	1,290	1,487	2,059	4,259	1,795 (975)
PN									
U.S.-Educated	695	607	576	570	670	743	690	788	667 (73)
Foreign-Educated	859	235	147	136	231	274	263	448	324 (221)
Total	1,554	842	723	706	901	1,017	953	1,236	992 (265)
Combined									
U.S.-Educated	908	879	918	899	1,023	1,116	1,022	1,221	998 (114)
Foreign-Educated	1,627	1,571	1,187	1,103	1,168	1,388	1,990	4,274	1,789 (979)
Total	2,535	2,450	2,105	2,002	2,191	2,504	3,012	5,495	2,787 (1,065)

Note: The registration date is when test service scanned in the candidate's application.

For the continued investigation of reasons for nonlicensure of nursing school graduates by the Examination Committee in FY04, the results of the table presented above will be utilized to help create a new sampling frame for additional data collection.

Investigate the Feasibility of Increasing Frequency of NCLEX Administrations

The Examination Committee investigated the feasibility of increasing the frequency of NCLEX administrations during FY03 for purposes of reducing barriers for retake candidates. Since the inception of NCLEX using computerized adaptive testing (CAT) in 1994, the administration rule dictated that candidates could not receive examination administrations more frequently than once every 91 days. This rule was based on technical limitations of the test service provider. With the test service transition to Pearson VUE in October 2002, the Examination Committee was able to reinvestigate this arbitrary constraint and implement one of the original intended benefits of the move o CAT.

The NCLEX-RN and -PN master item pools are large enough to accommodate increasing the number of times NCLEX candidates may take the examinations from four to eight times per year, with a 45-day wait period between examination administrations. NCSBN policy was amended to permit candidates to test as often as once every 45 days or eight times per year, unless limited to fewer retakes by the desired jurisdiction of licensure. This policy allows candidates to be exposed a maximum of four times to any one operational item pool. Member Boards can make retesting time periods longer but not more frequently than NCSBN policy. Starting with the October 2003 deployment, the number of items in an operational pool will be increased to accommodate this more frequent retake policy.

Determine the Feasibility of Allowing Foreign Nurses Licensed by a Member Board to Apply Directly to NCSBN for NCLEX Administration

The Examination Committee considered the feasibility of allowing foreign-educated nurses currently licensed by a Member Board to apply directly to NCSBN for an NCLEX Examination administration during FY03. Specifically, the action requested concerned whether NCSBN could create a mechanism for nurses who have been licensed by endorsement, primarily from

Canada and without having taken the NCLEX, to apply directly through NCSBN to take the NCLEX in order to satisfy part of their requirements for a permanent visa. Currently, some Member Boards endorse Canadian nurses without having to take the NCLEX; consequently, these Member Boards are now trying to deduce a way to allow these nurses to take the NCLEX to satisfy the visa requirement.

After careful consideration of how acceptance of this initiative might affect current Member Board NCLEX eligibility process, the Examination Committee recommends to not allow foreign-educated students licensed by a Member Board of nursing to apply directly to NCSBN for NCLEX examination administration. The rationale for this decision is based on the idea that application directly to NCSBN to take the NCLEX in order to satisfy part of the requirements for a permanent visa is contrary to the purpose of the licensure examination and is not a legally defensible use of the examination. Mechanisms are currently in place with test service to allow previously licensed nurses to be made eligible by a Member Board to take an NCLEX examination, which should satisfy the intent of this initiative.

Compare Equivalency of NCLEX-RN with Spanish Language Puerto Rican Nurse Licensure Examination

The Examination Committee was charged to engage in a comparison study with Puerto Rico regarding the NCLEX-RN and the Spanish language Puerto Rican Nurse Licensure Examination as part of the FY03 strategic initiatives. NCSBN staff has received from Puerto Rico information regarding the Spanish language Puerto Rican Nurse Licensure examination. The information has been translated into English and entered into a table with NCLEX examination information to facilitate comparisons between the examinations. At this time (May 2003), however, several key pieces of information are still missing and there is not enough information to make a recommendation regarding this initiative in the 2003 Business Book.

Presently, Puerto Rico observes three types of nursing practice: baccalaureate, associate and practical nurses, all of which have their own corresponding examination. These examinations are administered in the Spanish language only. Candidates are provided a provisional license and two opportunities to take and pass the exam. If a candidate passes, he or she receives a permanent license to practice nursing in Puerto Rico. Afterward, the newly registered nurse needs to be recertified every three years through continuing education credits. If the candidate fails the exam a second time, the provisional license is revoked and participation in a review course is mandatory in order to sit again for the exam. Until the next examination, the candidate must provide proof of participation in the review course and cannot gain a license until the examination is passed.

The Puerto Rican Board of Nursing does engage an outside vendor/partner for the item development and psychometric elements of the examination; the Cirino Psychometrics Company assists in development and validation of questions included in the different tests.

At this time, information requests to the board of nursing in Puerto Rico have been acknowledged, though requested information has not yet been remitted. It is still the intent of the Examination Committee to complete an examination comparison study similar to the study conducted with the Canadian Nurses Association in 2001. The committee expects this tactic to continue in FY04, if necessary. The most recent information available on the examination comparison project will be presented to the Delegate Assembly at the 2003 Annual Meeting.

Set Performance Benchmarks for Existing English Proficiency Examinations

The Examination Committee has been working to establish an empirically based passing standard for existing English proficiency examinations. This standard is intended to reflect the minimum level of English proficiency required to practice nursing safely. A proposal for a panel-based study to establish a cut score for the Test of English as a Foreign Language (TOEFL) is anticipated from ETS in June 2003. After the standard is established on TOEFL,

it is expected that cut-score standards for other widely used English proficiency examinations will be developed using examination score-concordance tables. The committee expects this tactic to continue in FY04, if necessary. At this time, there is not enough information to make a recommendation regarding this initiative in the 2003 Business Book. The most recent information available on the examination comparison project will be presented to the Delegate Assembly at the 2003 Annual Meeting.

NCLEX Outreach

As part of its ongoing tactic to accurately inform constituencies about the NCLEX examination, the following outreach activities were undertaken in FY03:

- **Presentations**
  NCSBN Testing Services staff conducted more than 15 NCLEX informational presentations. In FY04, it is expected that this number will increase.

- **Video**
  In an effort to keep stakeholders up-to-date on changes to the NCLEX process, NCSBN produced an informational video titled "Understanding the NCLEX® Examinations." The 33-minute video encapsulates all of the steps that comprise the development and delivery of the NCLEX-RN and NCLEX-PN examinations. The purpose of the video is to inform interested segments of the public, such as educators and candidates, about all aspects of the NCLEX Examination Program. This includes providing answers to the most commonly asked questions and exposing answers to persistent myths about the examination. The video was distributed, free of charge, to more than 3,100 groups including Member Boards, nursing education programs, and other nursing organizations.

- **Publications**
  The committee continues to oversee development of various publications that accurately reflect the NCLEX examination process.

- **NCLEX Invitational**
  For the past three years, NCSBN Testing Services staff has coordinated and hosted an NCLEX Invitational in order to provide Member Boards, educators and other stakeholders an opportunity to learn about the NCLEX program. As part of the FY03 strategic initiatives, the committee and staff were charged to improve delivery of the NCLEX Invitational. On September 23, 2002, 121 attendees took part in the 2002 NCLEX Invitational at the Coronado Springs Resort, Walt Disney World in Orlando, FL. Feedback from attendees was positive and constructive. For FY04, the NCLEX Invitational is going to be held on September 26, 2003, in Boston at the Wyndham Tremont Hotel. It is expected that, as in previous years, the FY03 NCLEX Invitational will be a positive revenue generator for NCSBN.

- **NCLEX Program Reports**
  The committee monitored production of the NCLEX Program Reports. NCLEX Program Reports were distributed to subscribing nursing education programs during the current fiscal year in October 2002 and April 2003. The October 2002 through May 2003 program reports represent test results administered exclusively with Pearson VUE. Despite the transition of NCSBN test service, the Program Reports continued to be produced as expected.

- **NCLEX Quick Results**
  The NCLEX Quick Results service allows candidates to access their unofficial NCLEX results two full business days after their examination administration. This service is provided by Pearson VUE and is accessible to candidates by telephone or Internet for a nominal charge. State boards of nursing must sign up to participate in the NCLEX Quick Results service. More than 14,000 candidates used NCLEX Quick Results service between October 2002 and March 2003. Currently, 37 state boards of nursing participate in this service, the highest level of Member Board participation since the onset of the program.

Future Activities

- Continue to monitor all Administrative, Test Development, and Psychometric aspects of the NCLEX Examination program.
- Evaluate enhancements to NCSBN Examination Process.
- Evaluate NCLEX Outreach initiatives.
- Establish and implement a plan for operational roll out of international testing utilizing the established criteria.
- Determine the equivalency of the NCLEX-RN with the Puerto Rican Spanish-language nurse licensure examination.
- Research and recommend English-as-a-second language competency examinations and valid passing standards.

Attachment A

Proposed RN Test Plan – Strikethrough Copy

~~5~~

~~NCLEX-RN® Test Plan~~

~~TEST PLAN FOR THE~~

National Council Licensure Examination for Registered Nurses

(NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires ~~a~~ candidates for licensure to pass an exam~~ination~~ that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing, Inc. (NCSBN) develops a licensure exam~~ination~~, the National Council Licensure Examination for Registered Nurses (NCLEX-RN® ~~examination~~), which is used by state and territorial boards of nursing to assist in making licensure decisions.

~~The initial~~Several steps occur in ~~developing~~ the development of the NCLEX-RN® Test Plan. ~~examination is the preparation of a test plan to guide the selection of content and behaviors to be tested.~~ The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, Smith & Crawford, 2003). ~~In this plan, provision is made for an examination reflecting entry-level nursing practice as identified in *Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States.* (Hertz, Yocom, & Gawel, 2000).~~ More than 4,000 newly licensed registered nurses are asked about the frequency and priority of performing more than 130 nursing care activities. ~~The activities identified in this study were~~ Then activity statements are analyzed in relation to the frequency of ~~their~~ performance, ~~their~~ impact on maintaining client safety~~,~~ and client care ~~the~~ settings where the activities are performed. This analysis guides~~d~~ the development of a framework for entry-level ~~nurse performance~~ nursing practice that incorporates specific client needs as well as~~, concepts and~~ processes fundamental to the practice of nursing. The second step is the development of the NCLEX-RN® Test Plan which guides the selection of content and behaviors to be tested.

The *NCLEX-RN® Test Plan* ~~derived from this framework~~ provides a concise summary of the content and scope of the licensing exam~~ination~~. ~~The test plan also~~ It serves as a guide for ~~both~~ exam~~ination~~ development as well as ~~and~~ candidate preparation. ~~Based on the *NCLEX-RN® Test Plan*, each unique~~Each NCLEX-RN® candidate exam~~ination~~ is based on the test plan. Each exam assesses ~~reflects~~ the knowledge, skills and abilities that are essential for the nurse to meet the needs of clients requiring the promotion, maintenance ~~and~~or restoration of health. The following sections describe beliefs about people and nursing that are integral to the exam~~ination~~, ~~the~~ cognitive ~~abilities~~levels that will be tested in the examination and ~~the~~ specific ~~components~~parts of the *NCLEX-RN® Test Plan*.

Beliefs

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are ~~viewed as~~ finite beings with varying capacities to function in society. They are unique individuals ~~defining their own~~who have defined systems of daily living ~~which~~ reflecting their values, motives and lifestyles. Additionally, ~~they are viewed as~~people ~~having~~ the right to make decisions regarding their health care needs and to participate in meeting those needs. ~~The profession of nursing makes a unique contribution in helping clients (individuals or groups of individuals) in any setting to achieve an optimal state of health.~~

Nursing is both an art and a science, ~~which integrates concepts~~founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the human condition across the life span and the relationships of

an individual with others and within the environment. ~~The nature of nursing~~Nursing is a dynamic, ~~and~~continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, and technologies and client care activities into nursing practice. ~~-~~The goal of nursing for client care in any setting is preventing illness; alleviating suffering; and protecting, promoting and restoring health. ~~to promote health and to assist individuals throughout their life span to attain an optimal level of functioning by responding to the needs, conditions or events that result from actual or potential health problems (American Nurses Association, 1995).~~

The registered nurse provides a unique, comprehensive assessment of the health status of the client (individual, family or group), and then develops and implements an explicit plan of care. ~~assesses and analyzes the health needs and/or problems of clients, plans and implements appropriate actions based on nursing diagnoses or identified client needs, and evaluates the extent to which expected outcomes are achieved.~~ The ~~N~~nurses assists clients in the promotion of health, ~~assist clients to cope with~~in coping with health problems, ~~and maintain life, help clients adapt~~in adapting to and/or recovering from the ~~effects~~ of disease or injury, and in supporting ~~every client's~~the right to a dignified death. The registered nurse is accountable for abiding by all applicable federal, state and territorial statues related to nursing practice.

~~LEVELS OF COGNITIVE ABILITY~~Classification of Cognitive Levels

The ~~examination~~ consists of ~~questions (or~~ items~~)~~ that use Bloom's taxonomy for the cognitive domain as a basis for writing and coding items ~~written at the cognitive levels of knowledge, comprehension, application and analysis~~ (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of ~~the questions in the examination~~items are written at the application ~~and/~~or ~~analysis~~higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the NCLEX-RN® exam~~ination~~ because it provides a universal structure for defining nursing actions and competencies across all settings for all clients.

Client Needs

Four major categories of Client Needs organize the content of the *NCLEX-RN® Test Plan*. ~~These~~ Two of the four categories are further divided into ~~ten~~a total of six subcategories ~~that define the content contained within each of the four major Client Needs categories~~. The Client Needs categories and subcategories that define the content of the *NCLEX-RN® Test Plan* are: ~~These categories and subcategories are:~~

~~A.~~**Safe~~,~~ Effective Care Environment**
- ~~1.~~ Management of Care
- ~~2.~~ Safety and Infection Control

~~B.~~**Health Promotion and Maintenance**
- ~~3. Growth and Development Through the Life Span~~
- ~~4. Prevention and Early Detection of Disease~~

~~C.~~**Psychosocial Integrity**
- ~~5. Coping and Adaptation~~
- ~~6. Psychosocial Adaptation~~

~~D.~~**Physiological Integrity**
- ~~7.~~ Basic Care and Comfort
- ~~8.~~ Pharmacological and Parenteral Therapies
- ~~9.~~ Reduction of Risk Potential
- ~~10.~~ Physiological Adaptation

"Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.

~~INTEGRATED CONCEPTS AND PROCESSES~~Integrated Processes

The following ~~concepts and~~ processes are fundamental to the practice of nursing and are integrated throughout the

four major ~~categories of~~ Client Needs categories:

Nursing Process – a scientific problem-solving approach to client care that includes assessment, analysis, planning, implementation and evaluation.

Caring – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides hope, support and compassion to help achieve desired outcomes.

Communication and Documentation – verbal and~~/or~~ nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated ~~through~~ ain written or electronic records that reflects quality and accountability in the provision of care.

~~Cultural Awareness – the knowledge of and sensitivity to the beliefs and values of the client and nurse, and the impact of diversity on the health care experience.~~

~~Self Care – the practice of assisting clients of various abilities to meet their own health care needs, including maintenance of health and/or restoration of function.~~

Teaching/Learning – facilitationg of the acquisition of knowledge, skills and attitudes ~~that leads to~~promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory ~~in~~of the *NCLEX-RN® Test Plan* is based on the results of ~~*Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States* (Hertz, Yocom, & Gawel, 2000)~~ *the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003), and expert judgment provided by members of the ~~National Council's~~NCSBN Examination Committee ~~and the 1999 Practice Analysis Panel of Experts~~.

CATEGORIES Client Needs	PERCENTAGE OF TEST QUESTIONS Percentage of Items From Each Category/Subcategory
~~A.~~ Safe, Effective Care Environment	
~~1.~~ Management of Care	~~7~~ 13-19%
~~2.~~ Safety and Infection Control	~~5-11~~ 8-14%
~~B.~~ Health Promotion And Maintenance	6-12%
~~3. Growth and Development Through the Life Span~~	~~7-13%~~
~~4. Prevention and Early Detection of Disease~~	~~5-11%~~
~~C.~~ Psychosocial Integrity	6-12%
~~5. Coping and Adaptation~~	~~5-11%~~
~~6. Psychosocial Adaptation~~	~~5-11%~~
~~D.~~ Physiological Integrity	
~~7.~~ Basic Care and Comfort	~~7-13~~ 6-12%
~~8.~~ Pharmacological and Parenteral Therapies	~~5-11~~13-19%
~~9.~~ Reduction of Risk Potential	~~12-18~~13-19%
~~10.~~ Physiological Adaptation	~~12-18~~11-17%

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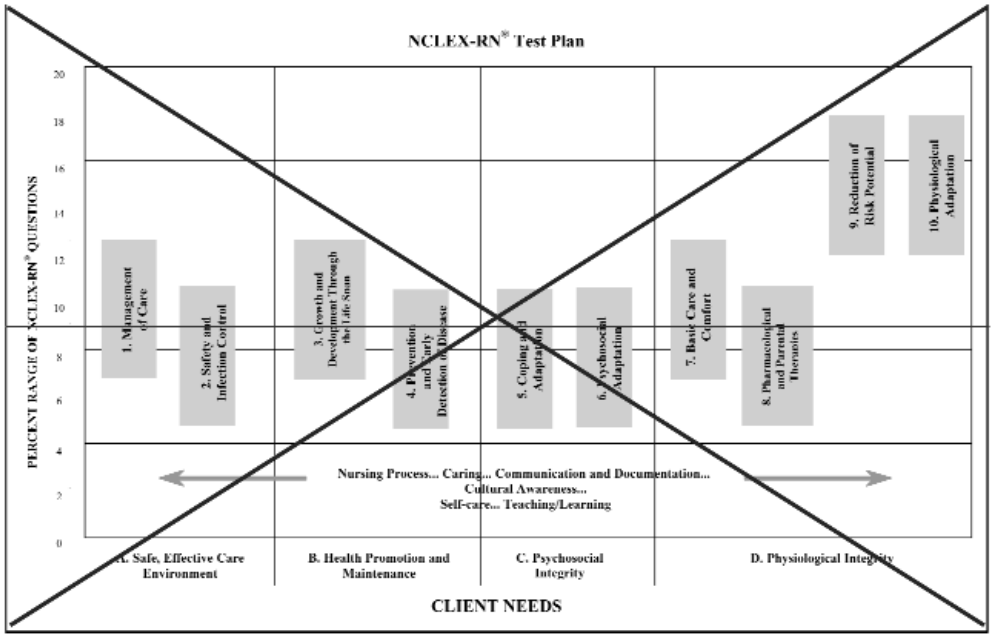
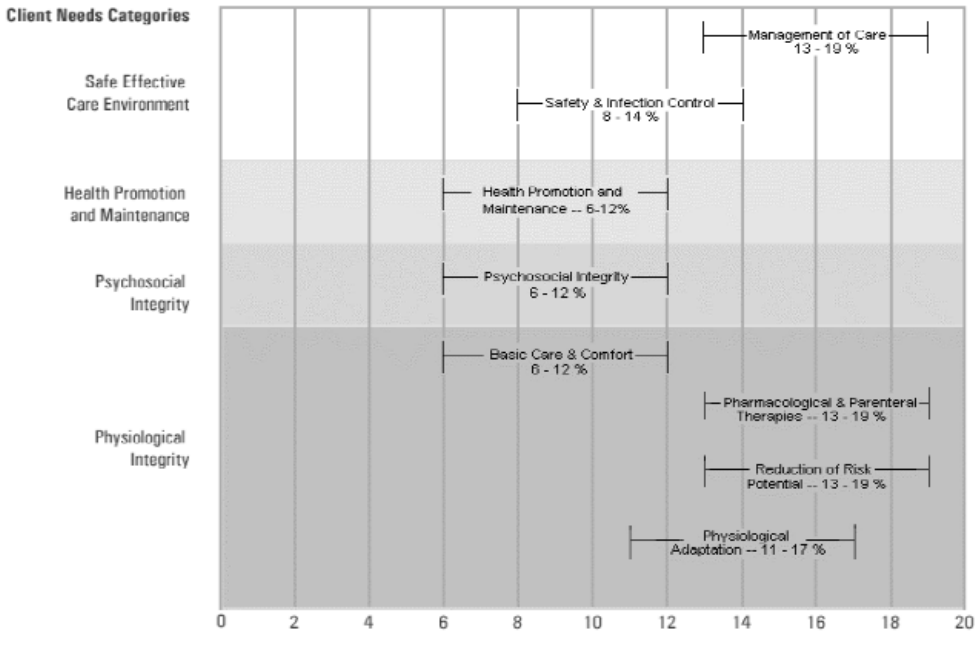
Distribution of Content for the NCLEX-RN® Test Plan



120



121
122
123 The following processes are integrated into all Client Needs categories of the Test Plan: Nursing Process; Caring;
124 Communication and Documentation; and Teaching and Learning.
125
126 *Again, note that the "Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have*
127 *subcategories.*

Overview of Content

All content categories ~~and subcategories~~ reflect client needs across the life span in a variety of settings.

~~A.~~Safe, Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

~~1.~~ *Management of Care* – providing ~~integrated, cost-effective care to clients by coordinating, supervising and/or collaborating with members of the multi-disciplinary health care team.~~and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

Related content includes but is **not limited** to:

Advance Directives	Establishing Priorities
Advocacy	Ethical Practice
Case Management	~~Incident/Irregular~~
Client Rights	~~Occurrence/Variance Reports~~
Collaboration with Multidisciplinary Team	Informed Consent
	Legal Rights and Responsibilities
Concepts of Management	Performance Improvement (Quality Assurance)
Confidentiality	
Consultation ~~with Members of the Health Care Team~~	~~Organ Donation~~
	Referrals
Continuity of Care	Resource Management
~~Continuous Quality Improvement~~	Staff Education
Delegation	Supervision

~~2.~~ *Safety and Infection Control* – protecting clients, family/significant others and health care personnel from health and environmental hazards.

Related content includes but is **not limited** to:

Accident Prevention	Medical and Surgical Asepsis
Disaster Planning	Reporting of Incident/Event/Irregular Occurrence/Variance
Emergency Response Plan	
Error Prevention	Safe Use of Equipment
Handling Hazardous and Infectious Materials	Security Plan
	Standard/Transmission-Based/ ~~(Universal) and~~ Other Precautions
Home Safety	
Injury Prevention	Use of Restraints/Safety Devices

~~B.~~ Health Promotion and Maintenance

The nurse provides and directs nursing care of the client, and family/significant others that incorporates the knowledge of expected growth and development principles~~,~~; ~~and the~~ prevention and/or early detection of health problems~~.~~, and strategies to achieve optimal health.

~~3. *Growth and Development Through the Life Span* - assisting the client and significant others through the normal expected stages of growth and development from conception through advanced old age.~~

Related content includes but is **not limited** to:

Aging Process	Health and Wellness
Ante/Intra/Postpartum and Newborn	Health Promotion Programs
	Health Screening
Developmental Stages and Transitions	High Risk Behaviors
	Human Sexuality
Disease Prevention	Immunizations
Expected Body Image Changes	Lifestyle Choices
Family Planning	Principles of Teaching/Learning
Family Systems	Self-Care
Growth and Development	Techniques of Physical Assessment

~~4. *Prevention and Early Detection of Disease* - assisting clients to recognize alterations in health and to develop health practices that promote and support wellness.~~

~~Related content includes but is **not limited** to:~~

~~—~~

- ~~Disease Prevention~~
- ~~Health and Wellness~~
- ~~Health Promotion Programs~~
- ~~Health Screening~~
- ~~Immunizations~~
- ~~Lifestyle Choices~~
- ~~Techniques of Physical Assessment~~

~~C.~~Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others~~.~~ experiencing stressful events, as well as clients with acute or chronic mental illness.

~~5. *Coping and Adaptation* - promoting the client's and/or significant others ability to cope, adapt and/or problem solve situations related to illnesses, disabilities or stressful events.~~

Related content includes but is **not limited** to:

Abuse/Neglect	Psychopathology
Behavioral Interventions	Religious and Spiritual Influences on Health
Chemical Dependency	
Coping Mechanisms	Sensory/Perceptual Alterations
Crisis Intervention	Situational Role Changes
Cultural Diversity	Stress Management
End of Life	Support Systems
Family Dynamics	Therapeutic ~~Interactions~~Communications
Grief and Loss	Therapeutic Environment
Mental Health Concepts	Unexpected Body Image Changes

~~6. *Psychosocial Adaptation* - managing and providing care for clients with acute or chronic mental illnesses, as well as maladaptive behaviors.~~

~~Related content includes but is **not limited** to:~~

- ~~Behavioral Interventions~~
- ~~Chemical Dependency~~
- ~~Child Abuse/Neglect~~
- ~~Crisis Intervention~~
- ~~Domestic Violence~~
- ~~Elder Abuse/Neglect~~
- ~~Psychopathology~~
- ~~Sexual Abuse~~
- ~~Therapeutic Milieu~~

~~D.~~Physiological Integrity

The nurse promotes physical health and wellness ~~being~~ by providing care and comfort, reducing client risk potential and managing ~~the client's~~ health alterations.

7. *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily living.

Related content includes but is **not limited** to:

- Alternative and Complementary Therapies
- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-pPharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

~~8. *Pharmacological and Parenteral Therapies*- managing and~~ providing care related to the administration of medications and parenteral therapies.

Related content includes but is **not limited** to:

- Adverse Effects/Contraindications and Side Effects
- Blood and Blood Products
- Central Venous Access Devices
- ~~Chemotherapy~~
- Dosage Calculation
- Intravenous Therapy
- Expected Effects/Outcomes
- Medication Administration
- Parenteral Fluids
- Pharmacological Agents/Actions
- ~~Pharmacological Agents~~
- Pharmacological Interactions
- Pharmacological Pain Management
- ~~Side Effects~~
- Total Parenteral Nutrition

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~~9.—Reduction of Risk Potential~~ - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

Related content includes but is not limited to:

Diagnostic Tests	Potential for Complications from Surgical Procedures and Health Alterations
Laboratory Values	
~~Pathophysiology~~Monitoring	
Conscious Sedation	
Potential for Alterations in Body Systems	System Specific Assessments
	Therapeutic Procedures
Potential for Complications of Diagnostic Tests,/ Treatments/Procedures~~, Surgery and Health Alterations~~	Vital Signs

~~10.—Physiological Adaptation~~ - managing and providing care for clients with acute, chronic or life threatening physical health conditions.

Related content includes but is not limited to:

Alterations in Body Systems	Medical Emergencies
Fluid and Electrolyte Imbalances	Pathophysiology
Hemodynamics	Radiation Therapy
Illness Management	~~Respiratory Care~~
Infectious Diseases	Unexpected Response to Therapies

Administration of the NCLEX-RN® Examination

The NCLEX-RN® exam~~ination~~ is administered to the candidate by ~~via computer using c~~Computerized ~~a~~Adaptive ~~t~~Testing (CAT). CAT is a method of delivering for administering testsexams that uses current computer technology and measurement theory. ~~Following~~Items go through an extensive review process before they can be used as items on the exam. ~~, each examination question (item) is pretested. Those questions that have met pre-established criteria may be used in the examination.~~ Items on a candidate's exam are primarily four-option, multiple-choice items. Other types of item formats may include multiple-choice items that require a candidate to select one or more responses, fill-in-the-blank items, or items asking a candidate to identify an area on a picture or graphic. Any of the item formats, including standard multiple-choice items, may include charts, tables or graphic images.

With CAT, each candidate's exam ~~test~~ is unique: because it is assembled interactively as the exam proceeds ~~individual is tested~~. Computer technology selects items to administer that match the candidate's ability level. ~~The test questions~~The items, which are stored in a large item pool, ~~are~~have been classified by test plan area and level of difficulty. ~~As~~ After the candidate answers an item~~each question~~, the computer calculates an ability ~~competence~~ estimate based on all of the previous ~~earlier~~ answers the candidate selected. ~~A question~~ An item determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. Theis process is repeated for each item~~question~~, creating an exam~~ination~~ tailored to the candidate's ~~individual's~~ knowledge and skills while fulfilling all *NCLEX-RN® T~~test p~~Plan* requirements. The exam~~ination~~ continues with items selected and ~~in~~administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 ~~questions~~items. The maximum number of items~~questions~~ that the candidate ~~a registered nurse candidate~~ may answer during the exam period is 265. ~~during a five-hour maximum testing period.~~ Exam instructions (~~The maximum five-hour time limit to complete the examination includes the~~ tutorial interface), sample items ~~questions~~ and all rest breaks~~.~~ are included in the measurement of the time allowed for a candidate to complete the exam.

More information about the NCLEX® exam~~ination~~, including CAT methodology, is listed on the NCSBN ~~National Council's World Wide~~ Web site: http://www.ncsbn.org.

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Attachment B

Proposed RN Test Plan – Clean Copy

National Council Licensure Examination for Registered Nurses (NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires candidates for licensure to pass an exam that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing, Inc. (NCSBN) develops a licensure exam, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by state and territorial boards of nursing to assist in making licensure decisions.

Several steps occur in the development of the *NCLEX-RN® Test Plan*. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, Smith & Crawford, 2003). More than 4,000 newly licensed registered nurses are asked about the frequency and priority of performing more than 130 nursing care activities. Then activity statements are analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the *NCLEX-RN® Test Plan* which guides the selection of content and behaviors to be tested.

The *NCLEX-RN® Test Plan* provides a concise summary of the content and scope of the licensing exam. It serves as a guide for exam development as well as candidate preparation. Each NCLEX-RN® candidate exam is based on the test plan. Each exam assesses the knowledge, skills and abilities that are essential for the nurse to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the exam, cognitive levels that will be tested in the exam and specific parts of the *NCLEX-RN® Test Plan*.

Beliefs

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, and technologies and client care activities into

nursing practice. The goal of nursing for client care in any setting is preventing illness; alleviating suffering; and protecting, promoting and restoring health.

The registered nurse provides a unique, comprehensive assessment of the health status of the client (individual, family or group), and then develops and implements an explicit plan of care. The nurse assists clients in the promotion of health, in coping with health problems, in adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a dignified death. The registered nurse is accountable for abiding by all applicable federal, state and territorial statutes related to nursing practice.

Classification of Cognitive Levels

The exam consists of items that use Bloom's taxonomy for the cognitive domain as a basis for writing and coding items (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the NCLEX-RN® exam because it provides a universal structure for defining nursing actions and competencies across all settings for all clients.

Client Needs

Four major categories of Client Needs organize the content of the *NCLEX-RN® Test Plan*. Two of the four categories are further divided into a total of six subcategories. The Client Needs categories and subcategories that define the content of the *NCLEX-RN® Test Plan* are:

Safe Effective Care Environment
- Management of Care
- Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity
- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential
- Physiological Adaptation

"Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.

Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the four major Client Needs categories:

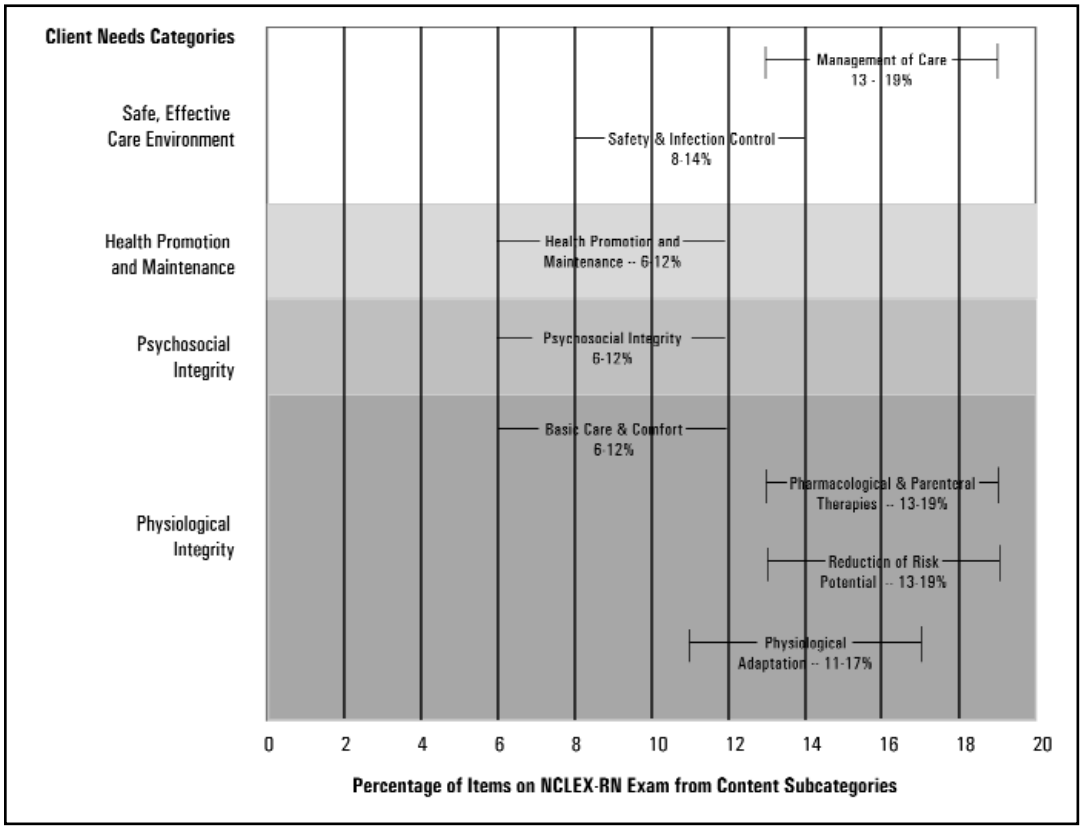
- Nursing Process – a scientific problem-solving approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- Caring – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides hope, support and compassion to help achieve desired outcomes.
- Communication and Documentation – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written or electronic records that reflect quality and accountability in the provision of care.
- Teaching/Learning – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the *NCLEX-RN® Test Plan* is based on the results of the *Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003), and expert judgment provided by members of the NCSBN Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe Effective Care Environment	
■ Management of Care	13-19%
■ Safety and Infection Control	8-14%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
■ Basic Care and Comfort	6-12%
■ Pharmacological and Parenteral Therapies	13-19%
■ Reduction of Risk Potential	13-19%
■ Physiological Adaptation	11-17%

Distribution of Content for the NCLEX-RN® Test Plan



The following processes are integrated into all Client Needs categories of the test plan: Nursing Process; Caring; Communication and Documentation; and Teaching and Learning.

Again, note that the "Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.

Overview of Content

All content categories reflect client needs across the life span in a variety of settings.

Safe Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

  Related content includes but is not limited to:
  - Advance Directives
  - Advocacy
  - Case Management
  - Client Rights
  - Collaboration with Multidisciplinary Team
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality Assurance)

- Concepts of Management
- Confidentiality
- Consultation
- Continuity of Care
- Delegation
- Referrals
- Resource Management
- Staff Education
- Supervision

- *Safety and Infection Control* – protecting clients, family/significant others and health care personnel from health and environmental hazards.

  Related content includes but is not limited to:
  - Accident Prevention
  - Disaster Planning
  - Emergency Response Plan
  - Error Prevention
  - Handling Hazardous and Infectious Materials
  - Home Safety
  - Injury Prevention
  - Medical and Surgical Asepsis
  - Reporting of Incident/Event/ Irregular Occurrence/Variance
  - Safe Use of Equipment
  - Security Plan
  - Standard/Transmission-Based/Other Precautions
  - Use of Restraints/Safety Devices

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client, and family/significant others that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health problems, and strategies to achieve optimal health.

Related content includes but is not limited to:
- Aging Process
- Ante/Intra/Postpartum and Newborn
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.

Related content includes but is not limited to:
- Abuse/Neglect
- Behavioral Interventions
- Chemical Dependency
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
- Therapeutic Environment
- Unexpected Body Image Changes

Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

- *Basic Care and Comfort* – providing comfort and assistance in the performance of activities of daily living.

  Related content includes but is not limited to:
  - Alternative and Complementary Therapies
  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Palliative/Comfort Care
  - Personal Hygiene
  - Rest and Sleep

- *Pharmacological and Parenteral Therapies* – providing care related to the administration of medications and parenteral therapies.

  Related content includes but is not limited to:
  - Adverse Effects/Contraindications and Side Effects
  - Blood and Blood Products
  - Central Venous Access Devices
  - Dosage Calculation
  - Intravenous Therapy
  - Expected Effects/Outcomes
  - Medication Administration
  - Parenteral Fluids
  - Pharmacological Agents/Actions
  - Pharmacological Interactions
  - Pharmacological Pain Management
  - Total Parenteral Nutrition

- *Reduction of Risk Potential* – reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

  Related content includes but is not limited to:
  - Diagnostic Tests
  - Laboratory Values
  - Monitoring Conscious Sedation
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/Treatments/ Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - System Specific Assessments
  - Therapeutic Procedures
  - Vital Signs

- *Physiological Adaptation* – managing and providing care for clients with acute, chronic or life threatening physical health conditions.

  Related content includes but is not limited to:
  - Alterations in Body Systems
  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Infectious Diseases
  - Medical Emergencies
  - Pathophysiology
  - Radiation Therapy
  - Unexpected Response to Therapies

Administration of the NCLEX-RN® Examination

The NCLEX-RN® exam is administered to the candidate by Computerized Adaptive Testing (CAT). CAT is a method of delivering exams that uses computer technology and measurement

theory. Items go through an extensive review process before they can be used as items on the exam. Items on a candidate's exam are primarily four-option, multiple-choice items. Other types of item formats may include multiple-choice items that require a candidate to select one or more responses, fill-in-the-blank items, or items asking a candidate to identify an area on a picture or graphic. Any of the item formats, including standard multiple-choice items, may include charts, tables or graphic images.

With CAT, each candidate's exam is unique because it is assembled interactively as the exam proceeds. Computer technology selects items to administer that match the candidate's ability level. The items, which are stored in a large item pool, have been classified by test plan area and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. An item determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. This process is repeated for each item, creating an exam tailored to the candidate's knowledge and skills while fulfilling all *NCLEX-RN® Test Plan* requirements. The exam continues with items selected and administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that the candidate may answer during the exam period is 265. Exam instructions (tutorial interface), sample items and all rest breaks are included in the measurement of the time allowed for a candidate to complete the exam.

More information about the NCLEX® exam, including CAT methodology, is listed on the NCSBN Web site: www.ncsbn.org.

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Annual Report of Pearson VUE for the NCLEX®

This report represents Pearson VUE's first six months of providing test delivery service for the NCLEX® examination program to the National Council of State Boards of Nursing (NCSBN). This report summarizes the activities of the past year.

Pearson Professional Testing Organizational Change

As is usual in the dynamic environment of computer-based testing, there were organizational changes at Pearson VUE this year. To increase organizational accountability and cohesiveness, Bob Whelan was promoted to general manager of Pearson VUE (both the Information Technology Certification business and the Professional Licensure business). To take advantage of his diverse background, Neil Crocker was promoted to vice president, Business Development for Pearson Global Assessment and Testing. Kim Clausen, associate NCLEX program manager, was added to the Pearson VUE NCLEX team to provide additional service to candidates and Member Boards. These changes will enhance Pearson VUE's capabilities to service its client base and expand its global market reach.

Test Development

Pearson VUE has filled all Test Development positions to support the NCLEX examination program's psychometric and test development needs. Staff members are in place to manage the item and candidate database, to perform psychometric and statistical analyses of the data and conduct program-related research, and to develop, edit and review new test items – all with the goal of maintaining the integrity of the NCLEX examination program and delivering examinations of the highest possible quality to nursing candidates. Pearson VUE has worked with NCSBN staff and committees to support the creation of alternate item types for the NCLEX examination program in fulfillment of contract specifications. The test development activities have been successful in exceeding item production goals to date, and are meeting or exceeding all contract specifications.

NCLEX Examination Operations

Pearson VUE completed the transition of the NCLEX examination program on October 1, 2002, on schedule. A total of 201 Pearson Professional Centers (PPCs) were built and fully staffed to support the launch of the NCLEX program. Since August 2002, NCLEX candidates have been successfully registering and scheduling their examinations; and since October 1, they have been completing their examinations at PPCs. All NCLEX candidates have been able to schedule appointments within 30 days (or 45 days for repeat testers) as specified in the NCLEX Test Services contract.

Pearson Professional Testing visits to National Council

- October 28-30, 2002 (Examination Committee Business Meeting)
- January 22-24, 2003 (Examination Committee Business Meeting)
- February 25, 2003 (Examination Committee Conference Call)
- March 17, 2003 (Joint Research Committee)
- March 17-21, 2003 (Item Review Subcommittee Meeting)
- April 7-9, 2003 (Examination Committee Business Meeting)

Summary of NCLEX Examination Results for the 2002 Testing Year

- Tables 2, 4, 6 and 8 provide a technical summary of the NCLEX examination results from January through December 2002. In addition, summaries for the January through December 2001 testing interval are provided. Tables 1, 2, 3 and 4 present results for the NCLEX-RN® examination, and Tables 5, 6, 7 and 8 present results for the NCLEX-PN® examination. Summary statistics for the total group of candidates and the reference group of candidates (that is, first-time U.S.-educated candidates) for 2002 are presented in Table 2 for the NCLEX-RN examination and in Table 6 for the NCLEX-PN examination. Tables 4 and 8 summarize operational and pretest item statistics for the 2002 calendar year while tables 3 and 7 for the 2001 calendar year. It should be noted that the data provided here are intended only to serve as a general summary. It is important to note that data presented here for year 2002 does not include results from Pearson Beta testing. Also, data from January through June 2002 is from Chauncey, while data from October through December 2002 is from Pearson. Chauncey did not provide a Technical Report for the July-September 2002 quarter. Data for that quarter, where supplied, was compiled at NCSBN.

The following bullet points are candidate highlights of the 2002 testing year for the NCLEX-RN examination:

- Overall, 113,465 NCLEX-RN examination candidates tested during 2002, as compared to 108,471 during the 2001 testing year. This represents an increase of 4.6 percent.
- The candidate population reflected 70,974 first-time, U.S.-educated candidates who tested, as compared to 68,760 for the 2001 testing year, representing an increase of 3.2 percent.
- The 2002 average passing rate for the total group and the reference group were slightly higher than in 2001. The overall passing rate was 70.9 percent in 2002 compared to 69.4 percent in 2001. The passing rate for the reference group in 2002 was 86.5 percent, as compared to 85.5 percent in 2001.
- Of the total group 49.4 percent and 53.4 percent of the reference group ended the tests after a minimum of 75 items were administered. This is slightly higher than the 2001 testing year in which 48.9 percent of the total group and 53.3 percent of the reference group took minimum length exams.
- The percentage of maximum length test-takers was 12.7 percent for the total group and 11.4 percent for the reference group. This is not significantly different than last year's percentages (12.6 percent for the total group and 11.3 percent for the reference group).
- The average time needed to take the NCLEX-RN examination during the 2002 testing period was 2.33 hours (or two hours, 20 minutes) for the overall group, and 2.08 hours (or two hours, 5 minutes) for the reference group.
- A total of 41.1 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 3.7 percent of the candidates chose to take the optional break.
- Overall, 4.9 percent of the total group, and 3.0 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were slightly lower than the overall cumulative percentages for candidates during the 2001 testing year.
- In general, the NCLEX-RN examination summary statistics for the 2002 testing period indicated patterns that were similar to those observed for the 2001 testing period. These results provide continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following bullet points are candidate highlights of the 2002 testing year for the NCLEX-PN examination:

- Overall, 49,554 PN candidates tested during 2002, as compared to 45,804 during the 2001 testing year. This represents an increase of 8.1 percent.
- The candidate population reflected 37,367 first-time, U.S.-educated candidates who tested in 2002, as compared to 33,257 for the 2001 testing year, representing an increase of 12.4 percent.

- The overall passing rate was 76.2 percent in 2002 compared to 75.5 percent in 2001, and the reference group passing rate was 86.3 percent in 2002, the same as 2001.
- There were 52.8 percent of the total group and 57.5 percent of the reference group who ended their tests after a minimum of 85 items were administered. This is slightly lower than the 2001 testing year in which 53.5 percent of the total group and 58.3 percent of the reference group took minimum length exams.
- The percentage of maximum length test takers was 18.1 percent for the total group and 15.3 percent for the reference group. This is slightly higher than last year's percentages (16.8 percent for the total group and 14.2 percent for the reference group).
- The average time needed to take the NCLEX-PN examination during the 2002 testing period was 2.28 hours (or two hours, 17 minutes) for the overall group, and 2.07 hours (or two hours, 4 minutes) for the reference group.
- Overall, 2.6 percent of the total group and 1.5 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were not significantly different than those of the 2001 testing year.
- In general, the NCLEX-PN examination summary statistics for the 2002 testing period indicated patterns that were similar to those observed for the 2001 testing period. These results provide continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

Table 1. Longitudinal Technical Summary for the NCLEX-RN® Examination
Group Statistics for the 2001 Testing Year

RN	Jan 01 - Mar 01		Apr 01 - Jun 01		Jul 01 - Sep 01		Oct 01 - Dec 01		Cumulative 2001	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	23,001	13,608	23,582	14,144	45,230	35,910	16,658	5,098	108,471	68,760
Percent Passing	66.0	84.8	69.0	88.1	76.8	86.2	54.4	75.4	69.4	85.5
Ave. # Items Taken	125.3	118.0	119.7	111.4	119.9	117.1	129.8	124.3	122.5	116.6
% Taking Min # Items	47.4	52.4	51.0	57.5	51.0	53.1	42.2	46.1	48.9	53.3
% Taking Max # Items	13.7	11.9	11.5	9.8	12.0	11.5	14.1	12.3	12.6	11.3
Ave. Test Time (Hrs)	2.40	2.14	2.44	2.11	2.36	2.22	2.69	2.46	2.44	2.20
% Taking Mand. Break	42.0	33.1	40.1	29.1	37.8	33.3	50.0	41.8	41.1	33.0
% Taking Opt. Break	4.5	2.5	3.6	2.0	2.9	2.2	5.0	3.5	3.7	2.3
% Timing Out	5.1	3.0	5.4	2.7	4.4	3.3	7.4	6.1	5.2	3.3

Table 2. Longitudinal Technical Summary for the NCLEX-RN® Examination
Group Statistics for the 2002 Testing Year

***NOTE: Data from Pearson Beta Tests in 2002 is not included*

RN	Jan 02 - Mar 02		Apr 02 - Jun 02		Jul 02 - Sep 02		Oct 02 - Dec 02		Cumulative 2002	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	22,646	13,161	23,331	12,995	52,594	40,171	14,894	4,647	113,465	70,974
Percent Passing	68.3	86.7	69.0	88.7	76.4	86.8	58.1	77.8	70.9	86.5
Ave. # Items Taken	121.6	115.4	120.2	112.4	118.1	115.9	138.4	132.3	121.9	116.2
% Taking Min # Items	49.5	54.1	50.5	56.7	51.9	53.4	38.7	42.5	49.4	53.4
% Taking Max # Items	12.3	10.9	11.6	10.0	11.6	11.4	18.9	17.4	12.7	11.4
Ave. Test Time (Hrs)	2.46	2.21	2.43	2.11	2.15	2.01	2.64	2.34	2.33	2.08
% Taking Mand. Break	41.6	32.9	41.2	29.9	37.5	32.6	N/A	N/A	N/A	N/A
% Taking Opt. Break	3.4	1.9	3.7	2.1	2.9	2.1	N/A	N/A	N/A	N/A
% Taking Break	N/A	N/A	N/A	N/A	N/A	N/A	59.0	48.3	N/A	N/A
% Timing Out	5.4	3.4	5.9	2.8	4.1	2.9	5.6	3.1	4.9	3.0

Table 3. Longitudinal Technical Summary for the NCLEX-RNÒ Examination
Group Statistics for the 2001 Testing Year

Operational Item Statistics										
RN	Jan 01 - Mar 01		Apr 01 - Jun 01		Jul 01 - Sep 01		Oct 01 - Dec 01		Cumulative 2001	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.21	0.09	0.21	0.09	0.21	0.09	0.20	0.09	N/A	N/A
Z-Statistic	0.30	2.15	0.26	2.01	0.41	2.29	0.14	1.95	N/A	N/A
Ave Item Time (Secs)	66.1	18.9	66.6	15.6	64.6	15.0	69.7	18.5	N/A	N/A
Tryout Item Statistics										
# of Items	317		513		650		116		1596	
Ave. Sample Size	602		609		556		545		581	
Mean Point-Biserial	0.10		0.09		0.08		0.10		0.09	
Mean P+	0.58		0.60		0.57		0.64		0.59	
Mean B-Value	-0.36		-0.47		-0.43		-0.77		-0.45	
Total Number Flagged	98		191		275		29		593	
Pct. Items Flagged	30.9%		37.2%		42.3%		25.0%		37.2%	

Table 4. Longitudinal Technical Summary for the NCLEX-RNÒ Examination
Group Statistics for the 2002 Testing Year
****NOTE: Data from Pearson Beta Tests in 2002 is not included**

Operational Item Statistics										
RN	**Jan 02 - Mar 02**		**Apr 02 - Jun 02**		**Jul 02 - Sep 02**		**Oct 02 - Dec 02**		**Cumulative 2002**	
	Mean	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**
Point Biserial	0.21	0.09	0.21	0.09	N/A	N/A	0.19	0.08	N/A	N/A
Z-Statistic	0.28	2.12	0.26	2.13	N/A	N/A	0.09	2.35	N/A	N/A
Ave Item Time (Secs)	67.4	17.9	67.4	17.6	N/A	N/A	66.8	15.6	N/A	N/A
Tryout Item Statistics										
# of Items	299		340		N/A		121		N/A	
Ave. Sample Size	613		5594		N/A		584		N/A	
Mean Point-Biserial	0.09		0.10		N/A		0.09		N/A	
Mean P+	.55		0.55		N/A		0.62		N/A	
Mean B-Value	-0.23		-0.16		N/A		-0.71		N/A	
Total Number Flagged	111		110		N/A		40		N/A	
Pct. Items Flagged	37.1%		32.4%		N/A		33.1%		N/A	

Table 5. Longitudinal Technical Summary for the NCLEX-PNÒ Examination
Group Statistics for the 2001 Testing Year

PN	**Jan 01 - Mar 01**		**Apr 01 - Jun 01**		**Jul 01 - Sep 01**		**Oct 01 - Dec 01**		**Cumulative 2001**	
	Overall	**1st Time U.S. ED**	**Overall**	**1st Time U.S. ED**	**Overall**	**1st Time U.S. ED**	**Overall**	**1st Time U.S. ED**	**Overall**	**1st Time U.S. ED**
Number Testing	9,944	6,803	8,794	5,629	15,758	12,467	11,308	8,358	45,804	33,257
Percent Passing	73.4	85.4	71.4	84.8	80.1	88.7	73.9	84.3	75.5	86.3
Ave. # Items Taken	118.1	112.1	118.9	113.1	112.8	109.3	119.5	115.6	116.8	112.1
% Taking Min # Items	53.1	59.0	51.4	57.3	57.5	61.2	50.1	54.2	53.5	58.3
% Taking Max # Items	18.2	14.7	17.6	14.4	14.4	12.5	18.4	16.2	16.8	14.2
Ave. Test Time (Hrs)	2.28	2.06	2.50	2.22	2.30	2.12	2.41	2.23	2.36	2.15
% Taking Mand. Break	41.8	33.0	46.9	36.3	38.8	31.9	44.8	37.6	42.5	34.3
% Taking Opt. Break	3.0	1.5	2.8	1.5	1.8	1.1	2.1	1.3	2.3	1.3
% Timing Out	2.2	1.2	3.1	1.7	2.3	1.3	2.7	1.8	2.5	1.5

Table 6. Longitudinal Technical Summary for the NCLEX-PNÒ Examination
Group Statistics for the 2002 Testing Year

NOTE: Data from Pearson Beta Tests in 2002 is not included

PN	Jan 02 - Mar 02		Apr 02 - Jun 02		Jul 02 - Sep 02		Oct 02 - Dec 02		Cumulative 2002	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	9,869	6,669	9,293	6,100	18,832	15,564	11,560	9,034	49,554	37,367
Percent Passing	72.4	84.0	71.6	84.7	79.8	87.9	77.3	86.5	76.2	86.3
Ave. # Items Taken	119.6	114.5	121.8	115.6	115.5	111.6	118.8	114.6	118.3	113.5
% Taking Min # Items	50.6	55.6	49.2	55.2	55.7	59.7	52.7	56.8	52.8	57.5
% Taking Max # Items	18.1	15.1	20.1	16.3	16.3	14.2	19.3	16.7	18.1	15.3
Ave. Test Time (Hrs)	2.46	2.24	2.50	2.25	2.13	1.96	2.20	2.01	2.28	2.07
% Taking Mand. Break	46.3	37.7	47.5	38.1	40.9	34.4	N/A	N/A	N/A	N/A
% Taking Opt. Break	2.6	1.5	2.9	1.8	2.4	1.4	N/A	N/A	N/A	N/A
% Taking Break	N/A	N/A	N/A	N/A	N/A	N/A	49.3	41.9	N/A	N/A
% Timing Out	3.2	2.0	3.4	2.1	2.6	1.6	1.4	0.7	2.6	1.5

Table 7. Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 2001 Testing Year

Operational Item Statistics										
PN	Jan 01 - Mar 01		Apr 01 - Jun 01		Jul 01 - Sep 01		Oct 01 - Dec 01		Cumulative 2001	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.22	0.09	0.21	0.09	0.22	0.09	0.21	0.09	N/A	N/A
Z-Statistic	0.09	2.10	0.06	2.07	0.14	2.27	0.06	2.18	N/A	N/A
Ave Item Time (Secs)	65.8	17.1	68.0	17.0	64.9	15.9	65.6	16.4	N/A	N/A
Tryout Item Statistics										
# of Items	266		249		448		279		1242	
Ave. Sample Size	619		524		619		643		605	
Mean Point Biserial	0.12		0.14		0.11		0.11		0.12	
Mean P+	0.60		0.60		0.56		0.57		0.58	
Mean B-Value	-0.52		-0.50		-0.25		-0.45		-0.40	
Total Number Flagged	70		50		129		97		346	
Pct. Items Flagged	26.3%		20.1%		28.8%		34.8%		27.9%	

Table 8. Longitudinal Technical Summary for the NCLEX-PNÒ Examination
Group Statistics for the 2002 Testing Year

***NOTE: Data from Pearson Beta Tests in 2002 is not included*

Operational Item Statistics										
PN	**Jan 02 - Mar 02**		**Apr 02 - Jun 02**		**Jul 02 - Sep 02**		**Oct 02 - Dec 02**		**Cumulative 2002**	
	Mean	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**
Point Biserial	0.21	0.09	0.21	0.08	N/A	N/A	0.21	0.08	N/A	N/A
Z-Statistic	0.05	2.17	0.02	2.14	N/A	N/A	0.11	2.45	N/A	N/A
Ave Item Time (Secs)	66.2	16.5	67.4	17.8	N/A	N/A	63.5	18.4	N/A	N/A
Tryout Item Statistics										
# of Items	193		145		N/A		342		N/A	
Ave. Sample Size	833		776		N/A		601		N/A	
Mean Point Biserial	0.11		0.12		N/A		0.11		N/A	
Mean P+	0.58		0.56		N/A		0.65		N/A	
Mean B-Value	-0.44		-0.27		N/A		-0.91		N/A	
Total Number Flagged	56		71		N/A		98		N/A	
Pct. Items Flagged	29.0%		28.3%		N/A		28.7%		N/A	

Report of the National Nurse Aide Assessment Program

Recommendations to the Delegate Assembly

None. This report is for information only.

Highlights of FY03 Activities

Jointly owned and operated by NCSBN and Promissor (formerly known as CAT*ASI), the National Nurse Aide Assessment Program (NNAAP™) is a nationally administered certifying examination program based on the activities performed by nurse aides in long-term, acute and home health care settings.

The NNAAP is offered in two parts: a written portion and a skills (performance) portion. The written examination is available in English, English with audiotape, and Spanish with audiotape. The skills portion is conducted only in English. In 2002, 26 states used the written portion and 22 states used the skills portion of the NNAAP examination to certify the competency of Nurse Aides. For testing year 2002, 98,189 candidates took the written portion of the NNAAP examination with a pass rate of 92.27% and 77,819 candidates took the skills portion of the NNAAP examination with a pass rate of 79.65%.

During FY03 NCSBN Testing Services staff provided psychometric and content oversight for NNAAP Examination item and form construction. From a review of the examination development process, major work product outcomes included: a review of the master item pool, review of examination forms, review of the NNAAP Technical Report, development of the 2004 NNAAP item production schedule and a long-term (beyond 2004) NNAAP examination production schedule. Additionally, results from the *Report of Findings from the 2002 Job Analysis of Nurse Aides Employed in Nursing Homes, Home Health Agencies and Hospitals* (Smith, 2003) was reviewed by NCSBN content and psychometric staff and evaluated for the basis of the future NNAAP test plan.

Additional information detailing NNAAP operations is presented in the Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP).

Future Activities

- Continue to monitor all Test Development and Psychometric aspects of the NNAAP Examination program.

Staff

Casey Marks, PhD, Director of Testing Services

Lenore Harris MSN, RN, AOCN, CNS, NCLEX® Content Associate

Thomas O'Neill, PhD Psychometrician

Anne Wendt, PhD, RN, CAE NCLEX® Content Manager

Relationship to Strategic Plan

Strategic Initiative 1
Nursing Competence
NCSBN will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcome D
Nurse aide competence is assessed.

Meeting Dates

February 11, 2003
February 19, 2003
April 3, 2003
April 25-27, 2003

Attachments

A. Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP).

Attachment A

Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP™)

Company Overview

After the 2001 acquisition of Assessment Systems, Inc. (ASI) by Computer Adaptive Technologies, Inc. (CAT), a Houghton Mifflin Company, 2002 was a year focused on integrating the assets of the two companies. ASI historically provided computer-based testing services to a majority of its clients via a proprietary delivery platform available in ASI's nationwide test center network. In 2002 a major effort was initiated to transition the ASI client-base to CAT's more advanced CBT test delivery platform, which is capable of delivering CBT examinations through multiple test center networks. The conversion is scheduled for completion in 2003.

To ensure continued market place recognition during the early phases of the integration process, the company operated under the name of CAT*ASI. In August 2002, the Company adopted the name "Promissor," which in Latin means "guarantor of standards of knowledge." The company's new tag line "knowledge beyond doubt" is intended to emphasize its commitment to the highest quality assessments and to fair and uniform standards of administration.

Promissor's suite of products offers a powerful, scalable, and flexible solution that facilitates content creation, management, deployment and delivery, and data and reporting. Clients can choose from options that include rich graphics and question types, and the full complement of testing modes. Promissor clients meet their goals with the ultimate array of tools, technology, and services for content management and deployment. Promissor's nationwide network of test centers accommodates paper-and-pencil testing as well as online and off-line computer-based testing for high-stakes examinations. Highly trained proctors and well-defined procedures at Promissor centers administer tests that meet clients' needs for a wide variety of testing practices. These include systems for Internet or telephone test reservations, special testing sessions, registration procedures requiring multiple forms of identification, and on-site, photo-bearing score reports or credentials.

About Houghton Mifflin

Boston-based Houghton Mifflin Company is one of the leading educational publishers in the United States, with more than $1.2 billion in annual sales. Houghton Mifflin publishes textbooks, instructional technology, assessments and other educational materials for elementary and secondary schools and colleges. The company also publishes an extensive line of reference works and award-winning fiction and nonfiction for adults and young readers. Additionally, Houghton Mifflin offers computer-administered testing programs and services for the professional and certification markets. With its origins dating back to 1832, Houghton Mifflin today combines its tradition of excellence with a commitment to innovation.

In December 2002, Vivendi Universal sold Houghton Mifflin to a consortium of private investment firms: Bain Capital, The Blackstone Group, and Thomas H. Lee Partners. As a privately held company, Houghton Mifflin is well positioned to pursue a long-term business strategy that truly meets the interests of its customers and investors.

Promissor Nurse Aide Testing and Registry Services

Since 1986, Promissor has been a leading provider of nurse aide testing and registry services. In 2002, Promissor administered the National Nurse Aide Assessment Program (NNAAP™) in 26 states and provided nurse aide registry services in eight states. Promissor's nurse aide testing services include: registration, eligibility screening, scheduling, test administration (test site and Registered Nurse Evaluator management), scoring, and reporting. The registry services Promissor offers include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet and through an Interactive Voice Response (IVR) system, accessible via a toll-free telephone number.

Program Highlights

Skills Review Meeting

In April 2002, representatives from Promissor's Test Development staff facilitated a three-day meeting, which included 10 Registered Nurse Subject Matter Experts (SMEs). The purpose of this meeting was to identify appropriate changes to the skills portion of the NNAAP to reflect current nurse aide practice. New skill scenarios were created to incorporate the recommended changes. The new scenarios will be pilot-tested and the results will be presented to a panel of SMEs for their review and final approval.

New Contract Awarded

In August 2002, Promissor was awarded a five-year contract to provide Nurse Aide Testing and Registry services to the Wisconsin Department of Health and Family Services (DHFS). The outsourcing of these services enabled DHFS to establish a uniform, consistent standard of administration for nurse aide competency testing across the state while at the same time close a budget deficit for the delivery of these services. The contracted services were implemented beginning November 2002 and will result in the testing of more than 8,000 nurse aides annually and the registration renewal of more than 14,000 nurse aides each year.

Paper/Pencil Initiative

During 2002, an initiative was undertaken to reduce the turnaround time for candidate score reports and client reports in the nurse aide paper/pencil testing market. Utilizing fax-technology, a new service delivery model was developed which will allow nurse aide candidates to receive official same-day score reports and for score results to be available to client states within 24-to-48 hours of testing. In states where Promissor provides registry services, newly qualified nurse aides will be placed on the nurse aide registry within the same 24-48 hour time frame, allowing registry verifications to occur more rapidly than has previously been possible. Wisconsin was the first client state implemented using the new delivery model and the results have been in line with expectations. In 2003, Promissor will move forward with plans to convert its nurse aide client states to the new service delivery model.

Summary of NNAAP™ Examination Results for 2002
Pass Rates by State

State	Skills		Written	
	% Pass	Number	% Pass	Number
1. Alabama	74.61%	2,123	97.75%	1,825
2. Alaska	90.10%	586	96.43%	560
3. California	91.83%	9,254	90.59%	9,371
4. Colorado	62.17%	5,956	96.34%	4,449
5. Connecticut	88.16%	3,665	95.25%	3,516
6. Delaware	72.58%	507	97.31%	409
7. District of Columbia	51.88%	877	94.51%	710
8. Idaho	N/A	N/A	99.32%	732
9. Louisiana	80.00%	835	93.93%	807
10. Maryland	57.98%	4,898	94.77%	3,844
11. Minnesota	86.45%	6,729	88.96%	6,574
12. Mississippi	73.76%	3,719	97.23%	3,176
13. Nevada	74.85%	1,161	82.59%	1,080
14. New Hampshire	94.62%	93	98.89%	90
15. New Jersey	90.02%	5,480	62.62%	6,471
16. New Mexico	N/A	N/A	98.09%	2,142
17. North Dakota	92.09%	872	97.73%	836
18. Pennsylvania	79.17%	12,949	89.77%	11,794
19. Rhode Island	N/A	N/A	96.80%	1,593
20. South Carolina	80.09%	4,702	97.68%	4,302
21. Texas	N/A	N/A	96.76%	21,850
22. Virginia	73.26%	6,186	94.75%	5,314
23. Virgin Islands	87.50%	72	81.93%	83
24. Washington	87.35%	5,771	97.08%	5,376
25. Wisconsin	75.32%	231	96.00%	225
26. Wyoming	88.81%	1,153	99.53%	1,060
Totals	**79.65%**	**77,819**	**92.27%**	**98,189**

National Nurse Aide Assessment Program (NNAAP™)
Written/Oral Examination Content Outline

The NNAAP Written Examination is comprised of seventy (70) multiple-choice questions. Ten (10) of these questions are pretest (non-scored) questions on which statistical information will be collected.

The NNAAP Oral Examination is comprised of sixty (60) multiple-choice questions and ten (10) word recognition (or reading comprehension) questions. This content outline became effective on November 1, 2001.

I. Physical Care Skills

A. Activities of Daily Living ..... 7% of exam (4 questions)
   1. Hygiene
   2. Dressing and Grooming
   3. Nutrition and Hydration
   4. Elimination
   5. Rest/Sleep/Comfort

B. Basic Nursing Skills ..... 37% of exam (22 questions)
   1. Infection Control
   2. Safety/Emergency
   3. Therapeutic/Technical Procedures
   4. Data Collection and Reporting

C. Restorative Skills ..... 5% of exam (3 questions)
   1. Prevention
   2. Self Care/Independence

II. Psychosocial Care Skills

A. Emotional and Mental Health Needs ..... 10% of exam (6 questions)
B. Spiritual and Cultural Needs ..... 3% of exam (2 questions)

III. Role of the Nurse Aide

A. Communication ..... 10% of exam (6 questions)
B. Client Rights ..... 15% of exam (9 questions)
C. Legal and Ethical Behavior ..... 5% of exam (3 questions)
D. Member of the Health Care Team ..... 8% of exam (5 questions)

Report of the Advanced Practice Task Force

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Advanced Practice Task Force

In January 2002, the Board of Directors approved the criteria and process for a new review process for APRN certification programs. The criteria represented required elements of certification programs that would result in a legally defensible examination suitable for the regulation of advanced practice nurses. Using the criteria for certification programs and accrediting agencies, the task force developed a process to assure compliance of the criteria. In FY03, the APRN Task Force continued to work with the APRN certification programs to refine the application process of the new program.

Highlights of FY03 Activities

- Developed a comment paper and placed it on the Members Only side of the NCSBN Web site.
- Held the APRN Roundtable in Chicago on April 11, 2003.
- Met with the Division of Nursing regarding the proliferation of APRN subspecialties.
- Had two conference calls and met with APRN certification programs regarding the criteria for certification programs.
- Provided feedback to the Model Rules Subcommittee regarding APRN model administrative rules.
- Met with National Association of Clinical Nurse Specialists.
- Developed a list of definitions related to APRN.
- Conducted a conference call with nurse educators regarding feasibility of palliative care as a specialty for advanced practice.
- Conference call with VA-DOD Licensure Task Force regarding federal guideline for nurses working in the VA system. APRN Task Force agreed to continue to work with the VA-DOD Task Force.

Future Activities

- Continue working on the implementation of the criteria.
- Develop and implement a plan for Member Board education about APRN regulation.
- Continue the APRN Roundtable.
- Continue to facilitate communication between outside organizations and boards of nursing.

Members

Katherine Thomas, MN, RN, Chair
Texas-RN, Area III

Patty Brown, RN, BSN, MS
Kansas, Area II

Jane Garvin, RN, MS, CS
Maryland, Area IV

Kim Powell, RN, MS, ACNP-C
Minnesota, Area I

Janet Younger, PhD, RN, CPNP
Virginia, Area III

Georgia Manning-Lewis, MN, RN
Arkansas, Area III

Charlene Hanson, EdD, RN, CS, FNP
FAAN, Consultant

Board Liaison
Deborah Johnson, PhD, RN
North Dakota-Area II

Staff
Nancy Chornick, PhD, RN
Director of Credentialing

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome D
Approaches and Resources assist Member Boards in the regulation of advanced practice registered nurses.

Meeting Dates

December 12-13, 2002
April 9-11, 2003

Attachments

None.

Report of the APRN Compact Subcommittee

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the APRN Compact Subcommittee

The Nurse Licensure Compact (NLC), adopted by the NCSBN Delegate Assembly in December 1997, provided a mechanism for implementing the Mutual Recognition Model of Nursing for Registered Nurses and Licensed Practical Nurses. The NLC was adopted with the understanding that development of an APRN Compact would proceed at a later time and as a separate document. Last year, the APRN Compact Subcommittee was charged by the Board of Directors to develop the APRN compact model that was adopted by the 2002 Delegate Assembly. The charge to the subcommittee this year was to develop rules and other resources to facilitate states to enter the APRN Compact.

Highlights of FY03 Activities

- Drafted model rules for use by states entering the APRN Compact.
- Developed scenarios that address a variety of issues that may arise in relation to implementation of the APRN Compact.
- Continued to implement the strategic outline for implementation (developed in 2002).
- Developed other resources to support Member Boards.
- Prepared a detailed document comparing variations in regulatory requirements for APRN across states.
- Developed information for stakeholder education.
- Served as information source regarding the APRN Compact for external entities.
- Draft model enabling language.
- Survey Compact states regarding compliance with APRN uniform licensure requirements.

Future Activities

None.

Members

Laura Poe, RN, MS, Chair
Utah, Area I

Kimberly Boothby-Ballantyne, MS, CS, ANP, Maine, Area IV

James (Dusty) Johnston, JD
Texas-RN, Area III

Fred Knight, JD, Arkansas, Area III

Frank Maziarski, CRNS, BSN, MS
Washington, Area I

Katherine Thomas, MN, RN
Texas-RN, Area III

Staff
Vickie Sheets, JD, RN, CAE
Director of Practice and Regulation

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome G
NCSBN supports, monitors and evaluates the implementation of the mutual recognition model.

Meeting Dates

January 13-15, 2003
May 7-8, 2003

Attachments

None.

Report of the Awards Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Awards Panel

In FY01 the Board of Directors established the Awards Panel to review and evaluate the NCSBN awards program. The panel was charged with developing a new awards program that ensured consistency, fairness, and celebrated the accomplishments of the membership. The panel developed a new NCSBN Awards Program with new award categories, objectives and eligibility criteria.

In FY02 the Awards Panel was renamed the Awards Recognition Panel. The development of a recognition program for outgoing and incoming Board of Directors officers at the Annual Meeting was added to the panel's charge that year. Additionally, the panel reviewed and refined the Awards Program, and implemented changes to several awards categories and eligibility criteria.

The panel did not recommend changes to the Awards Program in FY03. The Board of Directors, however, determined the panel would select the final award recipients.

Highlights of FY03 Activities

- Launched and promoted the 2003 Awards Program at the Mid-Year Meeting in Savannah, GA, to encourage membership participation.
- Collaborated with the NCSBN Communications manager who designed the 2003 awards program brochure with an NCSBN 25th Anniversary theme.
- Facilitated Awards Panel conference calls; the panel was not assigned a chair for FY03.
- Collaborated with the 25th Anniversary Planning Advisory Panel to plan and host the NCSBN 25th Anniversary birthday celebration at the Annual Meeting Awards Luncheon in Alexandria, VA.
- Prepared award nominations for a blind review by each panel member.
- Awards Panel selected the 2003 award recipients.

Future Activities

- To evaluate the 2003 Awards Program and submit any recommendations to the Board of Directors.
- Design a corporate NCSBN awards brochure.

Members

Louise Bailey, MEd, BSN, PMN, RN
California-RN, Area I

Richard Sheehan, MS, RN
Maine, Area IV

Katherine Thomas, MN, RN
Texas-RN, Area III

Susan Wambach, RN, MSN
Mississippi, Area II

Staff
Alicia Byrd, BSN, RN
Member Relations Manager

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

October 17, 2002 (Conference Call)
November 18, 2002 (Conference Call)
January 27, 2003 (Conference Call)
June 16, 2003

Attachments

None.

Report of the Commitment to Ongoing Regulatory Excellence Advisory Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of Commitment to Ongoing Regulatory Excellence (CORE)

In 1998, the NCSBN Board of Directors decided to embark on a ground-breaking project: the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices. The Commitment to Public Protection through Excellence in Nursing Regulation project was conducted 1998 through 2002, producing the first data collection instruments and collecting FY00 data for 46 participating boards. A Board-appointed project advisory group provided oversight and guided development of an innovative, sustainable system based on outcomes and focused on the identification of best practices.

The Commitment to Ongoing Regulatory Excellence (CORE) system was approved by the FY02 Board of Directors to provide an ongoing and sustainable performance measurement system. CORE was initiated August 2002.

Highlights of FY03 Activities

- The Advisory Panel conducted a training and orientation workshop for members prior to the 2002 Delegate Assembly. Attendees at the 2002 Annual Meeting each received a reference manual that explained the background and history of CORE, the process of data collection, and how to interpret the data reported back to boards of nursing.
- State-specific reports were distributed to all 46 participating boards. Open teleconference calls were conducted for members with questions or suggestions for the reports.
- The Advisory Panel modified 2000 data collection instruments and developed three new ones to collect data regarding board finances, technology, and the perspectives of board members.
- Data for the year 2002 were collected from participating boards and stakeholders.
- The advisory group began development of processes of best practices identification.

Future Activities

- State-specific reports for 2002 data will be distributed.
- The Advisory Panel will identify and disseminate information related to best practices.

Members

Joan Bouchard, MSN, RN, Chair
Oregon, Area I

Lanette Anderson, JD, BSN, RN
West Virginia-PN, Area III

Debra Brady, PhD, RN
New Mexico, Area I

Myra Broadway, JD, MS, RN
Maine, Area IV

Constance Kalanek, Ph D, RN
North Dakota, Area II

Cynthia Morris, MSN, RN
Louisiana-RN, Area III

Board Liaison
Paula Meyer, MSN, RN
Washington, Area I

Staff
Lynda Crawford, PhD, RN, CAE
Director of Research Services

Esther White
Research Project Coordinator

Richard Smiley
Research Statistician

Relationship to Strategic Plan

Strategic Initiative 2
Changing Practice Settings
NCSBN will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.

Outcome 1
An articulated relationship demonstrating the benefits of nursing regulation for the public health, safety and welfare.

Meeting Dates

October 17 & 18, 2002
December 16 & 17, 2002
April 14 & 15, 2003
May 12 & 13, 2003
June 30 & July 1, 2003

Report of the Disciplinary Resources Task Force

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Disciplinary Resources Task Force

The Board of Directors first appointed a Disciplinary Curriculum Advisory Panel in 2001, charged to plan an Investigators Summit. A second summit was held in 2002. Also in 2002, the Board of Directors adopted a disciplinary resources plan, outlining a variety of discipline resources. In 2003, the task force has focused on initial implementation of the plan.

Highlights of FY03 Activities

Discipline Resource Plan Category One – Discipline Resources

- Completed resources
  - Guidelines for initial case review, including priority setting and criteria for opening or not opening a complaint/investigation case.
  - Guidelines for investigating cases involving vulnerable adult abuse and neglect.
  - Investigator checklists based on TERCAP error categories.
  - Guidelines for interviewing.
  - Guidelines for investigative records.
  - Guidelines for investigating drug diversion and prescription fraud cases.
  - Guidelines for investigating imposter cases.
- Initiated development of additional resources:
  - Guidelines for development of investigative report.
  - Guidelines for licensing (what discipline staff should know about the licensing process).
  - Guidelines for investigating and evaluating unprofessional conduct.
  - Guidelines for expert witnesses (both how to use and how to be a witness).
  - Guidelines for investigating and monitoring cases involving prescribed controlled drugs (pain management cases).
  - Guidelines for investigating criminal conduct.
- Reviewed and provided feedback on the discipline lexicon developed by NCSBN staff.

Discipline Resource Plan Category Two - Communications/Networking

- Provided guidance and advice regarding the development of a discipline/attorney networking contact list that will be placed on the Members Only side of NCSBN Web site.
- Implemented and provided feedback and suggestions regarding the quarterly discipline calls, held in December 2002, March 2003 and June 2003.
- Advised regarding the tracking and analysis of multistate discipline cases.
- Provided input regarding imposter tracking.
- Recommended that an advisement be added to Nursys™ screens to identify states not reporting discipline data to Nursys.

Discipline Resource Plan Category Three – Consultations/Collaborations

- Discussed possible collaboration with FARB was discussed at previous task force meeting and will re-evaluate after the Investigator-Attorney Summit.

Members

Valerie Smith, MS, RN, Chair
Arizona, Area I

Anthony Diggs, MSCJ
Texas-RN, Area III

Donald Hayden
South Carolina, Area III

Elliot Hochberg, BS
California-RN, Area I

Emmaline Woodson, BSN, MS
Maryland, Area IV

Yvonne Smith, MSN, RN, CNS
Ohio, Area II

Board Liaison
Iva Boardman, MSN, RN
Delaware, Area IV

Staff
Vickie Sheets, JD, RN, CAE
Director of Practice and Regulation

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome F
New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.

Meeting Dates

October 24-25, 2002
January 30-31, 2003
April 4-5, 2003
May 21, 2003 (Conference Call)
June 17-19, 2003

Attachments

None.

Discipline Resource Plan - Category Four – Education/Training Resources

- Expanded the Investigator Summit in 2003 to include content for Board Attorneys.
- Assisted staff as to the content and identified speakers for the 2003 Investigator-Attorney Summit.

Future Activities

- Complete work on resources started in FY03.
- Evaluate the 2003 Investigator-Attorney Summit.
- Assist staff in planning the 2004 Summit.
- Continue to identify core competencies of investigative staff and develop education and training specific to core competencies.
- Continue to develop discipline resources for use by Member Boards. Suggested topics for additional work include:
  - Guidelines focusing on specific types of cases, e.g., practice breakdown, quality of care.
  - Guidelines focusing on particular care settings.
  - Guidelines for investigating nurse aide cases.
- Evaluate results of Epidemiology of Nursing Error Study and outcomes of PREP projects for additional knowledge and development of additional resources.

Report of the Finance Committee

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Finance Committee

The Finance Committee advises the Board on the overall direction and control of the finances of the organization. The Committee reviews and recommends a budget to the Board. The Committee monitors income, expenditures, and program activities against projections, and presents quarterly financial statements to the Board.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the independent auditors, and the annual independent audit of NCSBN financial statements. The Committee recommends to the Board the appointment of a firm to serve as independent auditors.

The Finance Committee makes recommendations to the Board with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Highlights of FY03 Activities

- Reviewed and discussed with the independent auditors the financial statements for the fiscal year ended September 30, 2002. Based on the review and discussions, the Finance Committee recommended to the Board of Directors that the financial statements and the Report of the Auditors be accepted and provided to the Membership. See Attachment A.
- Reviewed the proposal from Thomas Havey LLP and requested the Board to approve the appointment of the accounting firm to audit the financial statements of NCSBN for the next three fiscal years (FY03-05).
- Reviewed and discussed the proposed NCSBN budget for fiscal year 2003. Recommended to the Board, approval of the FY03 Budget.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations to the Board to accept the reports and post them to the Members Only section of the NCSBN Web site.
- Reviewed and discussed the performance of NCSBN investments with representatives from Becker Burke (Consultant) and Richmond Capital Management (Investment Manager). The committee approved the performance of the Investment Manager and reaffirmed the current investment policy.
- Reviewed and discussed the liability insurance coverage for NCSBN with the account manager from USI Midwest Insurance Brokers. Based on the review and discussions, the committee confirmed the adequacy of insurance coverage for NCSBN.
- Advised the Board and made recommendations related to the finances of program activities:
  1) PN NCLEX® Review Course
     a. Recommended to the Board approval of the continued development of the PN Review Course.

Members

Sandra Evans MAEd, RN, Treasurer and Chair, Idaho, Area I

Nancy Bafundo BSN, MS, RN
Connecticut, Area IV

N Genell Lee MSN, RN, JD
Alabama, Area III

Charles Meyer CRNA, MPA
Nebraska, Area II

Ruth Ann Terry MPH, RN
California-RN, Area I

Rolf Olson JD
Oregon, Area I

Staff
Robert Clayborne CPA, MBA
Director of Finance

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board members and Board of Directors to lead in nursing regulation.

Outcome B
A sound organizational governance and management infrastructure advances the NCSBN mission and vision.

Meeting Dates

September 3, 2002 (Conference Call)
November 25-26, 2002
January 27, 2003 (Conference Call)
April 23, 2003 (Conference Call)
July 1-2, 2003

Attachments

A. Financial Report FY-03
B. Report of the Independent Auditors FY-02

2) Resource Fund
   a. Recommended no changes to fund, but requested staff to continue to gather data on how the funds are being used by members.
3) Support membership participation in NCSBN meetings
   a. Recommended the Board seek solutions other than an organizationwide increase in annual membership fees, to support participation in NCSBN meetings. The committee requested staff to help develop strategies, and gather more information on how similar organizations are addressing this issue.

Future Activities

- Review the budget proposal for the fiscal year beginning October 1, 2003.

Attachment A

Financial Report Summary for the Period October 1, 2002 - March 31, 2003

Revenue

NCLEX

Registration numbers continued to exceed budget plans through the end of the second quarter. Candidate applications for the first six months of FY03 exceeded FY02 for the same period by 10,000 registrations. Assuming we reach our budget numbers for the second half of the year, gross revenue from current year registrations would equal $33.6 million. That compares to a budget of $31.6 million. The net favorable variance after allowing for processing costs would be slightly greater than $1 million. This positive revenue variance from current year registrations will be offset by the added processing costs that will be paid to Pearson for testing candidates who registered with Chauncey. Payments to Pearson are projected to equal $1.2 million for handling 12,000 Chauncey registrants. We received $400,000 from Chauncey to partially compensate for registrants tested by Pearson. The net cost to NCSBN for these Chauncey registrations is estimated at $800,000. The critical third quarter is still ahead of us. During that three-month period, we typically will receive between 37% and 40% of our total exam fees for the year.

Educational Products

The second quarter mirrored the first quarter for educational product sales. Overall sales for online courses continued weaker than expected. While the NCLEX Review Course exceeded sales goals, numbers for the "Assessment Strategies" and CE courses remained significantly under budget. The revenue projection assumes that the current sales pattern will carry through the year, and would result in a $140,000 ($110,000 net) unfavorable variance. Marketing efforts were increased at the end of the second quarter. Sales volume remained strong for the new "Delegation" video and should offset the disappointing numbers for the "Crossing the Line" video. Overall video sales are still on target to meet budget.

Nur*sys*™ Verifications

Based on the number of verifications for the first half of the year, we are on target to reach the budgeted fee revenue.

Nur*sys*™ QuickConfirm

After a late start-up, we began seeing activity toward the end of the second quarter. The projection for the full year assumes it will take another quarter before sales rise to the expected monthly volume.

Investment Earnings

While returns for stocks were negative for the second quarter, overall returns on both bond and stock investments were positive for the first six months of the fiscal year. Total fund returns were equal to 3% for the first half of the year.

Other Revenue

As attendance at Mid-Year Meeting was flat from prior year, revenue was a little under budget. Sales from publications and other income are forecasted to meet budget expectations for the year.

Expenditures

We will have some salary, payroll tax, and fringe benefit expense savings from vacant positions. A couple of the positions are not expected to be filled quickly. NCLEX processing expenses will be unfavorable due to increased current year registrations and the added cost of testing candidates who completed applications with the prior test vendor. Decreased online training course sales will reduce revenue sharing payments with the technology vendor for educational products. Additional expenses for an unbudgeted seminar for executive officers will be largely offset by savings on other travel related expenses; other expenses are forecasted at budget.

Office Relocation

Occupancy expenses will exceed budget due to lease termination costs charged against this year's budget. The lease buyout will save on next year's office lease expense. Costs associated with the build-out of the new office space are within budget. Other capital expenditures are also within budget.

Good First Half Results/ Third Quarter Is Key to the Year

During the second quarter, we continued on pace to end the year with a higher than expected surplus for the 12-month fiscal period. As 40% of the NCLEX revenue is earned between the months of April and June, the third quarter will mostly determine what the numbers will look like for the year.

NCSBN Financial Report

	Year to Date Actual at 03-31-03	Projected Actual for 9-30-03	Annual Budget	Variance Favorable/ (Unfavorable)	%	Yr to Dt actual as a % of annual budget
Revenue						
NCLEX Revenue	$14,439,538	$33,800,000	$31,600,000	$2,200,000	7%	46%
NCLEX Program Reports Royalty	62,241	66,000	80,000	(14,000)	-18%	78%
NCLEX Quick Results	61,947	100,000	70,000	30,000	43%	88%
NNAAP Royalty Income	102,608	185,000	185,000	0	0%	55%
Educational Products Revenue	328,980	770,000	910,000	(140,000)	-15%	36%
License Production Fees	163,931	185,000	185,000	0	0%	89%
Nursys License Verification Fees	552,392	1,080,000	1,080,000	0	0%	51%
Nursys Data Query Fees	150	35,000	70,000	(35,000)	-50%	0%
Meeting Revenue	37,117	225,000	240,000	(15,000)	-6%	15%
Other Publication Sales	7,858	25,000	25,000	0	0%	31%
Membership Fees	0	183,000	183,000	0	0%	0%
Investment Income	586,943	740,000	740,000	0	0%	79%
Other Revenue	22,676	5,000	0	(5,000)		
	16,366,381	37,399,000	35,368,000	2,021,000	6%	46%
Expenses						
Salaries	1,804,315	3,980,000	4,193,000	213,000	5%	43%
Fringe Benefits	449,598	995,000	1,048,000	53,000	5%	43%
NCLEX Processing Costs	7,197,460	18,735,000	16,709,000	(2,026,000)	-12%	43%
Other Professional Service Fees	1,339,652	3,230,000	3,270,000	40,000	1%	41%
Supplies & Materials	37,871	101,000	101,000	0	0%	37%
Meetings & Travel	450,015	1,963,000	1,963,000	0	0%	23%
Telephone & Communications	104,134	344,000	344,000	0	0%	30%
Postage & Shipping	119,981	231,000	231,000	0	0%	52%
Occupancy	561,284	890,000	707,000	(183,000)	-26%	79%
Printing, copying & Publications	136,307	226,000	226,000	0	0%	60%
Library/Memberships	13,895	35,000	35,000	0	0%	40%
Insurance	58,808	58,500	57,000	(1,500)	-3%	103%
Equipment Rental & Maintenance	412,022	646,000	633,000	(13,000)	-2%	65%
Depreciation & Amortization	596,801	1,570,600	1,579,000	8,400	1%	38%
Other Expenses	60,184	77,000	77,000	0	0%	78%
Total Expenses	13,342,327	33,082,100	31,173,000	(1,909,100)	-6%	43%
Surplus/(Deficit)	$3,024,054	$4,316,900	$4,195,000	$121,900		
Capital	$872,833	$2,299,000	$2,348,000	$49,000		

This statement has not been audited. Projected amounts are estimates.

Attachment B
Report of Independent Auditors

THOMAS
HAVEY
LLP

REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying statements of financial position of National Council of State Boards of Nursing, Inc. (National Council) as of September 30, 2002 and 2001 and the related statements of activities and of cash flows for the years then ended. These financial statements are the responsibility of the National Council's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2002 and 2001 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Thomas Havey LLP

November 1, 2002

Certified Public Accountants and Consultants
30 N. LaSalle Street • Suite 4200 • Chicago, IL 60602 • 312.368.0500 • 312.368.0746 FAX • www.havey.com

National Council of State Boards of Nursing, Inc.

Statements of Financial Position

September 30, 2002 and 2001

	2002	2001
Assets		
Current assets		
Cash	$ 3,119,667	$ 808,558
Accounts receivable	424,480	322,050
Due from test vendors	1,557,206	551,306
Accrued investment income	195,051	95,555
Prepaid expenses	327,826	194,249
Inventories	128,786	37,798
Total current assets	5,753,016	2,009,516
Investments	18,808,991	8,412,135
Property and equipment		
Furniture and equipment	521,743	521,743
Computer hardware and software	5,171,841	5,077,651
Leasehold improvements	455,969	455,969
	6,149,553	6,055,363
Less accumulated depreciation and amortization	(3,436,106)	(3,101,361)
Net property and equipment	2,713,447	2,954,002
Cash held for others	463,439	437,606
Total assets	$ 27,738,893	$ 13,813,259
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 772,446	$ 326,278
Accrued payroll, payroll taxes and compensated absences	415,282	351,396
Due to test vendors	2,281,215	1,039,086
Deferred revenue	454,000	-
Total current liabilities	3,922,943	1,716,760
Cash held for others	463,439	437,606
Total liabilities	4,386,382	2,154,366
Unrestricted net assets	23,352,511	11,658,893
Total liabilities and net assets	$ 27,738,893	$ 13,813,259

National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2002 and 2001

	2002	2001
Revenue		
Examination fees	$ 32,135,273	$ 19,795,361
Other program services income	3,338,156	2,427,362
Net realized and unrealized gain (loss) on investments	61,814	(100,185)
Interest and dividend income	670,705	621,180
Membership fees	183,000	186,000
Grant revenue	-	24,990
Total revenue	36,388,948	22,954,708
Expenses		
Program services		
Nurse competence	16,014,243	15,291,921
Nurse practice and regulatory outcome	3,021,569	2,470,450
Information	4,212,330	3,312,836
Total program services	23,248,142	21,075,207
Supporting services		
Management and general	1,447,188	1,667,897
Total expenses	24,695,330	22,743,104
Net increase	11,693,618	211,604
Unrestricted net assets		
Beginning of year	11,658,893	11,447,289
End of year	$ 23,352,511	$ 11,658,893

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows

Years Ended September 30, 2002 and 2001

	2002	2001
Cash flows from operating activities		
Net increase	$ 11,693,618	$ 211,604
Adjustments to reconcile net increase to net cash provided by (used in) operating activities		
Depreciation and amortization	1,186,079	1,325,516
Realized and unrealized (gain) loss on investments	(61,814)	100,185
Changes in assets and liabilities affecting operations		
(Increase) in accounts receivable	(102,430)	(375,027)
(Increase) in due from test vendors	(1,005,900)	-
(Increase) in accrued investment income	(99,496)	(1,492)
(Increase) decrease in prepaid expenses	(133,577)	24,052
(Increase) decrease in inventories	(90,988)	12,157
Increase (decrease) in accounts payable	446,168	(1,581,808)
Increase in accrued payroll, payroll taxes and compensated absences	63,886	71,964
Increase in due to test venders	1,242,129	-
Increase in deferred revenue	454,000	-
Net cash provided by (used in) operating activities	13,591,675	(212,849)
Cash flows from investing activities		
Purchase of property and equipment	(945,524)	(426,139)
Purchase of investments	(25,816,629)	(4,263,736)
Proceeds on sale of investments	15,481,587	3,517,526
Net cash (used in) investing activities	(11,280,566)	(1,172,349)
Net increase (decrease)	2,311,109	(1,385,198)
Cash		
Beginning of year	808,558	2,193,756
End of year	$ 3,119,667	$ 808,558

Notes to Financial Statements
September 30, 2002 and 2001

Note 1. Description of the Organization
The National Council of State Boards of Nursing, Inc. (National Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the National Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern to promote safe and effective nursing practice in the interest of protecting public health and welfare including the development of licensing examinations in nursing.

The program services of the National Council are defined as follows:

Nurse Competence – Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Nurse Practice and Regulatory Outcome – Assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information – Develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

Note 2. Summary of Significant Accounting Policies

Method of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation – Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the National Council is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The National Council does not have any temporarily or permanently restricted net assets.

Investments – Investments are carried at fair value which generally represents quoted market price as of the last business day of the year.

Property and Equipment – Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives of the related assets by the straight-line method. Furniture and leasehold improvements have estimated useful lives ranging from three and one half to ten years, and equipment and computer hardware and software have estimated useful lives ranging from three to five years.

Inventory – Inventories are valued at lower of first-in, first-out cost or market. Inventory is comprised of merchandise held for resale.

Due from Test Vendors – Due from test vendors represents amounts owed by the Chauncey Group and NCS Pearson for candidate applications received. Amounts owed by the Chauncey Group for the years ended September 30, 2002 and 2001, were $1,482,626 and $551,306 respectively. Amount owed by NCS Pearson for the year ended September 30, 2002 was $74,580.

Due to Test Vendors – Due to test vendors represents unpaid amounts to the Chauncey

Group and NCS Pearson for candidate testing. Amounts owed to the Chauncey Group for the years ended September 30, 2002 and 2001, were $825,000 and $1,039,086 respectively. Amount owed to NCS Pearson for the year ended September 30, 2002, was $1,456,215.

Deferred Revenue – Deferred revenue consists primarily of an agreed upon amount of $400,000 due from the Chauncey Group to compensate National Council for all registered candidates who had not tested as of August 15, 2002. National Council is obligated to test those candidates and will pay NCS Pearson to administer the exams as required. Also included in deferred revenue are secretariat fees assessed to National Licensure Compact Administrators (NLCA) members beginning October 1, 2002.

Statement of Cash Flows – For purposes of the statement of cash flows, the National Council considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions and petty cash.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications – Certain reclassifications have been made to the prior year amounts to conform to the presentation for the current year.

Note 3. Tax Status

The National Council is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on income related to its exempt purpose pursuant to Section 501(a) of the Code and has been classified as an organization which is not a private foundation under Section 509(a).

Note 4. Cash Concentrations

The cash balance as of September 30, 2002 and 2001, consisted of the following:

	2002	2001
American National Bank:		
Checking account	$ 800,000	$ 202,731
Money market account	1,378,166	481,735
SunTrust Bank:		
Checking account	35,219	123,842
Wells Fargo Bank:		
Commercial account	906,032	-
Petty cash	250	250
Total	$ 3,119,667	$ 808,558

The National Council places its cash with financial institutions deemed to be creditworthy. Cash balances may at times exceed the insured deposit limits.

Note 5. Operating Lease

Effective May 29, 1997, the National Council entered into a lease agreement for office space expiring April 30, 2004. The National Council has plans to sublease this space for the remaining life of the lease. In July 2002, the National Council entered into a lease agreement for new office space commencing February 1, 2003. The following is a summary by year of future minimum lease payments required under the office leases as of September 30, 2002:

Year ending September 30,	
2003	$ 546,764
2004	543,951
2005	378,554
2006	394,340
2007	406,099
Thereafter	2,379,492
Total	$ 4,649,200

Rent expense for the years ended September 30, 2002 and 2001, was $314,942 and $311,127 respectively.

Note 6. Investments

The composition of investments at September 30, 2002 and 2001, is as follows:

	2002	2001
U.S. Government and Government Agency obligations	$ 7,936,007	$ 2,692,113
Corporate bonds	8,357,067	3,842,086
Mutual fund	1,452,949	999,450
Money market fund	1,062,968	878,486
Total	$ 18,808,991	$ 8,412,135

Note 7. Retirement Plan

The National Council maintains a defined contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The National Council's policy is to fund accrued pension contributions. Pension expense was $296,781 and $237,363 for the years ended September 30, 2002 and 2001, respectively.

Report of Member Board Leadership Development Advisory Group

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Member Board Leadership Development Advisory Group

The Member Board Leadership Development Advisory Group is charged with developing continuing education programs for Member Boards including providing orientation for newly appointed board presidents and executive officers (EOs) and developmental initiatives for board members and executive officers. It assures the functioning of a mentorship (coaching) program for new executive officers and reviews recommendations of the board presidents participating in the network session.

Highlights of FY03 Activities

- Established the date of the first annual Institute of Regulatory Competence, "Public Policy and Role Development of Nursing Regulation," in Chicago, on October 20-22, 2003.
- Identified Mid-Year Member Board Leadership educational content during leadership day.
- Drafted core competencies for the executive officer and president positions.
- Began to develop an orientation manual for new board members.
- Began a comprehensive review of the mentor program.
- Implemented a "president's only" bulletin board.
- Selected May Kay Sturbois as the leader for the Board President's Mid-Year/Annual Meeting sessions.
- Recommended changes for the new EO mentor program.
- Initiated a review of the online Member Board resource "NCSBN 101."
- Initiated a draft business plan on the value and feasibility of a certification program.

Future Activities

- Implement and evaluate the first Annual Institute of Regulatory Competence: "Public Policy Development and Role Development of Nursing Regulators."
- Complete content/budget planning, for the second Annual Institute of Regulatory Competence: "Practice Violations and Discipline."
- Complete a logical job analysis of Member Board president and executive officer roles.
- Complete business plan on the value and feasibility of a nursing regulation certification examination.
- Evaluate new EO/President satisfaction with orientation process and coaching program to further improve network systems.
- Recommend theme/core content for FY04 Mid-Year MB Leadership Day.
- Evaluate Member Board President satisfaction with Bulletin Board networking.
- Complete revision of "NCSBN 101" on NCSBN Web site.

Members

Joey Ridenour, MNC, RN, Chair
Arizona, Area I

Shirley Brekken, MS, RN
Minnesota, Area II

Dan Coble, PhD, RN
Florida, Area III

Mary Kay Sturbois, BSN, RN
Ohio, Area II

Barbara Zittel, PhD, RN
New York, Area IV

Staff
Alicia Byrd, BSN, RN
Member Relations Manager

Nancy Chornick, PhD, RN, CAE
Director of Credentialing

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board members and Board of Directors to lead in nursing regulation.

Outcome A
Member Board staff and members access multiple levels of educational programs to develop core competencies in regulation.

Meeting Dates

November 4-5, 2002
January 7-8, 2003
May 9-10, 2003

Attachments

A. Core Competencies Draft
B. 2003-2006 Schedule for the Institute of Regulatory Competence

Attachment A

Draft: Core Competencies for Member Board President and Executive Officer

	MB President	Executive Officer
Main Function	■ Presides at board meetings	■ Manages board operations
Core Competencies		
Knowing	■ Understands applicable laws and rules, including NPA, open meeting, administrative procedures, code of conduct	■ Demonstrates knowledge and compliance with NPA and other applicable state and federal laws, code of conduct
Leading	■ Provides leadership to guide, develop and coordinate board's work ■ Coordinates board agenda ■ Conveys proactively the board position on legislative issues	■ Performs self assessment of needs and skills in meeting leadership challenges ■ Maintains accountability for implementation of board strategic plan/goals ■ Implements operational policies ■ Provides accountability for financial management ■ Performs critical assessment of legislative changes/proposals
Planning/ Evaluating	■ Plans for board and member development ■ Coordinates board strategic planning ■ Facilitates EO performance evaluation	■ Partners with President in board development ■ Anticipates need for effective change ■ Manages human resources and develops staff ■ Develops policies and guidelines for disciplinary processes and programs ■ Participates in legislative process ■ Assures administrative support for board members and meetings
Communicating/ Relating	■ Maintains organizational integrity, public trust, and public image ■ Models exemplary board member behaviors ■ Links with external entities ■ Understands media relations	■ Presents relevant information in objective manner for board decision making ■ Provides periodic reports ■ Communicates effectively with constituencies (legislature, agencies, organizations, educators, media, nurses) ■ Performs responsibilities in ethical manner

Attachment B

Institute of Regulatory Competence 2003-2006 Schedule

Purpose

Provide annual institutes of quality advanced-level regulatory education:

1. To foster development of body of knowledge in the field of regulation.
2. To define and stimulate interest in the development in the field of regulation.
3. To forge stronger linkages among state regulatory practices.
4. To identify areas in which development of regulatory knowledge is needed.
5. To increase the intellectual resources on regulatory practice.
6. To define and establish standards and core competencies in the field of regulation.

Year	Institute
2003	Public Policy Development and Role of Nursing Regulators
2004	Nursing Practice Violations and Discipline
2005	Nursing Competency, Evaluation, and Remediation
2006	Nursing Regulatory Systems: Administration and Evaluation

Report of NCSBN 25th Anniversary Planning Advisory Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the 25th Anniversary Planning Panel

The Board of Directors in FY00 established this panel to assist in planning and implementing the 25th Anniversary, and recognizing and celebrating 100 years of nursing regulation in the United States.

Highlights of FY03 Activities

- Finalized plans for the gala dinner to be held August 8 at the Women in Military Memorial, Arlington National Cemetery.
- Participated in selection of the 25th theme and logo. Assisted staff with the creation of stationary and accompanying promotional materials.
- Selected a special gala favor for distribution at the celebration.
- Assisted with fundraising and development activities to external organizations and Member Boards (a special menu of sponsorship and advertisement opportunities were offered).
- Planned for the historical booklet to include data on all boards of nursing and other historical NCSBN facts for distribution at Delegate Assembly 2003. Will be distributed at Delegate Assembly.
- Collaborated with the Awards Panel to plan the NCSBN 25th Anniversary birthday celebration at the Annual Meeting Awards Luncheon in Alexandria, Virginia. This event will recognize ANA and Barbara Nichols, along with special awards for the four boards celebrating their 100th anniversaries.

Future Activities

This Panel will be disbanded following the 2003 Delegate Assembly, as its charge will be completed.

Members

Elizabeth Lund, MSN, RN, Chair
Tennessee, Area III

Jay Douglas, MSN, CSAC, RN
Virginia, Area III

Rachel Gomez, LVN
Texas-PN, Area III

Barbara Holtry
Oregon, Areal

Janice S. McRorie, MSN, RN
North Carolina, Area III

Cheryl Payseno, MSN, RN
Washington, Area I

Former Members:
Deborah Burton, PhD, RN
Past Member of Oregon BON
Area I

Cynthia Gray, MBA, BS, RN
Past Executive Director of New Hampshire BON, Area IV

Staff
Kristin Hellquist, MS
Associate Director of Policy & External Relations

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

Summer 2003 (Conference Call)
March 18, 2003 (Conference Call)
October 27, 2002

Attachments

None.

Report of the Nursys™ Advisory Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Nursys™ Advisory Panel

The advisory panel will represent the Nursys™ Member Board community of end users by providing Nursys end users with a communication channel and a collective voice to articulate important Nursys related issues. It will review requests to change or enhance the Nursys application and procedures, and provide advice and feedback to the Nursys team on these requests and proposed solutions. The advisory panel will prioritize enhancements and develop an implementation plan for the Board of Directors. The advisory panel will continue to modify and implement the plan for enhancing participation in Nursys.

Highlights of FY03 Activities

- Added Utah, Wisconsin, Arizona and Delaware. Expect to bring Mississippi and Florida on by mid-July and Colorado in August.
- Launched Nursys.com for both online Nursys Verification Application Submission and public access known as Nursys Licensure QuickConfirm.
- Completed discipline/HIPDB enhancements to accommodate changes in the HIPDB and submitted another file of discipline data to HIPDB.
- Updated discipline report format.
- Updated the verification report.
- Completed a diagram of the Nursys Licensure by Endorsement Model.
- Documented and distributed the process that members should follow in order to remove discipline data from Nursys.
- Enhanced discipline functionality to allow for additional edits and multiple violation/action codes that are the same.
- Applied a variety of technical enhancements.
- Began working with the data collector to develop a system to allow for daily updates.

Future Activities

- Encourage Member Boards to provide their data to Nursys.
- Collaborate with Member Boards to determine a method for including their discipline data into Nursys.
- Explore offering an online licensing renewal service for Member Boards.
- Enhance Nursys as requested and needed.
- Market www.nursys.com.

Members

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Relationship to Strategic Plan

Strategic Initiative IV
Information Technology
NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

Outcome C
Nursys is the preferred national database among Member Boards, employers and nurses for licensure information.

Meeting Dates

October 21, 22, 2002
January 13, 14, 2003
March 18, 2003 (Conference Call)
May 21, 2003
June 2003
July 2003

Attachments

None.

Report of the Practice Breakdown Research Focus Group

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Practice Breakdown Research Focus Group

The Practice Breakdown Research Focus Group, a continuance of the task force that developed and pilot tested the TERCAP instrument, was continued to provide expert input and feedback through discussion of the findings of the Epidemiology of Nursing Error study. The purpose of this study was to learn, from an epidemiological perspective, the factors that put a nurse at higher risk for making practice-related errors. The TERCAP instrument will be used for data collection.

In order to discover the factors that put a nurse at higher risk for making practice-related errors, 14 boards of nursing collected data on 10 to 20 discipline cases either electronically (using E-Listen software) or by hard copy. For the purpose of this study, each discipline case constituted a "case" under study.

Epidemiological methodology is appropriate when identifying causes of error and searching for disease determinants. Disease determinants are the risk factors or antecedent events that are associated with the appearance of a disease or condition (error). This study was a descriptive observational epidemiological case study, searching for understanding of the "who, what, when, and where" of the related events. The TERCAP instrument provided comprehensive data related to the study of "person, place, and time."

Once data collection and analysis were completed, the Practice Breakdown Research Focus Group met to review study findings, provide expert analysis of the data, and review the usefulness of the TERCAP instrument for collecting data of this nature.

Highlights of FY03 Activities

- Met to review study findings, provide expert analysis of the data, and review the usefulness of the TERCAP instrument for collecting data of this nature.

Members

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Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome F
New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.

Meeting Dates

Summer 2003

Report of the Practice, Regulation and Education Committee

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Practice, Regulation and Education Committee

The Practice, Regulation and Education (PR&E) Committee was assigned to work on seven tactics this year. PR&E worked with two subcommittees (Models Revision and Foreign Nurse) on their assigned tactics and provided feedback to NCSBN staff regarding two additional tactics. PR&E focused on education issues, patient safety and the Patient Safety Summit in addition to working with the subcommittees on their projects.

Highlights of FY03 Activities

- Planned Patient Safety Summit, November 12, 2002, in San Francisco, CA.
- Reviewed questions to be included in the *Member Board Profiles*. Received update on survey for boards regarding unlicensed assistive personnel (UAPs).
- Received update on the 2003 Nurse Aide Summit UAP Conference.
- Reviewed Practice Education & Regulation Congruence (PERC) implementation plan and the PR&E Committee role in implementation (presented by Lynda Crawford).
- Viewed North Carolina Centennial Video.
- Viewed NCSBN Delegation Video.
- Discussed delegation in the current work environment.
- Discussed consumer directed care vs. delegated care.
- Received results of continuing education (CE) research study (presented by June Smith). Received updates on the Foreign Nurse Subcommittee and UAP conference planning.
- Reviewed evaluations of Patient Safety Summit and recommended future summits related to PR&E issues.
- Reviewed report on distance education, evidence-based indicators of quality nursing education programs and nurses transition from education to practice.
- Developed criteria for Member Boards using national accrediting agencies for accreditation.
- Received updates on fifth Annual NPSF Patient Safety Congress, AACN and NLN meetings and PERC Implementation Plan.
- Reviewed proposed plan for promotion of uniform scope of nursing practice. Received updates on regulation of UAP Issues and UAP conference.
- Reviewed the *Resource Manual for Licensure of Nurses Educated Outside of the United States* developed by the Foreign Nurse Issues Subcommittee.
- Developed plan for a second Patient Safety Summit.

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Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome A
Advanced regulatory strategies promote public protection and effective nursing practice.

Outcome C
Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education and practice.

Outcome E
Approaches and resources address issues related to assistive personnel.

Background of the PR&E Foreign Nurse Issues Subcommittee

The Foreign Nurse Issues Subcommittee was formed based on a recommendation of the PR&E Committee. The PR&E Committee recognized a need to study the effect of nurses educated outside of the United States in relation to nursing regulation.

The Foreign Nurse Issues Subcommittee recognized the need for a Member Board resource providing information about nurses from other countries in relation to nursing regulation. Information was collected from various sources, analyzed and compiled into the document, *Resource Manual for Licensure of Nurses Educated Outside of the United States*. The manual is located on the Members Only side of the NCSBN Web site. The Foreign Nurse Issues Subcommittee is asking for board of nursing feedback on the manual.

Background of the PR&E Models Revision Subcommittee

The revision of the NCSBN models began last year when a subcommittee of PR&E reviewed and revised the *Model Nursing Practice Act*, and a separate PR&E subcommittee worked on the model rules for nursing education. This year, the subcommittee undertook revision of the *Model Nursing Administrative Rules*.

PR&E Models Revision Subcommittee used a new format to present the models side-by-side in a single document, with editorial notes throughout to provide rationale and discuss other options. Additional model resources will be provided in appendices and Web links. The model rules were reorganized to conform to the framework provided by the Model Nursing Practice Act that was adopted by the 2002 Delegate Assembly.

The reorganization of the rules identified several places in the Model Act that need attention in order for the two models to be congruent. Accordingly, the subcommittee has moved forward with some adjustments of the model act language as well as revising and adding to the model rule language. In addition, during the review of the rules, members of this year's subcommittee saw a need to supplement the education rules that were adopted in 2002 (e.g., to provide more guidance related to distance learning).

While the subcommittee completed a draft of the document for dissemination at the Mid-Year Meeting, the Board of Directors approved using this year for receiving feedback on the current draft. This includes distributing the document to external organizations as well as to Member Boards. Next year the committee will review feedback, incorporate changes and develop the topics of delegation and continued competence.

Future Activities

- Collaborate with other health disciplines to design various studies for the purpose of identifying those evidence-based indicators of quality nursing education programs that effect public safety.
- Develop a study to measure the outcomes of programs that transition nurses from education to practice, based on the transition components that the PR&E Committee developed in FY03.
- Hold a second Patient Safety Summit be held in conjunction with the Citizens Advocacy Center's Annual Meeting in November 2003 in Washington, DC.
- Work with the PR&E Model Revisions Subcommittee to complete revision of the Model Nursing Practice Act and Model Nursing Administrative Rules.
- Work with Foreign Nurse Subcommittee to review feedback and update the Resource Manual for Licensure of Nurse Educated Outside of the United States.
- Study how nurses work with and through assistive personnel (working with new subcommittee).

Attachment A

Current Thinking on Essential Criteria for Nursing Education Programs

1. Initial approval of nursing education programs, including:
   a. Review proposed curriculum.
   b. Review educational facilities and resources.
   c. Review clinical teaching facilities & methodologies.
      - Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources.
   d. Assessment of organization of nursing education programs.
   e. Review qualifications of program administrators.
   f. Review responsibilities of program administrators.
   g. Review qualifications of program faculty.
   h. Review responsibilities of program faculty.

2. Continuing approval of nursing education programs, including:
   a. Review/evaluate curriculum.
   b. Review/evaluate educational facilities & resources.
      - Clinical ratios should consider: acuity of patients, objectives of the learning experience, geographic placement of the students, requirements established by the clinical agency, and agency resources.
   c. Review qualifications of program administrators.
   d. Review qualifications of program faculty.

3. Monitor and sanction nursing education programs that put the public at risk.
   - Make emergency visits for complaints.
   - Suggested areas of concern may include: falling NCLEX scores, sudden high student attrition rates, national accreditation changes, significant faculty attrition.

Meetings

PR&E Committee
October 3-4, 2002
January 9-10, 2003
April 7-8, 2003
May 16, 2003 (Conference Call)

PR&E Model Revision Subcommittee
December 9-11, 2002
January 6-8, 2003
February 19, 2003 (Conference Call)
April 15, 2003 (Conference Call)
June 3, 2003 (Conference Call)

PR&E Foreign Nurse Issues Subcommittee
October 23-24, 2002
February 27-28, 2003

Attachments

A. Current Thinking on Essential Criteria for Nursing Education Programs
B. Distance Learning Survey
C. Quality Components of Education Programs – A Beginning
D. Models of Effective Programs that Transition Students to Practice
E. Model Administrative Nursing Rules Revision Draft

Attachment B
Distance Learning Survey

Of the 61 state boards of nursing, 42 responded to the survey sent out in 2001-2002 and again in February of 2003. Of the respondents, a great majority of the boards approve generic RN and PN programs (88% and 90%, respectively), with fewer approving PN to RN, BSN/MSN, Advanced Practice, and Refresher programs. The number of individual programs within the states varied from one to 114 (basic PN). Distance education courses were reported in all types of programs by a large majority of the respondents. Further, distance learning is being used for the following teaching methods in basic RN, PN/RN, RN/BSN and advanced practice programs (except for advanced practice skills labs): didactic teaching, clinical teaching, computer simulation, skills labs, and preceptorships.

Sixty-two percent of the programs reported being informed of distance education courses being offered either in their states or in other states. Most of the states reported that they were informed of distance programs originating in their states, but not of programs originating outside their states. However, one state reported that it approves out-of-state distance learning programs, and another state said that if out-of-state programs have a presence in the state, they must be approved; presence is operationally defined. When asked about regulation of distance learning, seven boards reported that they approve prelicensure programs only, and 18 boards stated that in-state programs are approved by their regular approval process.

Of the respondents, 57% report that the regulation of virtual universities and distance education programs *should* be done in the jurisdiction of the origination of the program, while 38% said it *should* be done in the jurisdiction of the origination of the program and in the jurisdictions of the location of the faculty member and student. There was a divided response as to where nurse faculty members of virtual universities and distance education programs *should* be licensed. While 43% of the respondents chose the state of the location of the primary program, 14% chose the state of the faculty location, 17% chose the state of the student location (the choices were not mutually exclusive), and 38% thought that the nurse faculty member should be licensed in all 3 of the following: state of location of the primary program, state of student residence, and state of faculty residence. While most of the respondents (63%) accept approval of distance education programs/courses rendered by nursing boards in other jurisdictions, 59% said that they would not accept faculty members to teach/communicate with students in their jurisdictions if they were not licensed in that jurisdiction (because of state regulations).

A clear majority of the respondents (55%) favor national standards for distance education nursing programs. While only 14% of the respondents have specific criteria for distance education courses, nine of the 42 respondents desire model standards to use when evaluating distance education courses (each of the nine respondents wrote that as a separate comment, rather than just checking an answer.) Similarly, only 12% of the respondents have specific criteria for distance education programs, and the predominate reason is that all programs, distance or otherwise, must meet the same approval standards.

Almost half (45%) of the states reported that they have programs that offer the majority of the coursework through distance education. Most of the programs cited were postlicensure programs, such as RN/BSN, MSN or postmaster's certification programs. However, three boards reported that a PN or PN/RN program offered the majority of its coursework through distance education.

Please see the attached table for positive and negative experiences that boards have had with distance education programs and virtual universities. The positive experiences relate to distance learning offering opportunities and flexibility that ordinarily wouldn't be available.

Seven respondents praised the effectiveness and quality of this modality. However, negative responses related to programs arising without being accredited by any agency, lower standards, limited budgets, isolation of students and difficulty in implementing regulations. Opinions on the impact of distance education on patient safety varied from "none" (16 responses) to "unknown" (14 responses), with a few other negative and positive comments. It seems that while boards do not have major concerns about distance learning affecting patient safety, there is a lot unknown about the effect of distance learning programs on student learning and on patient safety. Further, a majority of the respondents (67%) report that the structure of distance education poses additional challenges for regulation. The preponderance of the responses here referred to quality of the curriculum, clinical standards, and jurisdiction issues. Lastly, the respondents were asked what questions they would like answered. See the accompanying report for a complete list of these. There were some interesting questions, such as "should we have national, rather than state, regulation of distance learning courses and programs because of the many jurisdiction issues?" There was also a question asking how education, practice and regulation can work together on distance learning concerns. Three respondents asked for a clear definition of distance education.

In summary, there are many unanswered questions about distance learning courses and programs. Regulators want to know if these programs, in fact, compromise patient safety. Where and how should they be regulated? Jurisdiction issues, especially related to faculty, are major concerns. Several respondents asked for model distance learning standards to use when evaluating these courses and programs. Yet, it should be noted that there were many positive comments about the quality and effectiveness of distance learning programs, as well as their flexibility, especially in rural areas. Students who otherwise might not have the opportunity to study nursing are able to because of distance learning programs. Distance learning programs and courses may assist with the nursing shortage problem, though we need to look further at its impact on public protection. The committee researched many of the questions raised from this study and incorporated best practices of distance learning in nursing programs into the proposed Model Nursing Administrative Rules.

Attachment C

Quality Indicators of Education Programs – A Beginning

June Smith, PhD, RN, and Lynda Crawford, PhD, RN, CAE, recently published the *Winter 2002 Practice and Professional Issues* study (n=633), which included questions to new nurses asking them if their nursing education program prepared them adequately for particular nursing competencies. The following results indicate a significant relationship between not feeling prepared for certain competencies and being involved with errors and/or having difficulty with their current assignment. These are the preliminary evidence-based indicators of education programs, as this is a long-term project for this committee. This was a reasonable beginning approach for regulators to take since we are looking at protection of the public. Future initiatives for this tactic will include collaborating with other health professions while developing these evidence-based indicators of quality education programs, as recommended by the recent IOM report, and collecting more data from a variety of sources. The committee will collaborate closely with the Research Services Department at NCSBN for this project. The ongoing postentry study will be very helpful to identify competencies of nurses. Once the essential competencies are identified, the PR&E Committee will study how to best teach them.

Clinical Components

Significant relationships are present with both involvement in errors and difficulty with the current assignment. The evidence shows these to be the most critical clinical competencies.

- Know when and how to call a client's physician.
- Work effectively within a health care team.

The following were significantly related only to involvement in errors:

- Make decisions about client care based on assessment and diagnostic testing data.
- Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.).
- Supervise care provided by others (LPN/VNs or assistive personnel).

The following were significantly related only to difficulty with current assignment:

- Administer medications by common routes (PO, SQ, IM, IV, etc.).
- Document a legally defensible account of care provided.

Classroom Component

Significant relationships are present with involvement in errors and not being adequately prepared for the following classroom components in nursing education programs:

- Understand the pharmacological implications of medications.
- Supervise the care provided by others (LPNs or assistive personnel).

Significant relationships are present with having difficulty with their current assignment and not being adequately prepared for the following classroom components in nursing education programs:

- Understand the pathophysiology underlying clients' conditions.
- Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients.
- Teach clients.
- Appropriately utilize research findings in providing care.
- Synthesize data from multiple sources in making decisions.

It is important to point out the following five nursing competencies where fewer than 50% of nurses felt adequately prepared. Interestingly, of these five areas, both supervising care and appropriately utilizing research findings were significantly linked to errors (supervising care) or difficulty with current assignment (using research findings).

Clinical Component: less than 50%

- Administer medications to large groups of clients (10 or more).
- Provide direct care to six or more clients.
- Supervise care provided by others (LPN/VNs or assistive personnel).

Classroom Component: less than 50%

- Meet clients' spiritual needs.
- Supervise the care provided by others (LPN/VNs or assistive personnel).
- Appropriately utilize research findings in providing care.

Attachment D
Models of Effective Programs that Transition Students to Practice

The *Winter 2002 Practice and Professional Issues Survey*, conducted by Lynda Crawford, PhD, RN, CAE, and June Smith, PhD, RN, had a usable RN sample of 633 new nurses. This survey included several questions regarding transition programs, and the Director of Education worked with Dr. Smith to identify components of effective transition programs. Multiple chi squares and t-tests were done on all of the variables in order to identify the significant differences in types of transition programs, thus identifying the most pertinent aspects of these programs. The significant data were then categorized and summarized in Tables I-IV.

Knowledge Type: General Versus Specific

While the findings were somewhat mixed relative to general knowledge versus specific knowledge (Table I), there is more evidence that favors providing specialty knowledge in transition programs. This, however, may be related to having the same mentor (see mentor discussion). While more errors were related to nurses who had programs with general knowledge, versus those with specialty knowledge or no general knowledge, there were two aspects of programs with general knowledge that were significantly better than programs with specific knowledge. In transition programs with general knowledge, the nurses felt more prepared to function in a team and to provide teaching. However, nurses with either specialty knowledge or no general knowledge reported being significantly better prepared for completing their current work assignment, caring for six clients, making decisions, calling the physician, and documenting their care. It would seem that a program should be structured with a certain amount of general knowledge, but it should also focus content on the specialty where the nurse will be working. The transition program that focuses on specialty knowledge should include knowledge on patient teaching and health care teamwork.

Placement of the Transition Program

The placement of a transition program also had significant findings (Table II). Three different questions all addressed whether nurses had their programs before or after graduation from their nursing programs. These three questions addressed posthire versus prehire programs; prelicensure versus postlicensure programs; and paid versus unpaid programs. It was assumed that the latter programs were positioned after graduation. As can be seen from Table II, most of the data supported postgraduation programs. There were significantly fewer errors (43% versus 56%; significant at .004) when the program was taken postlicensure. This is critically important to regulators. Furthermore, nurses from posthire transition programs and those from postlicensure programs reported being significantly more prepared to complete their current assignments. Nurses from posthire transition programs reported being significantly more able to make decisions, supervise, call physicians, and document their care than nurses in prehire transition programs. Three of the latter variables were significantly related to nursing errors when new nurses reported being inadequately prepared for them, and those three variables include: making decisions, supervising care, and calling physicians.

Mandatory Transition Program

Interestingly, when a transition program was mandatory (see Table III), new nurses reported being significantly more prepared to administer medications. Yet, in nonmandatory transition programs new nurses reported being involved with significantly fewer nursing errors. It may be that in nonmandatory programs, new nurses were not given the same degree of experience or responsibility as in mandatory programs. On the other hand, it could be that there was more careful supervision of new nurses in nonmandatory programs. This aspect of transition programs bears watching.

Same Mentor in the Transition Program

The most important aspect of a transition program is using the same mentor and, along with this, having the new nurse follow that mentor's schedule. As can be seen from Table IV, there is a significant difference in new nurse' confidence levels (a sum score of all 11 questions asking about adequate preparation), as well as 10 of those 11 areas (including, ability to administer medications, decision making, skills, care for two clients, care for six clients, supervising, calling the physician, documenting care, patient teaching, and teamwork). In fact, of the 11 nursing responsibilities, the only one that was not significant for the one-mentor group was "feeling adequately prepared to administer medications to 10 or more clients," and, in fact, this opportunity most likely would only be available in a long-term care facility. The same study showed the following to be significantly related to involvement in nursing errors: the nurse was adequately prepared for making decisions, providing direct care to two clients, knowing when to call the physician, supervising care, and working effectively within a health care team. Therefore, these latter components of nursing education appear to be critical, and nurses with the same mentor reported being significantly more prepared for all of those functions than nurses without the same mentor.

Conclusion

From this study, two aspects of transition programs seem quite clear. First, they should incorporate one properly educated mentor for each new nurse. The new nurse should follow this preceptor's schedule. While this study did not address "properly educated preceptors," the literature supports preceptors who are educated at the same level as, or above, the new nurses' education. The preceptors should have a clear understanding of the objectives of the transition program, and they should have some formal inservice, or other education program, in teaching strategies and evaluation. Preceptors should have appropriate experience in the specialty where they are precepting students. The second essential aspect of a transition program is that it should include a postlicensure or posthire component. While a nursing education program might have a transition capstone course where the student works closely with a preceptor, there is no doubt that a postlicensure transition program is more valuable.

Specialty knowledge is important in transition programs, though there should be general knowledge in the areas of patient teaching and teamwork. If the transition program is mandatory, as above, it should include one mentor who carefully supervises the new nurse. Voluntary transition programs should allow adequate experiences for nurses, especially in the area of medication administration.

Tables follow on next page.

Table I. Knowledge Type

Knowledge	Errors	Assignment	6 Clients	Teaching	Team	Decisions	Call MD	Document
General Knowledge	57%	77%	45%	76%	86%			
Not General Knowledge	39%	84%	57%	67%	79%			
*Significant	.000	.047	.027	.024	.036			
Specialty Knowledge		85%				80%	81.5%	77%
Not Specialty Knowledge		72%				65%	68.5%	64%
*Significant		.002				.001	.002	.003

Table II. Placement of Transition Program

Program	Errors	Assignment	6 Clients	Decisions	Call MD	Document	Supervise	Confidence
Post-licensure	43%	85%	44%					
Pre-licensure	56%	76%	57%					
*Significant	.004	.01	.015					
Post-hire transition		83%						
Not post-hire transition		74.5%						
*Significant		.028						
Post-hire orientation				78%	80%	76%	55%	M=27
Not post-hire orientation				67%	70%	66%	46%	M=25
*Significant				.006	.010	.019	.05	.006
Paid transition				78%	80%			
Unpaid transition				60%	61%			
*Significant				.000	.006			

Table III. Mandatory Transition Program

Mandatory Program	Errors	Meds
Mandatory transition	54%	90%
Not mandatory	46%	83%
*Significant	.044	.027

Table IV. Same Mentor/Same Schedule

Program	Confi-dence	Meds	Skills	Decisions	2 Clients	6 Clients	Supervise	Call MD	Document	Teach	Team
Same mentor	M=27	90%	88%	80%	94%	59%	59%	83%	80%	78%	89%
No same mentor	M=25	84%	78%	69%	88%	44%	45%	70%	64.5%	67%	78%
*Significant	.000	.048	.007	.007	.02	.006	.005	.000	.000	.006	.001

Attachment E

Model Administrative Nursing Rules Revision Draft

Model Nursing Practice Act – DRAFT	*Model Nursing Administrative Rules – DRAFT*
Article I Title and Purpose **Section 1.** ***Title of Act.*** This Act shall be known and may be cited as the <NAME OF STATE> Nursing Practice Act. **Section 2.** ***Description of Act.*** An Act concerning the regulation of the practice of nursing that creates and empowers the State Board of Nursing to regulate the practice and to enforce the provisions of the Act. ****The language was changed to concisely describe the Act as concerning the regulation of nursing and creating the board to enforce the Act.* **Section 3.** ***Purpose.*** The legislature finds that the practice of nursing is directly related to the public welfare of the citizens of the state and is subject to regulations and control in the public interest to assure that practitioners are qualified and competent. It is further declared that the practice of nursing, as defined in the Act, merits and deserves the confidence of the public and that only qualified persons be permitted to engage in the practice of nursing. The legislature recognizes that the practice of nursing is continually evolving and responding to changes within health care patterns and systems. ****This purpose recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.*	**Chapter One - Title and Purpose** **1.1.1 Title.** This section of the administrative rules shall be known and may be cited as the <NAME OF STATE> Nursing Administrative Rules. ****This purpose recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.* **** If a board of nursing has developed a board philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.*
Article II. Definitions and Scope **Section 1.** ***Practice of Nursing.*** The practice of nursing means assisting clients or groups to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals, and evaluating responses to nursing care and treatment. Nursing practice includes basic health care that helps both clients and groups of people cope with difficulties in daily living associated with their actual or potential health or illness status, and those nursing activities that require a substantial amount of scientific knowledge or technical skill. Nursing practice includes, but is not limited to: a. Providing comfort and caring. b. Providing attentive surveillance to monitor client conditions and needs. c. Promoting a safe and therapeutic environment. d. Planning and implementing independent nursing strategies and prescribed treatment in the prevention and management of illness, injury, disability or achievement of a dignified death. e. Promoting and supporting human functions and responses. f. Providing health counseling and teaching.	**Chapter Two - Definitions and Standards** ****Article II of the Model Nursing Practice Act (MNPA) and Chapter Two of the Model Nursing Administrative Rules (MNAR) include definitions used throughout both documents. The rules have been reordered to follow the framework provided by the MNPA. Standards for practice for the different levels of licensees have been included in this chapter, so that the scope defined in the MNPA and the standards delineated in the MNAP can be viewed together to facilitate their use.* **2.1.1 Purpose of Nursing Practice Standards.** Nurses practice in a manner consistent with standards established by the Board in rule and appropriately utilize client care standards and evidenced-based practice guidelines, developed by recognized authorities, in the provision of client care. Nursing practice standards serve: a. To articulate practice expectations for nurses practicing at each level of licensure. b. To serve as a guide for the Board to evaluate the practice of different levels of licensees to determine if practice is safe and effective.

Model Nursing Practice Act – DRAFT	*Model Nursing Administrative Rules – DRAFT*
g. Collaborating with the health care team on the integrated client-centered care plan. h. Advocating for the client. Nursing is both an art and a scientific process founded on a professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment. Nurses practice within standards established by the board in rule and evidence-based practice guidelines developed by recognized authority. Nursing is a dynamic discipline that is continually evolving to include more sophisticated knowledge, technologies, and client care activities. ****Examples of recognized authorities are the Agency for Healthcare Quality and Research and the American Nurses Association.*	****Examples of recognized authorities are the Agency for Healthcare Quality and Research and the American Nurses Association.*
Section 2. ***Registered Nurse.*** Practice as a registered nurse means the full scope of nursing, with or without compensation or personal profit; that incorporates caring for all clients in all settings; is guided by nursing standards established by the Board and evidence-based practice guidelines developed by recognized authority; and includes, but is not limited to: a. Providing comprehensive nursing assessment of the health status of clients, families, groups and communities. b. Collaborating with health care team to develop an integrated client-centered plan of health care. c. Developing a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses; setting goals to meet identified health care needs; prescribing nursing interventions; and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen. d. Delegating and assigning nursing interventions to implement the plan of care. e. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly. f. Promoting a safe and therapeutic environment. g. Providing health teaching and counseling to promote, attain and maintain the optimum health level of clients, families, groups and communities. h. Advocating for clients, families, groups and communities by attaining and maintaining what is in the best interest of the client or group. i. Evaluating responses to interventions and the effectiveness of the plan of care. j. Communicating and collaborating with other health care professionals in the management of health care and the implementation of the total health care regimen within and across care settings. k. Acquiring and applying critical new knowledge and technologies to practice domain.	**2.2.1 Standards Related to Registered Nurse Responsibility for Nursing Practice Implementation.** *The registered nurse:* a. Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities. b. Detects faulty or missing patient/client information. c. Applies nursing knowledge effectively in the synthesis of the biological, psychological and social aspects of the client's condition. d. Uses this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the client's overall health care plan. e. Provides appropriate decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses. f. Seeks clarification of orders when needed. g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations. h. Demonstrates attentiveness and provides client surveillance and monitoring. i. Identifies changes in a client's health status and comprehends clinical implications of client signs, symptoms and changes, as part of expected client course or in emergent situations. j. Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members. k. Intervenes on behalf of client when problems are identified and revises care plan as needed. l. Recognizes client characteristics that may affect the client's health status. m. Takes preventive measures to protect client, others and self: 1.) Observes standard infection precautions 2.) Observes airborne, droplet and contact client infection precautions as appropriate. 3.) Recognizes equipment or technical failure.

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l. Managing, supervising and evaluating the practice of nursing. m. Teaching the theory and practice of nursing. n. Participating in development of policies, procedures, and systems to support the client. o. Other acts that require education and training as prescribed by the board. Additional nursing services shall be commensurate with the registered nurse's experience, continuing education and demonstrated competencies. Each registered nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of nursing care rendered; and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's expertise.	**2.2.2 Standards Related to Registered Nurse Responsibility to Act as an Advocate for Client.** *The registered nurse:* a. Respects client's rights, concerns, decisions and dignity. ****This standard includes respecting the client's concerns regarding end-of-life care.* b. Identifies client needs. c. Attends to client or family concerns or requests. d. Promotes safe client environment. e. Communicates client choices, concerns and special needs with other health team members. 1.) Client status and progress. 2.) Client response or lack of response therapies. 3.) Significant changes in client condition. f. Maintains appropriate professional boundaries g. Maintains client confidentiality h. Assumes responsibility for nurse's own decisions and actions. **2.2.3 Standards Related to Registered Nurse Responsibility to Organize, Manage and Supervise the Practice of Nursing.** *The registered nurse:* *VERSION A (Original wording for a and b of this section)* a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education and experience. b. Delegates to another only those nursing measures which that person has the necessary skills to accomplish safely. *VERSION B (option for a and b of this section)* a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence. b. Delegates to another only those nursing measures which that person has the necessary skills and competence to accomplish safely. *VERSION C (option for a and b of this section)* *a.* Assigns to another only those nursing measures for which that person has demonstrated competence. b. Delegates to another only those nursing measure which that person demonstrated competence. c. Matches client needs with personnel qualifications, available resources and appropriate supervision. d. Communicates directions and expectations for completion of the delegated activity. e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and assuring documentation of the activity. f. Provides follow-up on problems and intervenes when needed. g. Evaluates the effectiveness of the delegation or assignment. h. Intervenes when problems are identified and revises plan of care as needed. i. Is responsible for decisions and retains professional accountability for nursing care provided.

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	j. Promotes a safe and therapeutic environment by: 1.) Providing appropriate monitoring and surveillance of the care environment 2.) Identifying unsafe care situations 3.) Correcting problems when able 4.) Referring problems to appropriate management level when needed. k. Teaches and counsels client and families regarding health care regimen, which may include but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention. **2.2.4 Standards Related to Registered Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team.** *The registered nurse:* a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing and functions within the legal boundaries of registered nursing practice; b. Accepts responsibility for individual nursing actions, competence and behavior; c. Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan. d. Respects client property, and the property of others; and e. Protects confidential information unless obligated by law to disclose the information. **2.2.5 Standards Related to the Registered Nurse when Functioning in a Chief Administrative Nurse Role.** *The registered nurse as a chief administrative nurse:* a. Assures that organizational policies, procedures and standards of nursing practice are developed, kept current and implemented to promote safe and effective nursing care for clients; b. Assures that the knowledge, skills and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure level; c. Assures that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care for clients; and d. Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained. **2.2.6 Standards Related to the Registered Nurse when Functioning in a Nursing Program Educator (Faculty) Role.** *The registered nurse as nursing program faculty:* a. Teaches current theory, principles of nursing practice and nursing management; b. Provides content and clinical experiences for students consistent with the Nursing Practice Act, board promulgated administrative rules, regulations and other relevant state statutes;

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	c. Supervises students in the provision of nursing services; and d. Evaluates student scholastic and clinical performance with expected program outcomes.
Section 3. ***Licensed Practical/Vocational Nurse.*** Practice as a licensed practical/vocational nurse means a directed scope of nursing practice, with or without compensation or personal profit, under the supervision of the registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state to delegate health care activities and functions; is guided by nursing standards established by the Board and other recognized authority; and includes, but is not limited to: a. Collecting data and conducting focused nursing assessments of the health status of clients. b. Planning nursing care episode for clients with stable conditions. c. Participating in the development and modification of the comprehensive plan of care for all types of clients. d. Implementing appropriate aspects of the strategy of care within the LPN/VN scope of practice. e. Participating in nursing care management through delegating, assigning and directing nursing interventions that may be performed by others, including other LPN/VNs, that do not conflict with the act. f. Maintaining safe and effective nursing care rendered directly or indirectly. g. Promoting a safe and therapeutic environment. h. Participating in health teaching and counseling to promote, attain and maintain the optimum health level of clients. i. Serving as an advocate for the client by communicating and collaborating with other health service personnel. j. Participating in the evaluation of client responses to interventions. k. Communicating and collaborating with other health care professionals. l. Providing input into the development of policies and procedures. m. Other acts that require education and training as prescribed by the board. Additional nursing services shall be commensurate with the licensed practical nurse's experience, continuing education and demonstrated licensed practical/vocational nurse competencies. Each nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of nursing care rendered; and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's expertise. **** Additions to the LPN/VN scope of practice are based on analysis of the various elements that make up this scope as evidenced by the*	**2.3.1 Standards Related to Licensed Practical/Vocational Nurse Responsibilities for Nursing Practice Implementation.** *The licensed practical/vocational nurse/practicing under the direction of a registered nurse, advanced practice registered nurse, licensed physician or other authorized licensed health care provider:* a. Conducts a focused nursing assessment, which is an appraisal of the client's status and situation at hand, that contributes to ongoing data collection b. Plans for the nursing care episode c. Demonstrates attentiveness and provides client surveillance and monitoring d. Assists in identification of client needs e. Seeks clarification of orders when needed f. Demonstrates attentiveness and provides observation for signs, symptoms and changes in client condition g. Assists in the evaluation of the impact of nursing care. Contributes to the evaluation of client care. h. Recognizes client characteristics that that may affect the client's health status. i. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care settings. j. Implements appropriate aspects of client care. 1.) Provides assigned and delegated aspects of client's health care plan. 2.) Implements treatments and procedures in a timely manner. 3.) Administers medications accurately and in a timely manner. k. Documents care provided. l. Communicates relevant client information with other health team members. 1.) Client status and progress 2.) Client response or lack of response to therapies 3.) Significant changes in client condition. 4.) Client needs. m. Participates in nursing care management: 1.) Assigns nursing activities to other licensed practical/ vocational nurses. 2.) Delegates nursing activities for stable clients to assistive personnel. 3.) Observes nursing services and provides feedback to nursing manager. 4.) Evaluates outcomes of delegated activities. n. Takes preventive measures to protect client, others and self: 1.) Observes standard infection precautions 2.) Observes airborne, droplet and contact precautions for client infection precautions as appropriate. 3.) Recognizes equipment or technical failure.

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most recent LPN job analysis. This remains a directed scope of practice. ****The first step in the nursing process, assessment, is the basis for nursing decisions and interventions. The subcommittee believes that the first step is implemented in much the same way across jurisdictions, but that it is described and discussed very differently. The subcommittee members believe that both LP/VNs and RNs assess but identified a significant difference in the breadth, depth and comprehensiveness of the assessments conducted by the two levels of licensed nurses. These differences are reflected in the term "focused assessment" to describe the LP/VNs role in the first step of the nursing process and the term comprehensive assessment to describe the role of the RN (see definitions in Section __ below).* ****An alternative for boards that have difficulty with the term assessment is to not use the term with either LP/VN or RN practice, but rather describe what is expected of the level of licensee for the first step of the nursing process. See definitions below for focused assessment and comprehensive assessment for these descriptions.*	o. Respects client's rights, concerns, decisions and dignity. ***This standard includes respecting the client's concerns regarding end-of-life care.* p. Attends to client or family concerns or requests. q. Promotes safe client environment. r. Maintains appropriate professional boundaries. s. Assumes responsibility for nurse's own decisions and actions. **2.3.2 Standards Related to Licensed Practical/Vocational Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team.** *The Licensed Practical/Vocational Nurse:* a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing and function within the legal boundaries of practical nursing practice; b. Accepts responsibility for individual nursing actions, competence and behavior; c. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan. d. Respect client property, and the property of others; and e. Protects confidential information unless obligated by law to disclose the information.
Section 4. ***Advanced Practice Registered Nurse.*** Advanced practice registered nursing by nurse practitioners, registered nurse anesthetists, nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and holds current certification by a national certifying body in the appropriate APRN specialty. Practice as an advanced practice registered nurse means an expanded scope of nursing in a category approved by the Board, with or without compensation or personal profit, and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse includes but is not limited to performing acts of advanced assessment, diagnosing, prescribing, administering and dispensing therapeutic measures, including legend drugs and controlled substances, within the advanced practice registered nurse's specialty appropriate education and certification. Advanced practice registered nurses are expected to practice within standards established by the board in rule and appropriately utilize client care standards and evidenced based guidelines, developed by recognized authorities. Each advanced practice registered nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring clients to other health care providers as appropriate.	**2.4.1 Standards Related to the Advanced Practice Registered Nurse.** The Advanced Practice Registered Nurse shall comply with the standards for registered nurses as specified in 2.2.1 - 2.2.6 above, to the standards of the national professional associations approved by the board, and to evidence-based practice guidelines appropriate to the advanced practice category, developed by recognized authorities. Advanced practice registered nurses are expected to practice within standards established by the Board in rule and assure client care is provided according to relevant client care standards and evidenced based practice guidelines, developed by recognized authorities. ****Recognized authorities for advanced practice nursing may include the Agency for Healthcare Quality and Research and the American Nurses Association. Organizations specific to the APRN's area of specialty may be considered recognized authorities if the nurse holds a specialty-specific advanced practice credential and the organization is instrumental in granting certification deemed necessary for that credential.*

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Section 5. ***Board.*** "Board" means the <NAME OF STATE> Board of Nursing.	
Section 6. ***Other Board.*** "Other Board" means the comparable regulatory agency in any U.S. state , territory or the District of Columbia.	
Section 7. ***License.*** "License" means a current document permitting the practice of nursing as a registered nurse, licensed practice/vocational nurse or advanced practice registered nurse.	
Section 8. ***Other Definitions.*** SECTION STILL UNDER DEVELOPMENT	**2.8 Other Definitions.** SECTION STILL UNDER DEVELOPMENT
Article III. The Board of Nursing **Section 1.** ***Membership; Nominations; Qualifications; Appointment; and Term of Office*** a. The board of nursing shall consist of < > members to be appointed by the Governor < > days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the Governor by any interested individual, association, or any other entity, provided that such nominations be supported by a petition executed by no less than < > qualified voters in this state. These nominations shall not be binding upon the Governor. b. The membership of the board shall be at least < > members of registered nurses; at least < > members of licensed practical/vocational nurses; at least < > members of advanced practice registered nurses; and at least < > members representing the public. c. Each registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a registered nurse, and shall have no less than five (5) years of experience as a registered nurse, at least three (3) of which immediately preceded appointment. d. Each licensed practical/vocational nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a licensed practical/vocational nurse, and shall have no less than five (5) years of experience as a licensed practical/vocational nurse, at least three (3) of which immediately preceded appointment. e. Each advanced practice registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an advanced practice registered nurse, and shall have no less than five (5) years of experience as a advanced practice registered nurse, at least three (3) of which immediately preceded appointment.	**Chapter Three – The Board of Nursing** ****Article III of the MNPA and Chapter Three of the MNAR define the authority of the board of nursing and parameters for how it functions*

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f. The representatives of the public shall be eligible voting residents of this state who are knowledgeable in consumer health concerns, and shall not be associated with the provision of health care or be enrolled in any health-related education program. g. Membership shall be restricted to no more than one (1) person who is associated with a particular agency, corporation, other enterprise or subsidiary at one time. h. Members of the board shall be appointed for a term of < > years. i. The present members of the board holding office under the provisions of the <NAME OF ACT BEING AMENDED OR REPEALED> shall serve as members for their respective terms. j. No member shall serve more than two (2) consecutive full terms. The completion of an un-expired portion of a full term shall not constitute a full term for purposes of this section. Any board member initially appointed for less than a full term shall be eligible to serve two (2) additional terms. k. An appointee to a full term on the board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the board on the first day following the appointment expiration date. Appointees to un-expired terms shall become members of the board on the day following such appointment. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the Member shall be extended until a replacement is made.	
Section 2. ***Officers*** a. The Board shall elect from its members officers. Officers elected by the Board shall serve a term of < > years, beginning at the day of election and ending upon the election of successors. ***Boards of Nursing have different titles for their elected officers, e.g., president and vice-president; chairman and vice-chairman; or some other combination of officer titles.* b. The first officer shall preside at Board meetings and shall be responsible for the performance of all duties and functions of the Board required or permitted by this Act. In the absence of the first officer, the second officer shall assume these duties. c. Additional offices shall be established and filled by the Board at its discretion.	
Section 3. ***Meetings.*** The Board shall conduct meetings within the following guidelines: a. The Board of Nursing shall meet at least once every [ ] months to transact its business. One meeting shall be designated as the	**3.3.1 Quorums.** a. A majority of the Board members, including the first or second officer, shall constitute a quorum for the conducting of a Board meeting.

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annual meeting for the purpose of electing officers and Board reorganization and planning. The Board shall meet such additional times as it may determine. Such additional meetings may be called by the first officer of the Board or shall be called at the request of two-thirds of the Board members. b. The Board shall give official and public notice of the place and time of the meeting. Board meetings and hearings shall be open to the public. In accordance with the law, the board may in its discretion conduct part of the meeting in executive session closed to the public Notice of all Board meetings shall be given in the manner and pursuant to requirements prescribed by the state's applicable statutes and rules and regulations.	b. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the Board of Nursing. **3.3.2 Guidelines.** a. The Board shall develop guidelines to assist Board members in the evaluation of possible conflicts of interests. Members shall abstain from voting when a conflict arises. b. The Board shall develop guidelines to assist Board members in the disclosure of ex parte communications. c. The board may develop other guidelines as needed that would support governance and direction of work.
Section 4. ***Vacancies; Removal; Immunity*** a. Any vacancy that occurs for any reason in the membership of the board shall be filled by the Governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within < > days after such vacancy occurs. A person appointed to fill a vacancy shall serve for the un-expired portion of the term. b. The governor may remove any member from the board for neglect of any duty required by law or for incompetence or for unprofessional or dishonorable conduct. The general laws of this state controlling the removal of public officials from office shall be followed in dismissing board members. c. All members of the board shall have immunity from individual civil liability while acting within the scope of the duties as board members. In the event that the entire board, an individual member or staff is sued, the Attorney General shall appoint an attorney to represent the involved party.	
Section Five. ***Powers and Duties.*** The board shall: a. Be responsible for the interpretation and enforcement of the provision of this Act. The board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate status. b. Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect the public health, safety and welfare. c. Further be authorized to do the following without limiting the foregoing: 1.) Related to the competence development duties of the board: a.) Develop standards for nursing education. b.) Enforce educational standards and rules set by the board. c.) Provide consultation; conduct conferences, forums, studies and research on nursing education and practice.	

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2.) Related to competence assessment duties of the board: a.) Maintain membership in national organizations that develop and regulate the national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety and welfare. b.) Require criminal background checks on applicants and licensees. 3.) Related to competence maintenance duties of the board: a.) Develop standards for maintaining competence of licensees. b.) Develop standards for attaining/maintaining competence of licensees retuning to practice. 4.) Related to the licensing responsibilities of the board: a.) Grant temporary permits for licensees as set forth in rule. b.) License qualified applicants for RN, LPN/VN and APRN licensure. 5.) Related to the nursing practice responsibilities of the board: a.) Regulate the practice of LPN/VN, RN and APRN practice b.) Regulate the clinical support of nursing services by unlicensed assistive personnel regardless of title c.) Develop standards for nursing practice d.) Enforce nursing practice standards and rules set forth by board e.) Interpret and apply the Nurse Practice Act and Nursing Administrative Rules through the issuance of Advisory Opinions, Interpretive Statements and Declaratory Statements f.) Regulate the manner in which nurses announce their practice to the public. g.) Issue a modified license to practice nursing to an individual to practice within a limited scope of practice or with accommodations or both, as specified by the board. 6.) Related to the discipline duties of the board: a.) Discipline nurses for violation of any provision of this Act. b.) Implement the discipline process. i. Issue subpoenas in connection with investigations, inspections and hearings. ii. Obtain access to records as reasonably requested by the board to assist the board in its investigation; the board shall maintain any records pursuant to this paragraph as confidential data. iii. Order licensees to submit to physical, mental health or chemical dependency evaluations for cause iv. Cause prosecution of allegations of violations of this Act. v. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings vi. Close discipline sessions and hearings to the public.	****States vary widely as to whether and what process is used for advisory opinions, interpretive statements and declaratory statements. Some states may not have such authority; others find such documents to be useful tools for the board and the public. The users of these models are advised to seek legal counsel regarding the authority and required process in specific states.*

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vii. Provide alternatives to discipline. (a) Establish alternative programs for monitoring of nurses who voluntarily seek treatment of substance abuse disorders, mental health or physical health conditions that could lead to disciplinary action by the board. (b) Establish programs for educating and remediating nurses with practice concerns who meet criteria established in rule. 7.) Related to the communication and record-keeping duties of the board: a.) Maintain a record of all persons regulated by the board. b.) Maintain records of proceedings as required by the laws of this state. c.) Inform nurses on an established basis about changes in law and rules regarding nursing practice. d.) Collect and analyze data regarding nursing education, nursing practice and nursing resources. e.) Submit an annual report to the governor summarizing the board's proceedings and activities. 8.) Related to other duties of the board: a.) Personnel. i. Appoint and employ a qualified registered nurse to serve as Executive Officer and approve such additional staff positions as may be necessary, in the opinion of the board, to administer and enforce the provisions of the Act. (a) Employ professional and support staff, investigators and legal counsel and other personnel necessary for the board to carry out its functions. (b) Delegate to the Executive those activities that expedite the functions of the board. b.) Financial. i. Determine and collect reasonable fees. ii. Require such surety bonds as are deemed necessary. iii. Receive and expend funds in addition to appropriations from this state, provided such funds are received and expended for the pursuit of the authorized objectives of the board of nursing; such funds are maintained in a separate account; and periodic reports of the receipt and expenditure of such funds are submitted to the Governor. c.) Other i. Develop disaster preparedness plans. ii. Adopt a seal that shall be in the care of the Executive Officer and shall be affixed only in such a manner as prescribed by the board. This Act shall not be construed to require the board of nursing to report violations of the provisions of the Act whenever, in the board's opinion, the public interest will be served adequately by a suitable written notice of warning.	

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Section 6. *Executive Officer.* The Executive Officer shall be responsible for: a. The performance of administrative responsibilities of the board. b. Employment of personnel needed to carry out the functions of the board. c. The performance of any other duties as the board may direct.	**3.6.1 Executive Officer.** a. The Board of Nursing shall employ an Executive Officer with the following qualifications: 1.) Master's degree or higher from an accredited college or university; 2.) Licensed to practice as a Registered Nurse in this state; 3.) At least < > years' experience in nursing practice, including administration, teaching or supervision in nursing educational programs, supervision in health agencies or nursing regulation. b. The Board shall monitor the effectiveness of the Executive Officer in carrying out the: 1.) Administrative performance of the Board; and 2.) Employment of personnel needed to carry out the functions of the Board. c. The Board may authorize the appointment and employment of legal counsel, accountants and such other employees, assistants and agents as may be necessary, in the opinion of the Board, to administer and enforce the provisions of this Act.
Section 7. *Compensation.* Each member of the board shall receive, as compensation, a reasonable sum for each day the member is engaged in performance of official duties of the board and reimbursement for all expenses incurred in connection with the discharge of such official duties.	
Article IV. Application of Other Statutes Proceedings and records of the board are subject to the state Administrative Procedures Act and other statutes that govern administrative agencies. Nurses are subject to other statutory provisions throughout state law.	**Chapter Four – Application of Other Statutes** ****There are other state statutes that affect the operation of the Board of Nursing and the practice of nursing. Examples range from state agencies working with the board, to provisions governing work sites to laws addressing the handling of pharmaceuticals and products.*
Article V. Licensure **Section 1. *Examinations.*** a. The board shall authorize the administration of the examination to applicants for licensure as registered nurses or licensed practical/vocational nurses. b. The board may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the board shall restrict access to questions and answers. c. The board shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination	**Chapter Five – Licensure** **5.1.1 Information.** The Board will make information available to applicants regarding the: a. Examination b. Examination registration process c. Process for licensure by examination d. Process for licensure by endorsement e. Application fees.

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Section 2. ***Licensure by Examination*** a. An applicant for licensure by examination to practice as a registered nurse or licensed practical/vocational nurse who successfully meets the requirements of this section shall be entitled to licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable. b. Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse. An applicant shall: 1.) Submit a completed application and fees as established by the board. 2.) Be a graduate of a board-approved nursing education program or a program that meets criteria comparable to those established by the board in its rules. 3.) Be proficient in English language as set forth in the board rules. 4.) Pass an examination authorized by the board. 5.) Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, or, if such acts have been committed and would be grounds for disciplinary action, the board has found after investigation that sufficient restitution has been made. 6.) If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions < > years prior to the date of filing an application pursuant to this article. 7.) Meet other criteria established by the board.	**5.2.1 Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse.** An applicant for licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable, by examination in this state shall submit to the Board the required fee for licensure by examination, as specified in Chapter 13, and a completed application for licensure by examination that provides the following information: **5.2.2 Information Regarding Competence Development.** a. Graduation from or verification of completion and eligibility for graduation from a state-approved registered or practical/vocational nursing program as evidenced by an official transcript or other official documentation directly from a state-approved nursing education program for the level of licensure being sought. b. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license; **** PR&E COMMITTEE SUGGESTS REVISITING THIS SECTION REGARDING RN GRADUATES BEING ALLOWED TO SIT FOR PN EXAM. Given the shortage, facilitates students working as LPN/VNs as they finish RN program. Issue: does the program need to demarcate the point in the RN program when student would be prepared?* **** This model does not allow RN students or RN applicants who fail the NCLEX-RN® to sit for the NCLEX-PN® and apply for LPN/VN licensure. Some boards of nursing (according to the 2000 Member Board Profiles, 20 boards consider RN educational program graduates eligible to sit for the NCLEX-PN and 14 boards consider students in an RN educational program who complete a set number of courses eligible to sit for NCLEX-PN).* **5.2.3 Information Regarding Competence Assessment.** a. In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). The results will be reported to the applicant as pass or fail. b. In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). The results will be reported to the applicant as pass or fail. **5.2.4 Information Regarding Competence Conduct.** a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes 1.) The number and status of the license or credential. 2.) The original state or country of licensure or credentialing. b. Current employer if employed in health care, including address, telephone number, position and dates of employment; c. Previous employer in health care, if any, if current employment is less than 12 months;

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	d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable; e. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any professional license or credential; 2.) Felony conviction or conviction of an undesignated offense; 3.) Any physical or mental disability, and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any; 4.) Any current substance abuse disorder f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's back ground; g. Submission of state and national criminal background checks completed within the last < ___ months>. **** Details of this procedure will be state specific, depending on requirements of state criminal agencies. In the near future, expect electronic processes to be perfected for accomplishing these background checks.* h. State and federal criminal history results, if applicable. ****While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.*
Section 3. ***Licensure by Examination of Applicants Educated Outside of the United States.*** A foreign educated applicant for licensure by examination shall meet the requirements in Section 2 above and the process for application set forth in rule.	**5.3.1 Application for Licensure by a Applicant Educated Outside of the United States** – An applicant who was educated outside of the United States, for licensure by examination in this state shall submit to the Board required fee for licensure by examination, as specified in <STATUTE>, and a completed application for licensure by examination that provides the following information: **5.3.2 Information Regarding Competence Development.** a. Graduation from a nursing program as documented in an official transcript directly from the foreign nursing education program or an equivalent program as documented by a credentials evaluation, for the level of licensure being sought. **** "Comparable" is the term used by many academic evaluation services .for describing programs similar in content and process to U.S. nursing education programs. See the NCSBN Resource Manual for Licensure of Nurses Educated Outside of the United States for more detailed information regarding credentials review, immigration and other issues regarding foreign educated nurses.* b. Acceptable documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of

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	nursing education in this State. A transcript in English or a certified translation is required prior to the issuance of a permanent license; c. Credentials reviewed internally or by an external agency specializing in foreign academic credentials review and verifying the comparability of the foreign nursing education program; **5.3.3 Information Regarding Competence Assessment.** *** Language proficiency is a critical variable in the practice of safe nursing care. Nurses must be able not only to understand, but also to speak English in order to practice safely in the United States. a. Documentation of English proficiency by: 1.) Graduation from an approved school of nursing in the United States; or 2.) Graduation from a school of nursing outside of the United States in which: a.) All classroom instruction was in English b.) All nursing textbooks were in English; and c.) The preponderance of clinical experience was in English; or 3.) Documentation of nursing practice, in English, at the level of license sought, in another state in the United States, for at least 960 hours in the two years proceeding application for licensure; or 4.) Demonstration of English proficiency by: a.) CGFNS Certificate; or b.) Passing designated English proficiency examination with <Board set standard>. ****An example of an English proficiency examination and Board set standard would be the Test of English as a Foreign Language) TOFEL, with a minimum score of 560 for the paper version or a minimum score of 220 for the computer version. Please note that the focus of the English proficiency examinations has been on reading and listening skills. Spoken communication is not well assessed and scoring is difficult and expensive.* *The Test of Spoken English (TSE) was designed to assess proficiency in oral communications. However, vocabulary related to health related terminology needed for the health care environment is not assessed because there are currently no English proficiency examinations that measure an individual's knowledge and understanding of medical terminology.* 5.) Evidence of licensure or eligibility for licensure from the original country of nursing education. This documentation shall be in English or a certified translation. ****Many boards require CGFNS certification for foreign applicants and this includes credentials review and English proficiency evaluation. Other boards use other private agencies established for credential review.*

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	a. In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The results will be reported to the applicant as pass or fail. b. In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). The results will be reported to the applicant as pass or fail. **5.3.4 Information Regarding Competence Conduct.** a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes: 1.) The license number and status of the license or credential; 2.) The original state or country of licensure or credentialing; 3.) Current employer if employed in health care, including address, telephone number, position and dates of employment; 4.) Previous employer in health care, if any, if current employment is less than 12 months; 5.) The date the applicant previously applied for a license in <NAME OF STATE>, if applicable; 6.) Responses to questions related to the applicant's background in the following areas: a.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; b.) Felony conviction or conviction of an undesignated offense; c.) Any physical, emotional or mental disability and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any; and d.) Any current substance abuse disorder. 7.) Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; 8.) Submission of state and national criminal backgrounds checks completed within the last < >; and ****While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to still apply for licensure after a criminal conviction.* 9.) State and federal criminal history results, if applicable. ****The 2000 Member Board Profiles reported that 40 Boards of Nursing required a Social Security Number (SS#) required applicants to obtain an SS# before a state-nursing license would be issued. Today, 29 states report having this requirement. Foreign-educated nurses seeking employment in the United States sometimes find it difficult to obtain SS#s for those jurisdictions that require it for licensure. How foreign nurses actually obtain SS#s*

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	or other means to secure a nursing license is impacted by the intersection of the rules from the Department of Labor (DOL), INS, SSA and the state boards nursing laws and rules. See the NCSNB Resource Manual for Licensure of Nurses Educated Outside of the United States.
	THE FOLLOWING SECTION WAS SUGGESTED AS AN APPROACH IN THE RESOURCE MANUAL FOR LICENSURE OF NURSES EDUCATED OUTSIDE OF THE UNITED STATES (from Oregon Rules) **5.3.5 Facilitating Education Experiences for International Nurses.** a. Licensure requirements for nurses from other countries who enroll for graduate study in this jurisdiction 1.) Required licensure a.) When the nature of the graduate program includes no clinical component or a clinical component that requires no direct client care, the international nurse is required to hold either a limited or full RN license. b.) When the nature of the graduate program includes a clinical component with direct patient care experience (e.g., nurse practitioner programs, an RN license is required prior to clinical programs. 2.) Completed application using forms and instructions provided by the board and payment of appropriate fees as specified in Chapter 13. a.) Graduation from an education program that is equivalent to nursing education in the United States documented by a board approved credentials evaluation service. b.) Competence in oral and written English as demonstrated by any of the following: i. Passing the Test of English as a Foreign Language (TOEFL). ii. Documentation of holding a CGFNS certificate. iii. Graduation from a school of nursing outside of the United States in which all classroom instruction was in English; all nursing textbooks were in English; and the preponderance of clinical experience was in English. iv. Documentation of practice as a Register Nurse, in English, in another state in the United States, for at least < > hours, in the two years preceding application for licensure. 3.) A passing score on the licensing examination on the CGFNS examination. b. Limited licenses issued under this section shall be valid for a period of two years from the date of issuance. After that period, the limited license may be extended annually for a one-year period upon application by licensee, payment of the appropriate fee and demonstration of continued enrollment in the graduate program. c. The limited license issued under this section is to be used only study in the graduate program.

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Section 4. ***Initial Licensure for Advanced Practice Registered Nurse.*** An applicant for initial licensure as an advanced practice registered nurse shall: a. Be licensed as a registered nurse (unencumbered). b. Be a graduate from or have completed a graduate level APRN program accredited by a national accrediting body. c. Be currently certified by a national certifying body in the APRN specialty appropriate to educational preparation. d. Submit a completed written application and appropriate fees as established by the board. e. Provide other evidence as required by the board in its rules. f. Have committed no acts or omissions that are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for discipline under Article IX, Section 2, of this Act. The board may conclude after investigation that sufficient restitution and/or compliance with board conditions have resolved any previous disciplinary action.	**5.4.1 Application for Initial Licensure as an Advanced Practice Registered Nurse.** An applicant for licensure as an advanced practice registered nurse in this state shall submit to the Board the required fee as specified in Chapter 13, verification of eligibility for licensure as a registered nurse in this jurisdiction, and a completed application that provides the following information: ***An individual new to a state can apply for an RN and an APRN license at the same time. **5.4.2 Information Regarding Competence Development.** a. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation directly from a graduate program accredited by a national accrediting body. b. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license. **5.4.3 Information Regarding Competence Assessment.** a. Current certification by a national certifying body in the APRN specialty appropriate to educational preparation. b. For applicants for whom there is no appropriate certifying examination available, states may develop alternate mechanisms to assure initial competence [until 2005]. **5.4.4 Information Regarding Competence Conduct.** a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes: 1.) The license number and status of the license; and 2.) The original state of licensure. b. Current employer if employed in health care, including address, telephone number, position and dates of employment; c. Previous employer in health care, if any, if current employment is less than 12 months; d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable; e. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; 2.) Felony conviction or conviction of an undesignated offense; 3.) Any physical or mental disability, and a description of the accommodations and/or practice limitations needed for the applicant to practice safely, if any; and 4.) Any current substance abuse disorder. f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's back ground; g. A completed fingerprint card if the applicant has not submitted a fingerprint card to the Board within the last <__months>; and h. State and federal criminal history results, if applicable.

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	5.4.5 Criteria for Evaluating APRN Certification Programs. The Board shall determine whether a certification program can be used as a requirement for licensure of advanced practice registered nurses based upon the following standards: a. The program is national in the scope of its credentialing. b. Conditions for taking the certification examination are consistent with standards of the testing community. c. Educational requirements are consistent with the requirements of the advanced practice specialty. d. The standards methodologies used are acceptable to the testing community such as incumbent job analysis study and logical job analysis studies. e. The examination represents entry-level practice in the advanced nursing practice category. f. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to clients. g. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically. h. Examinations are evaluated for psychometric performance. i. The passing standard is established using acceptable psychometric methods and is re-evaluated periodically. j. Examination security is maintained through established procedures. k. Certification is issued based upon passing the examination and meeting all other certification requirements. l. A retake policy is in place. m. Certification maintenance program, which includes review of qualifications and continued competence, is in place. n. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice. o. An evaluation process is in place to provide quality assurance in its certification program.
	5.4.6 Board Review. Each program shall be subject to periodic review by the Board to determine whether criteria for approval are being maintained.
	5.4.7 Application of a Advanced Practice Registered Nurse Educated Outside of the United States. An applicant for licensure in this state as an advanced practice registered nurse by a foreign educated APRN shall a. Meet all initial criteria required of applicants educated in the United States. b. The APRN educational program must meet criteria for accreditation equivalent to that of a national accrediting body approved by the board. ****There has not been significant numbers of nurses prepared as Advanced Practice Registered Nurses immigrating to the United*

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	States. Nurses who have practiced in an advanced role in another country may initially obtain RN licenses when coming to this country. The same issues pertaining to licensure of foreign educated LPN/VN and RNs also pertain to APRNs, e.g., credential verification and English proficiency.
Section 5. ***Licensure by Endorsement.*** An applicant for licensure by endorsement to practice as a registered nurse or licensed practical/vocational nurse shall: a. Submit a completed application and fees as established by the board. b. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, the board has found after investigation that sufficient restitution has been made. c. Be a graduate of a board-approved nursing education program which meets criteria comparable to those established by this board and which prepares for the level of licensure being sought. d. Pass an examination authorized by the board. e. Be proficient in English language as set forth in the board rules. f. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination, Nur*sys*™ (or the Coordinated Licensure Information System). g. Meet continued competency requirements as stated in Article V, Section 3(b) and as set forth in board rules. h. If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application pursuant to this chapter. i. Meet other criteria established by the Board in rule.	**5.5.1 Application for Licensure by Endorsement as a Registered Nurse or Licensed Practical/Vocational Nurse.** An applicant for licensure by endorsement in this state shall submit to the Board the required fee for licensure by endorsement, as specified in Chapter 13, and a completed application for licensure by endorsement that provides the following information: **5.5.2 Information Regarding Competence Development.** a. An official transcript or other official documentation directly from a Board-approved nursing education program for the level of licensure being sought. b. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this State. A transcript is required prior to the issuance of a permanent license. **5.5.3 Information Regarding Competence Assessment.** a. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction. b. Evidence of continued competence as defined in _____. **** A refresher course may be required if an individual has not maintained active licensure and practice in the last < > years.* **5.5.4 Information Regarding Competence Conduct.** a. Identification of any state, territory or country in which the applicant holds a professional license or credentials, if applicable. Required information includes: 1.) The license number and status of the license or credential. 2.) The original state or country of licensure or credentialing. b. Verification of initial licensure by examination; c. Verification and documentation of licensure status from jurisdiction of most recent employment; d. Current employer if employed in health care, including address, telephone number, position and dates of employment; e. Previous employer in health care, if any, if current employment is less than 12 months; f. The date the applicant previously applied for a license in <NAME OF STATE> g. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; 2.) Felony conviction or conviction of an undesignated offense; 3.) Any physical or mental disability or condition that requires accommodations and/or practice limitations, and a description of accommodations and/or practice limitations needed

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	for the applicant to practice safely, if any; and 4.) Any current substance abuse disorder. h. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's back ground; i. Submission of state and national criminal background checks completed within the last < ___ months>; and j. State and federal criminal history results, if applicable.
Section 6. ***Endorsement of Advanced Practice Registered Nurses.*** The board may issue a license by endorsement to practice as an advanced practice registered nurse under the laws of another state if in the opinion of the board the applicant meets the qualifications for licensure in this jurisdiction. An applicant for licensure by endorsement to practice as an advanced practice registered nurse shall: a. Submit a completed application and fees as established by the board. b. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, the board has found after investigation that sufficient restitution has been made. c. Meet continued competency requirements as stated in Article V, Section 3(b) and as set forth in board rules. d. If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application pursuant to this chapter. e. Meet other criteria established by the board in rule.	**5.6.1 Application for Licensure by Endorsement Requirements as an Advanced Practice Registered Nurse.** An applicant for licensure by endorsement as an advanced practice registered nurse in this state shall submit to the Board the required fee as specified in Chapter 13, verification of an unencumbered license as a registered nurse in this jurisdiction, and a completed application that provides the following information: **5.6.2 Information Regarding Competence Development.** a. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation directly from a graduate program accredited by a national accrediting body. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license; or b. Demonstrates successful completion of approved APRN certificate program prior to 2003. **5.6.3 Information Regarding Competence Assessment.** a. Current certification by a national certifying body in the APRN specialty appropriate to educational preparation; or b. Authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification exam is available <until 2005>. **5.6.4 Information Regarding Competence Conduct.** a. Identification of any state, territory or country in which the applicant holds a health profession license; the license number and status of the license, including original state of licensure, if applicable; b. Current employer if employed in health care, including address, telephone number, position and dates of employment; c. Previous employer in health care, if any, if current employment is less than 12 months; d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable; e. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; 2.) Felony conviction or conviction of an undesignated offense;

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	3.) Any physical or mental disability and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any; and 4.) Any current substance abuse disorder. f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's back ground; g. Submission of state and national criminal background checks completed within the last < ___ months>; and h. State and federal criminal history results, if applicable.
Section 7. ***Temporary Permits*** The Board may issue temporary permits in the following circumstances: a. Applicants for Licensure by Examination. The board may issue, upon the request of an applicant, a temporary permit for practicing under the direct supervision of a Registered Nurse. This permit is not renewable and expires upon receipt of licensure examination results or ____ months, whichever comes first. b. Applicants for Endorsement. The board may issue, upon the request of an applicant, a temporary permit to practice nursing at the same level of licensure to an individual currently licensed in another jurisdiction of the United States who submits an application in accord with the rules of the board. ****Endorsement challenges would be non-existent if all boards adopted the elements of the Uniform Core Licensure Requirements.* c. Individuals Previously Licensed to Practice Nursing Enrolled in Refresher Courses. The board may issue a temporary permit to provide direct client care as part of a nursing refresher course, as permitted in board rules. d. APRN Temporary Permits. The board may issue, upon request of the applicant, a temporary permit to practice advanced practice nursing to an applicant authorized to practice at that level in a U.S. jurisdiction who submits an application in accord with the rules of the board.	**5.7 Temporary Permits.** **5.7.1 Types of Temporary Permits.** a. The Board may issue a temporary permit to practice nursing to the following: 1.) Applicants for licensure by examination may be issued a temporary permit to work under the direct supervision of a Registered Nurse. 2.) Applicants for endorsement who can verify licensure in another jurisdiction of the United States may be issued a temporary permit to practice nursing at the level of licensure being sought; 3.) A temporary permit may be issued to nursing refresher course students who are completing continued competency requirements for seeking reinstatement of license or application for licensure by endorsement. **** Rationale: In the previous version of the Model Rules, "Post-basic" was a separate type of permit granted to individuals in certain educational situations. However, the term "postbasic" may be confusing in light of some of the new educational programs that have evolved since the last edition of the rules, so this type of permit was deleted. See exemptions in Article XII for a provision to allow practice by graduate students. Section (2) above is category of temporary permit to complete a nursing refresher course.* 4.) A temporary permit may be issued to a new graduate advanced practice registered nurse to work under supervision of another APRN or physician. ****Jurisdictions need to be aware that some APRN certification programs require a specified number of supervised practice hours as a requirement for certification, presenting the need for the APRN temporary permit.* **5.7.2 Duration of Temporary Permits.** Temporary permits may be issued for a time period not to exceed < > months. **5.7.3 Procedure for Issuing Temporary Permits.** a. Applicants for licensure by examination shall: 1.) Request a temporary permit when making application for licensure and to sit for the licensing examination. 2.) Meet all other requirements for licensure.

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	3.) Pay required fee, as specified in Chapter 13. 4.) Receive a temporary permit following receipt of state criminal background check showing no violation. b. Applicants for licensure by endorsement shall: 1.) Request a temporary permit when making application for licensure by endorsement. 2.) Meet all other requirements for licensure. 3.) Pay required fee, as specified in Chapter 13. 4.) Receive a temporary permit following receipt of state criminal background check showing no violation. c. Applicants for temporary permits to complete a nursing refresher course shall: 1.) Request a temporary permit by making application to the Board and agreeing to practice nursing only as part of the nursing refresher course and under the direct supervision of a Registered Nurse. 2.) Pay required fee, as specified in Chapter 13. 3.) Receive a temporary permit upon verification, made on the applicant's behalf, that the individual has been enrolled as a nursing refresher student. d. Applicants for a temporary permit to practice as a graduate Advanced Practice Registered Nurse shall: 1) Request a temporary permit by making application to the Board and agreeing to practice nursing only under the supervision of an Advanced Practice Registered Nurse or Physician preceptor. 2) Pay the required fee, as specified in Chapter 13. 3) Receive a temporary permit to practice as a graduate APRN upon verification, made on the applicant's behalf, the graduate Advanced Practice Registered Nurse is completing supervised practice hours as a requirement for certification.
Section 8. Renewal of RN/LPN/VN Licenses. Registered Nurse/Licensed Practical Nurse/Vocational Nurse licenses issued under this Act shall be renewed every < > years according to a schedule established by the board. a. An applicant for licensure renewal shall submit a verified statement that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions. b. A renewal license shall be issued to a registered nurse or licensed practical/vocational nurse who remits the required fee and satisfactorily completes any other requirements established by the board as set forth in rules. c. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence. d. Failure to renew the license shall result in forfeiture of the right to practice nursing in this state.	**5.8.1 Renewal of Licenses.** The renewal of licensure must be accomplished by <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. Notification to Renew. At least < > days before the expiration date of a license, the Board shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application. ****Many boards are exploring new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.*

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	5.8.2 Application for Renewal of License as a Registered Nurse or Licensed Practical/Vocational Nurse. An applicant for licensure renewal shall submit to the Board the required fee for licensure renewal, as specified in Chapter 13, and a completed application for licensure renewal that provides the following information: a. Evidence of completion of the continued competence requirements specified in 5.8.3 below; b. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; 2.) Felony conviction or conviction of an undesignated offense; 3.) Any physical or mental disability and a description of accommodations an/or practice limitations needed for the applicant to practice safely, if any; and 4.) Any current substance abuse disorder. c. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background. **5.8.3 Continued Competence Requirement for Registered Nurses and Licensed Practical/Vocational Nurses.** ****This section contains most of the content that was included in the previous MNAR revision. Given the emphasis on client safety and the need for assuring competence of health care providers, a recommendation has been made to the NCSBN Board of Directors for them to appoint a group to focus on this topic in FY2004. Part of the proposed charge for this group would be to provide updated content for this portion of the MNAR.* The Registered Nurse or Licensed Practical/Vocational Nurse shows evidence of continued competence. a. Purpose. The purpose of continued competence requirements is to assure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles and concepts in the practice of registered or practical/vocational nursing. b. Continued Competence Requirements. A registered Nurse or Licensed Practical/Vocational Nurse shall provide as part of an application for license renewal, license reinstatement or licensure by endorsement, documentation that activities promoting continued competence from either Group A or Group B have been completed. Activities shall have been completed within the last renewal period for applicants renewing their licenses, and within the last < > years for applicants for reinstatement and licensure by endorsement. c. Continued Competence Activities, Group A. Individuals choosing Group A activities shall complete at least two of the following: continuing education (Section1), professional activities (Section 2), or nursing practice (Section 3). 1.) Continuing Education. Continuing education credit shall be given by the Board upon documentation of < > contact hours.

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	2.) Continuing education shall be selected in one or more of the following topics: a.) Nursing education and practice; b.) Special health care problems; c.) Biological, physical, or behavioral sciences; d.) Legal or ethical aspects of health care; e.) Nursing management or administration of nursing personnel and client care; and f.) Health education, including client wellness, disease prevention and safety. 3.) The Board will give continuing education credit for hours which are part of a mediated learning system such as educational television, audio or video cassettes and for contact hours which are a part of an independent study program, if the system or program is accredited by an agency on a list of recognized accrediting agencies maintained by the Board in its offices. One contact hour, for purposes of this section, is a minimum of 50 minutes of actual organized instruction. Academic credit will be converted to contact hours as follows: a.) One quarter academic credit equals 10 contact hours; and b.) One semester hour academic credit equals 15 contact hours. 4.) Professional Activities. Continuing competence credit shall be given by the Board upon documentation of at least () hours of participation in at least one of the following areas: a.) Authoring or contributing to an article, book or publication related to health care. b.) Development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy; c.) Design and conduct of a research study relating to nursing and health care; or d.) Other professional activities approved by the Board and included on a list maintained in its offices. 5.) Nursing Practice. Continuing competence credit shall be given by the Board upon documentation of at least () hours of satisfactory nursing practice per renewal cycle. Hours of practice shall be documented on a renewal survey from provided by the Board, including the name of the individual's employer or nursing supervisor. d. Continued Competence Activities, Group B. Individuals choosing Group B activities shall document completion of at least one of the following: 1.) Completed a nursing refresher course approved by the Board; or 2.) Attained a degree or professional certification in nursing, or made progress toward post-basic education by completing at least () required courses; or

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	3.) Passed a formal nursing competency assessment examination that meets Board criteria. e. Documentation and Audit. f. Satisfaction of continued competence requirements shall be documented on a renewal form provided by the Board and must be submitted prior to license renewal. g. All information concerning continued competence submitted with a renewal application or licensure by endorsement application is subject to audit at the discretion of the Board. h. The Board may conduct a random audit of nurses to review continued competence requirements. Upon request of the Board, licensees shall submit complete documentation of the continued competence activities. **5.8.4 Issuance of License.** The Board shall issue a current license to each renewal applicant who complies with all the above requirements.
Section 9. ***APRN License Renewal.*** A renewal license shall be issued to an advanced practice registered nurse who maintains national certification in the appropriate APRN specialty through an ongoing certification maintenance program of a nationally recognized certifying body, [or for applicants for whom no recognized certification is available must participate in a competence maintenance program] remits the required fee, and satisfactorily completes any other requirements established by the board as set forth in rules.	**5.9 Application for Renewal of License as an Advanced Practice Registered Nurse.** **5.9.1 Application for APRN Renewal.** An applicant for licensure renewal as an advanced practice registered nurse shall submit to the Board the required fee for licensure renewal, as specified in Chapter 13, and a completed license renewal application that provides the following information: a. Application Questions. Responses to questions related to the applicant's background in the following areas: 1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; 2.) Felony conviction or conviction of an undesignated offense; 3.) Any physical or mental disability, and a description of accommodations or practice limitations needed for the applicant to practice safely, if any; and 4.) Any current substance abuse disorder. b. Additional Information. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; c. Evidence of completion of Continued Competence Requirements 1.) Evidence of certification or re-certification by a national professional certification organization that meets the requirements of section _____; or 2.) Satisfactory completion of < > hours of pharmacotherapeutics in the advanced practice area. ****A different approach has been used with the continued competence requirements for APRNs because the majority of boards require national certification. Most certification programs require significant amounts of continuing education or other activities that can be utilized to meet the licensure continued competence requirements.*

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	5.9.2 Documentation. a. Satisfaction of continued competence requirements shall be documented on a renewal form provided by the Board and must be submitted prior to license renewal. b. All information concerning continued competence submitted with a renewal application or licensure by endorsement application is subject to audit at the discretion of the Board. **5.9.3 Audit.** The Board may conduct a random audit of nurses to review continued competence requirements. Upon request of the Board, licensees shall submit complete documentation of the continued competence activities. **5.9.4 Issuance of License.** The Board shall issue a current license to each APRN renewal applicant who complies with all the above requirements.
Section 10. ***Reinstatement of Licenses.*** a. A licensee whose license has lapsed by failure to renew may apply for reinstatement according to the rules established by the board. Upon satisfaction of the requirements for reinstatement, the board shall issue a renewal of license. b. A licensee whose license has been suspended, revoked or otherwise removed shall, at time of application for reinstatement, comply with all licensure requirements as well as any specific requirements set forth in the board's discipline order.	**5.10.1 Reinstatement.** An individual who applies for licensure reinstatement shall meet the following conditions: a. All requirements for renewal of licensure have been met; and b. Payment of a reinstatement fee as specified in section 13.1.1. **5.10.2 Refresher Course Required.** An individual who applies for licensure reinstatement who has been out of practice for five years or longer shall provide evidence of passing a nursing refresher course approved by the Board. **5.10.3 Reinstatement Following Disciplinary Action.** For those licensees applying for reinstatement following discipline action, compliance with all Board licensure requirements as well as any specific requirements set forth in the board's discipline order.
Section 11. ***Duties of Licensees.*** a. The nurse shall comply with the provisions of this act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of the state. b. Board Inquiries 1.) In response to board inquiries, provide relevant and truthful personal, professional or demographic information requested by the board to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare. 2.) Failure to provide the requested information may result in non-renewal of the license to practice nursing and/or licensure disciplinary action. c. Board Ordered Evaluations 1.) Submit to a physical or mental evaluation by a designated < > when directed in writing by the board for cause. 2.) If requested by the licensee, the licensee may also designate a < > for an independent medical examination.	

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3.) Refusal or failure of a licensee to complete such examinations shall constitute an admission of any allegations relating to such condition. 4.) All objections shall be waived as to the admissibility of the examining < > testimony or examination reports on the grounds that they constitute privileged communication. 5.) The medical testimony or examinations reports shall not be used against a registered nurse, licensed practical nurse or advanced practice registered nurse in another proceeding and shall be confidential. 6.) At reasonable intervals, a registered nurse, licensed practical nurse or advanced practice registered nurse shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to clients.	
Article VI. Titles and Abbreviations **Section 1. Titles and Abbreviations for Licensed Nurses.** Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations: a. Title: "Registered Nurse" and the abbreviation "RN." b. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN." c. Title: "Advanced Practice Registered Nurse" and the abbreviation "APRN." It shall be unlawful for any person to use the title "Nurse," "Registered Nurse," "Licensed Practical/Vocational Nurse," "Advanced Practice Registered Nurse," or their authorized abbreviations unless permitted by this Act.	**Chapter Six – Titles and Abbreviations** **6.1.1 Titles and Abbreviations for Licensed Nurses.** a. Individuals are licensed as Advanced Practice Registered Nurses in the categories of Nurse Practitioner, Nurse Anesthetist, Nurse Midwife or Clinical Nurse Specialist. b. Each Advanced Practice Registered Nurse shall use the category designation for purposes of identification and documentation.
Section 2. ***Titles and abbreviations for Temporary Permits.*** Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall the right to use the titles < > and abbreviations < > designated by the state.	
Article VII. Approval of Nursing Education Programs **Section 1.** ***Approval Standards.*** The board shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences and approve such programs that meet the requirements of the Act and the board administrative rules.	**Chapter Seven – Nursing Education** **7.1 Nursing Education Standards.** **7.1.1 Purpose of Standards.** a. To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice. b. To provide criteria for the development, evaluation and improvement of new and established nursing education programs. c. To assure candidates are educationally prepared for licensure and recognition at the appropriate level.

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	7.1.2 Nursing Education Standards. a. The purpose and outcomes of the nursing program shall be consistent with the Nursing Practice Act and board-promulgated administrative rules, regulations, and other relevant state statutes. b. The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered. c. The input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program. d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement. e. The curriculum shall provide diverse learning experiences consistent with program outcomes. f. Faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement. g. The nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program. h. Professionally and academically qualified nurse faculty is sufficient in number and expertise to accomplish program outcomes and quality improvement. i. The fiscal, human, physical and learning resources are adequate to support program processes and outcomes. j. Program information communicated by the nursing program shall be fair, accurate, inclusive, consistent, and readily available to the public.
	7.1.3 Required Criteria for Nursing Education Programs. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of an accredited, governing academic institution. The following minimal criteria serve to support implementation of the Nursing Education Standards (7.1.2). a. Evaluation – A comprehensive nursing education program evaluation shall be performed annually and shall include, but not be limited to: 1.) Students' achievement of program outcomes. 2.) Adequate program resources, including the availability of clinical sites and the viability of those sites to meet the objectives of the curriculum. 3.) Multiple measures of student success after graduation (e.g., a student or employer survey). 4.) NCLEX pass rate. b. Curriculum 1.) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

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	a.) Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities; b.) Experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and leadership of the profession. c.) Learning experiences and methods of instruction consistent with the written curriculum plan; and d.) Coursework including, but not limited to: i.) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice; ii.) Didactic content and clinical experience in the promotion, prevention, restoration and maintenance of health in clients across the life span and in a variety of clinical settings, to include: (01) Utilizing informatics to communicate, manage knowledge, mitigate error and support decision-making using information technology. (02) Providing client-centered care (a) Respecting client differences, values, preferences and expressed needs. (b) Involving clients in decision-making and care management. (c) Coordinating and managing continuous client care and (d) Promoting healthy lifestyles for clients and populations (03) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion. (04) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care. (05) Applying quality improvement processes. (a) Measuring quality in terms of structure, process and client outcomes (b) Identifying hazards and errors (c) Participating in developing changes in processes and systems of care, with the objective of improving quality. iii.) The development of clinical judgment (the nursing process); and iv.) Supervised clinical practice to include management and care of groups of clients, and delegation and supervision of other health care providers. e.) Clinical experience shall be comprised of sufficient hours to meet these standards and ensure students' ability to practice at an entry level and shall be supervised by qualified faculty.

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	f.) Delivery of instruction by distance education methods must be congruent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the board. i.) The distance learning educational program shall establish a means for assessing individual student outcomes, program outcomes, and it must establish a process for program evaluation. ii.) Regulation of the distance learning programs shall be done in the jurisdiction of origination. iii.) Faculty shall be licensed in the state of the origination of the distance-learning program. iv.) Clinical faculty shall be licensed in the state of the student location. The distance learning educational program should provide students with adequate supervised experience so that the program objectives are met. v.) The distance learning program shall assure students and faculty adequate technical support and assistance and allow students adequate access to resources and faculty. vi.) The institution shall assure security of the students' personal information in conducting assessments, evaluations and in dissemination of results of distance learning courses, and it shall seek to assure the integrity of student work. vii.) Adequate provision shall be made for the placement of students if a distance learning program closes before students complete the program. c. Students 1.) Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice. 2.) All policies relevant to applicants and students shall be available in writing. 3.) Students shall be required to meet the health standards and criminal background checks as required in the state. d. Administrator Qualifications 1.) The administrator of the nursing education program shall be a registered nurse, licensed or privileged to practice in this state, with the additional education and experience necessary to direct a program preparing graduates for the safe and effective practice of nursing. The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program. 2.) Administrator qualifications in a program preparing for **practical/vocational nurse licensure:** a.) Minimum of a bachelor's degree in nursing and master's in nursing or related field;

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	b.) Educational preparation or experience in teaching, curriculum development and administration, including at least two years of clinical experience; and c.) A current knowledge of nursing practice at the practical/vocational level. ****It is preferable that the program administrator hold an earned doctorate related to nursing program administration.* 3.) Administrator qualifications in a program preparing for registered nurse licensure: a.) A doctoral degree in nursing or a master's degree with a major in nursing and a doctoral degree; b.) Educational preparation or experience in teaching, curriculum development and administration, including at least two years of clinical experience; and c.) A current knowledge of professional nursing practice. 4.) Faculty a.) There shall be sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program. b.) Qualifications for nursing faculty who teach in a program leading to licensure as a practical/vocational nurse: i.) Be currently licensed or privileged to practice as a registered nurse in this state; ii.) Have a minimum of a baccalaureate degree with a major in nursing; and iii.) Have <> years of clinical experience. iv.) Have preparation in teaching and learning principles for adult education, including curriculum development and implementation. ****It is preferable that the nursing program faculty be masters prepared.* 5.) Qualifications for nursing faculty who teach in programs leading to licensure as a registered nurse shall: a.) Be currently licensed or privileged to practice as a registered nurse in this state; b.) Have a minimum of a master's degree in nursing with a major in nursing; and c.) Have <> years of clinical experience. d.) Have preparation in teaching and learning principles for adult education, including curriculum development and implementation. 6.) Adjunct Clinical Faculty employed solely to supervise clinical nursing experiences of students shall meet all the qualifications above. 7.) Interdisciplinary Faculty who teach non-clinical nursing courses, e.g., issues and trends, nursing law and ethics, pharmacology, nutrition, research, management and statistics, shall have advanced preparation appropriate to these areas of content.

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	****The purpose of adjunct clinical faculty is to supplement and complement the nursing faculty, not to substitute for nursing faculty. A team approach, having adjunct faculty work closely with the nursing faculty will facilitate the clinical application of the specialized content in nursing practice.*
	8.) Preceptors – Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role-model and educator to the student. Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction in all basic areas, for that course or specific learning experience. Clinical preceptors should be licensed at or above the level for which the student is preparing.
Section 2. ***Initial Approval Required.*** An educational institution that seeks to provide a diploma, degree or certificate in nursing to students in this jurisdiction shall apply to the board and submit evidence that its nursing program(s) meets or will meet the standards established by the board. If, upon review, the board determines that the program(s) meets established standards, it shall grant approval.	**7.2.1 Models for Determining Compliance with Standards.** The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state approval and/or through accreditation by a recognized national, regional, or state accreditation body. ****Member Boards vary in the approach used to implement standards. Many boards are involved in program approval, including schools surveys. Others deem NLNAC or CCNE accreditation as meeting state approval requirements. Others perform initial approval and then make joint visits with the accrediting bodies and/or use the accrediting organization reports to inform their decision-making.*
Section 3. ***Provisional or Interim Approval of New Programs.*** Provisional approval of new programs may be granted contingent upon conditions set forth by the board in administrative rules.	**7.3 Nursing Education Approval Process.** **7.3.1 Initial Approval of Nursing Education Programs.** Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the Standards for nursing education (section 7.1.2). **7.3.2 Provisional Approval of New Nursing Education Programs.** The board may grant provisional approval until graduation of the first class.
Section 4. ***Continuing Approval of Nursing Programs.*** The board shall periodically review educational nursing programs and require nursing education programs to submit evidence of compliance with standards and administrative rules. If upon review of such evidence the board determines that the program(s) meets the established standards, it shall grant continuing approval. The board will publish a list of approved programs.	**7.4.1 Ongoing Approval of Nursing Education Programs.** All nursing education programs shall be reevaluated every < > years, upon request of the nursing education program, or at the discretion of the board, to ensure continuing compliance with the Standards for Nursing Education (Section 7.1.2 above). All nursing programs shall be evaluated by methods determined by the board.

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	7.4.2 Conditional Approval of Nursing Education Programs. a. If the board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies. The Board may grant conditional approval when it determines that a program is not fully meeting approval standards.
Section 5. ***Denial or Withdrawal of Approval.*** The board may deny or withdraw approval or take such action as deemed necessary when nursing education programs fail to meet the standards established by the board, provided that all such actions shall be in accordance with this state's Administrative Procedures Act and/or the Administrative Rules of the board. A process of appeal and reinstatement shall be delineated in board rules.	**7.5.1 Denial or Withdrawal of Approval.** a. The board may deny provisional (initial) approval if it determines that a new nursing education program will be unable to meet the standards for nursing education. b. The board may withdraw approval if: 1.) It determines that a nursing education program fails substantially to meet the standards for nursing education; or 2.) A nursing education program fails to correct the identified deficiencies within the time specified. **7.5.2 Appeal.** A program denied approval or given less than full approval may appeal that decision within a < > month period. All such actions shall be effected in accordance with due process rights and the <NAME OF STATE> Administrative Procedures Act and/or Administrative Rules of the Board.
Section 6. ***Reinstatement of Approval.*** The board shall reinstate approval of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the board.	**7.6.1 Reinstatement of Approval.** The board may reinstate approval if the program submits evidence of compliance with plan within the specified time frame.
	7.6.2 Closure of Nursing Education Program and Storage of Records. A nursing education program may close voluntarily or may be closed due to withdrawal of board approval. Provision must be made for maintenance of the standards for nursing education during the transition to closure; placement for students who have not completed the nursing program; and for the storage of academic records and transcripts.
	7.6.3 Required Components of Graduate Education Programs Preparing Advanced Practice Registered Nurses. Education program offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice specialty; or post-masters certificate programs offered by an accredited college or university shall include the following components:

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	a. Both direct and indirect clinical supervision must be congruent with current national specialty organizations and nursing accreditation guidelines. 1.) The curriculum includes, but is not limited to: a.) Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified category. b.) Utilizing informatics to communicate, manage knowledge, prevent error and support decision making using information technology c.) Providing client-centered care d.) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion e.) Employing evidence based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care f.) Integrating quality improvement processes g.) Legal, ethical and professional responsibilities of the APRN h.) Supervised clinical practice relevant to the APRN specialty 2.) The curriculum meets the following criteria: a.) Curriculum is consistent with competencies of the specific areas of practice b.) Instructional track/major has a minimum of 500 hours supervised clinical overall c.) The supervised experience is directly related to the knowledge and role of the specialty and category. ****A specific number of clinical hours is prescribed because this is a typical national certification requirement.*
Article VIII. Violations and Penalties ****This chapter describes the remedies available to the Board when there is a violation of the Nursing Practice Act or Nursing Administrative Rules by a person who is not a licensee or a candidate for licensure, thus not directly subject to the jurisdiction of the Board.* **Section 1.** ***Violations.*** Every employer of a licensed nurse and every person acting as an agent for such a nurse in obtaining employment shall verify the current status of the licensee's authorization to practice within the provisions of this chapter. As used in this section, the term "agent" includes, but is not limited to, a nurses registry. a. No person shall: 1.) Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act. 2.) Practice nursing under cover of any diploma, license or record illegally or fraudulently obtained, signed or issued unlawfully or under fraudulent representation.	**Chapter Eight – Violations and Penalties** **** The specificity of Article VIII in the Model Nursing Practice Act precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.*

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3.) Practice nursing during the time a license is suspended, revoked, surrendered, inactive or lapsed. 4.) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a registered nurse, licensed practical nurse or advanced practice registered nurse unless such person is duly licensed so to practice under the provisions of this Act. 5.) Fraudulently obtain or furnish a license by or for money or any other thing of value. 6.) Knowingly employ unlicensed persons in the practice of nursing. 7.) Fail to report information relating to violations of this Act. 8.) Conduct a program for the preparation for licensure under this chapter unless the board has approved the program. 9.) Conducting courses or providing consultation that conflict with the scope and standards of practice set forth in this Act and in rules of the board. 10.) Otherwise violate, or aid or abet another person to violate any provision of this Act. 11.) Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized pos session, reproduction or disclosure of examination questions or answers.	
Section 2. ***Penalties.*** Violation of any provision of this article shall constitute a misdemeanor. ****A state's practice act may state that all violations of all the listed provisions are misdemeanors or may choose to specify which violation would constitute a misdemeanor.*	
Section 3. ***Criminal Prosecution.*** Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.	
Article IX. Discipline and Proceedings ****This chapter provides remedies for the Board to address violations of the Nursing Practice Act or Nursing Administrative Rules by licensees or applicants for licensure.* **Section 1.** ***Authority.*** For any one or combination of the grounds set forth below, the board of nursing shall have the power to: a. Refuse to issue or renew a license. b. Limit a license. c. Suspend a license. d. Revoke a license. e. Place a license on probation.	**Chapter Nine – Discipline and Proceedings** ****There is variation in the use of the language among boards of nursing to describe the disciplinary process. For example, some boards are specifically authorized to limit (or restrict) a license as a discipline action while other boards may incorporate a limitation as an element of probation (or conditional license).* *For the purpose of this document, the following terms used:* ***Modified License*** *– is a license that is issued to a nurse with disability who, through a nondiscipline process with the board, is issued a license that reflects the agreed upon accommodations and/or practice limitations needed for the nurse to practice safely.*

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f. Reprimand or otherwise discipline a licensee. g. Impose a civil penalty not exceeding $10,000 for each separate violation. h. Impose fines of up to ($). Take any other action justified by the facts in the case. ****The rationale for the option of large civil penalties is to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the board for the cost of counsel, investigation and proceeding, and to discourage repeated violations. The "other action" provision gives to the board flexibility to be creative with remedy provisions.*	***Probation*** *– Through this discipline remedy, the board requires additional requirements for the nurse to meet in order to continue practicing. Probation is called a conditional license by some boards.* ***Limited License*** *– Boards authorized to limit or restrict a license use this remedy to take some aspect of practice away. Examples of limitations are working only under direct supervision, no access to controlled substances or no working in a particular setting or shift.*
Section 2. ***Grounds for Discipline.*** The board may discipline a licensee or applicant for any or a combination of the following grounds [as defined by regulations adopted by the board]: a. **Failure to Meet Requirements** – the failure to demonstrate the qualifications or satisfy the requirements for licensure contained in Article V. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements. b. **Criminal Convictions** – convictions by a court or entry of a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing, to the ability to practice nursing. c. **Fraud and/or Deceit** – employment of fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing client records, in signing any report or records in the nurse's capacity as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse or in submitting any information or record to the board. d. **Unethical conduct**, including but not limited to conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established. e. **Action in Another Jurisdiction** – a nurse's license to practice nursing or a multi-state practice privilege or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.	*** The current Model Act includes a very detailed list of discipline grounds. The subcommittee that worked on this revision identified two approaches to discipline grounds in Nursing Practice Acts: **APPROACH ONE** – BROAD GROUNDS CATEGORIES IN NPA Details would be promulgated in rules/regulations. **APPROACH TWO** – DETAILED GROUNDS IN NPA The detailed language is included as part of the Nursing Practice Act, precluding the need for additional rules. ****There are advantages to both approaches. Having broad ground category with detail in rules/regulations provides more flexibility for the board to add to the rules as needed. Having the detail in the Act provides clear notice to nurses as to the types of conduct that the board sees as problematic.* ****This document presents the grounds in a format that will meet both needs: boards using the broad category approach can use the heading language for each group of grounds in their act, the details in their rules. The boards using the detailed grounds can use all or selected parts of the detailed language in their law. Throughout this chapter, editorial notes are provided to identify how detailed language from the Act might be used to develop rules by those Boards using broader language in the NPA and specifics in the rules.*
f. **Unsafe Practice/Unprofessional Practice** – actions or conduct including, but are not limited to: 1.) Failure or inability to perform registered nursing, practical nursing or advanced practice nursing, as defined in Article II and chapter two, with reasonable skill and safety. 2.) Unprofessional conduct, including a departure from or failure to conform to nursing standards established by the Board and evidence-based practice guidelines developed by recognized authority;	****Unsafe practice addresses situations when the client is harmed or placed at risk of harm by the actions or inactions of the nurse. Many of the actions or conduct listed reflect omissions, a lack of knowledge, skills and abilities, and/or inappropriate professional judgment. It may be useful for Boards using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.*

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3.) Failure to supervise the performance of acts by any individual working at the nurse's direction, including failure of a chief administrative nurse to provide oversight of the nursing organization and nursing services of a health care delivery system. 4.) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a modified license or any stipulated agreement with the board. 5.) Conduct or any nursing practice that may create unnecessary danger to a client's life, health or safety. Actual injury to a client need not be established. 6.) Inability to Practice Safely – demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical conditions. 7.) Unethical Conduct – behavior likely to deceive, defraud, or harm the public, or demonstration of a willful or careless dis regard for the health, welfare, or safety of a client. Actual injury need not be established.	
g. **Misconduct** – actions or conduct that include, but are not limited to: 1.) Failure to cooperate with a lawful investigation conducted by the board. 2.) Violation of an Order of the board; 3.) Failure to maintain professional boundaries with clients and/or client family members. 4.) Use of excessive force upon or mistreatment or abuse of any client. "Excessive force" means force clearly greater than what would normally be applied in similar clinical situations. 5.) Engagement in sexual conduct with a client, or conduct that may reasonably be interpreted by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client.	****Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for Boards using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.*
h. **Drug Diversion** – diversion or attempts to divert drugs or controlled substances	
i. **Failure to Comply** with Alternative Program Requirements – failure of a participant of an alternative (to discipline) program to comply with terms of his /her alternative program agreement.	**** Promotes specific ground for failure to comply with terms of program agreement with Alternatives to Discipline Program. By adding this ground, the problem of investigation if a nurse has been in a program for some time, relapses and is referred to the board for possible disciplinary action, is addressed.*
j. **Other Drug Related** – actions or conduct that include, but are not limited to: 1.) Intemperate use or abuse of alcohol or drugs that the board determines endangers or could endanger a client. 2.) Use of any controlled substance or any dangerous drug or dangerous device or alcoholic beverages, to an extent or in a	

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matter dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license. 3.) Falsify or make incorrect, inconsistent or unintelligible entries in any hospital, client or other record pertaining to controlled substances.	
k. Unlawful Practice – actions or conduct that include, but are not limited to: 1.) Has knowingly aided, assisted, advised, or allowed an unlicensed person to engage in the unlawful practice of registered or practical nursing. 2.) Has violated a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of registered or practical nursing, or a state or federal narcotics or controlled substance law. 3.) Has practiced beyond the scope of practice as stated in this Act.	**** Makes not completing or otherwise complying with a Board Order a ground for discipline in itself. Also addresses failure to comply with other laws and rules/regulations.*
Section 4. ***Procedure.*** The board shall establish a disciplinary process based on the Administrative Procedure Act of the State of <NAME OF STATE >.	**9.4. Disciplinary Process.** **9.4.1 Complaint Investigation.** a. The Board shall investigate alleged acts or omissions that the Board reasonably believes constitute cause for complaint. b. Investigation reports shall be used by board staff and attorneys to support the resolution of complaints. **9.4.2 Complaint Resolution.** a. Board staff and attorney may explore settlement of complaints through informal negotiations with the subject nurse and/or subject nurse's attorney. b. If a complaint cannot be resolved through informal negotiations, the board attorney may refer the case for formal administrative hearings. c. The board shall review negotiated settlements to determine that any proposed remedy is appropriate for the facts as admitted or stipulated. d. The board shall review the evidence and record produced at administrative hearings, and recommendations of the administrative law judge to determine whether the burden of proof has been met showing that the licensee has violated one or more grounds for disciplinary action. e. The board is responsible for making complaint resolution decisions, that include: 1. Take action to dismiss 2. Request further investigation 3. Take any action authorized in Article IX of the Model Practice Act 4. Ratify a temporary suspension as the result of an emergency action taken pursuant to Article X of the Model Nursing Practice Act, or 5. Reinstate a previously sanctioned license.

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Section 5. ***Immunity.*** Any member of the board or staff and any person reporting to the board of nursing under oath and in good faith information relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing shall not be subject to a civil action for damages as a result of report such information. The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the board to act pursuant to this section.	
Section 6. ***Notification.*** The board shall communicate disciplinary actions taken as set forth in rule.	**9.6.1 Notification.** a. The individual who reported the initial complaint to the Board shall be notified in writing of the case resolution. b. The Board may use written or electronic methods to notify the public of the actions of the Board.
Section 7. ***Alternative Program***	**9.7 Alternative to Discipline Monitoring Programs.** **9.7.1 Purpose.** Alternative to Discipline Monitoring Programs promote public health and safety by providing a non-punitive and non-public process for monitoring participants' recovery from substance abuse as well as their ability to provide safe nursing services. **9.7.2 Objectives.** a. To promote early identification and close monitoring of nurses who are impaired due to substance abuse. b. To decrease the time between the nurse's acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program. c. To assure that recovering nurses are compliant with treatment, recovery and work plans. d. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery. e. To reach nurses who may be affected by substance abuse. **9.7.3 Program Structure.** a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program. b. The program services shall include: 1.) Intake services. 2.) Development of nurse-program agreements tailored to the participant's needs and situation. 3.) Processes for monitoring participant nursing practice. 4.) Processes for monitoring participant recovery. 5.) Documentation of program compliance, including results of drug testing. 6.) Procedure for timely reporting of non-compliance to the board.

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	7.) Outreach programs to educate nurses, employers and the public regarding substance abuse and its affect on nursing practice. c. The program shall make quarterly reports to the board regarding the utilization of the program and regarding specific reporting criteria established by the board. The board shall identify criteria that would trigger interim reporting. d. The program shall make aggregate data regarding operations and outcomes available to the board and interested others. **9.7.4 Eligibility Requirements for Participation.** a. The program shall develop admission criteria for review and approval by the Board. b. Admission to the alternative program may be denied for any of the following conditions: 1.) The applicant is not eligible for licensure in the jurisdiction. 2.) The nurse has a history of prior substance abuse treatment. 3.) The nurse has a history of prior licensure disciplinary action. 4.) The nurse has pending criminal action or past criminal conviction. 5.) The applicant has diverted controlled substances. 6.) The applicant's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, the treatment provider or the nurse. ****An example of significant client risk would be a situation where there is information available indicating that incidents have occurred where the nurse caused harm, abuse or neglect to clients. In such cases, a disciplinary outcome for the nurse is needed.* **9.7.5 Terms and Conditions for Alternative Program Participation.** a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program. b. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program. 1.) Standard provisions shall be developed and submitted to the board to approve use for all participants. Agreements may be individualized to meet specific nurse needs. c. Agreements and supporting data shall be reviewed on a regular basis. **9.7.6 Successful Program Completion.** a. A participant successfully completes the program when: 1. The participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement. 2. The participant is notified in writing of successful program completion.

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	9.7.7 Causes for Termination from Program. Participation may be terminated for any of the following reasons: a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter; b. The participant fails to comply with any provision of the participant's agreement; c. The participant is unable to practice according to acceptable and prevailing standards of safe care due to substance abuse; d. The program receives information that, after investigation, indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter; or e. The participant receives a felony conviction.
Article X. Emergency Relief **Section 1.** ***Summary Suspension.*** a. Authority. The board is authorized to temporarily suspend the license of a nurse without a hearing if: 1.) The board finds that there is probable cause to believe that the nurse has violated a statute or rule that the board is empowered to enforce. 2.) Continued practice by the nurse would create imminent and serious risk of harm to others. b. Duration. The suspension shall remain in effect until the board issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the board and licensee. c. Hearing. The board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after the issuance of the summary suspension order. The licensee shall receive at least < > days notice of the hearing.	**Chapter Ten – Emergency Relief** ****Article X of the MNPA and chapter ten of the MNAR provide a process for the board to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.* ****The specificity of Article X in the Model Nursing Practice Act precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.*
Section 2. ***Automatic Suspension.*** a. Unless the board orders otherwise, a license to practice nursing is automatically suspended if: 1.) A guardian of a nurse is appointed by order of a court under sections <REFERENCE TO GOVERNING STATE LAW>. 2.) The nurse is committed by order of a court under <REFERENCE TO GOVERNING STATE LAW>. 3.) The nurse is determined to be mentally incompetent, mentally ill, chemically dependent, or a person dangerous to the public by a court of competent jurisdiction within or without this state. 4.) The license remains suspended until the nurse is restored to capacity by a court, and upon petition by the nurse; the board terminates the suspension after a hearing or upon agreement between the board and the nurse.	**** This section allows a board to act on a previous court action without additional proceedings.* *Example: a nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.* *Another option is to consider automatic suspension for specified, very serious criminal convictions.*

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Section 3. ***Injunctive Relief.*** a. Authority. The board or any prosecuting officer upon a proper showing of the facts is authorized to petition a court of competent jurisdiction for an order to enjoin (injunctive relief): 1.) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under Article XII. 2.) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XII. 3.) Any person, firm, corporation, institution or association from operating a school of nursing without approval. 4.) Any person whose license has been suspended or revoked for practicing as an RN, LPN/VN or APRN. Such acts are declared to be a public nuisance and pose a risk of harm to the public health and safety. b. The court may without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this section, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.	**** The Board's prosecuting attorney may also petition for injunctive relief related to nursing practice.* **** A public nuisance is defined by Black as a condition dangerous to health…an unreasonable interference with a right common to the general public. Black, p.1107. Sometimes prosecutors are not interested in pursuing nursing violations. It is hoped that this language would carry additional weight with prosecutors and courts.*
Section 4. ***Preservation of Other Remedies.*** The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.	
Article XI. Reporting **Section 1.** ***Mandatory Reporting by Licensed Nurses*** a. A licensed nurse shall report to the Board in the manner prescribed by rule if the nurse has reasonable cause to suspect that: 1.) A nurse has unnecessarily exposed a client or other person to a risk of harm; 2.) A nurse has exhibited unprofessional conduct; 3.) A nurse has failed to adequately care for a client; 4.) A nurse has failed to conform to the minimum standards of acceptable nursing practice; or 5.) A nurse is impaired or the nurse's ability to practice is likely impaired by reason of substance abuse or mental or physical impairment. **Section 2.** ***Duty to Report*** a. Hospitals, nursing homes and other employers of registered nurses, licensed practical/vocational nurses or advanced practice registered nurses shall report to the board the names of those licensees whose employment has been terminated or who has resigned in order to avoid termination for any reasons stipulated in Article IX, Section 2.	**Chapter Eleven – Reporting** ****This language provides thresholds for reporting to guide reporters in making the determination whether a situation should be reportable while eliminating those situations that can be handled within the employment setting.*

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b. A nursing education program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires. c. A professional association of nurses or an organization that conducts a certification or accreditation program for nurses and that expels, decertifies, or takes any other substantive disciplinary action, as defined by the Board, against a nurse as a result of the nurse's failure to conform to the minimum standards of acceptable nursing practice shall report in writing to the Board the identity of the nurse and any additional information the Board requires. d. A state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies regarding the quality of nursing care provided by the facility or agency shall report in writing the identify of a licensed nurse. e. Each insurer that provides to a licensed nurse professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report any payment made on behalf of a nurse in of a claim or lawsuit made on behalf of a nurse. f. The attorney representing the state shall: 1.) Cause the clerk of the court of record in which the conviction, adjudication, or finding is entered, withheld, or appealed under the laws of this state shall prepare and forward to the Board a certified true and correct abstract of the court record of the case not later than the 30th day after the date a person known to be a licensed nurse who is licensed, otherwise lawfully practicing in this state, or applying to be licensed to practice is convicted of: a.) A misdemeanor involving moral turpitude; b.) A violation of a state or federal narcotics or controlled substance law; or c.) An offense involving fraud or abuse under the Medicare or Medicaid program; or d.) If a court finds that a nurse is mentally ill or mentally incompetent. g. The abstract of the case shall include the name and address of the nurse or applicant; a description of the nature of the offense committed, if any; the sentence, if any; and the judgment of the court. h. A person who is required to report a nurse under this section because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the Board.	

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Section 3. ***Failure to Report.*** a. A person is not liable in a civil action for failure to file a report required by this subchapter. b. The appropriate state-licensing agency may take action against a person regulated by the agency for a failure to report as required by this subchapter.	
Section 4. ***General Provisions Regarding Duty to Report; Minor Incidents.*** a. In this section, "minor incident" means conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to a client or other person. b. The Board shall adopt rules governing reporting required under this section to minimize: 1.) unnecessary duplicative reporting; and 2.) the reporting of a minor incident. c. If the Board determines that a report submitted under this section is without merit, the board shall expunge the report from the nurse's file. d. The Board shall inform, in the manner the board determines appropriate, nurses, facilities, agencies, and other persons of their duty to report under this section.	**11.4.1 Minor Incidents.** a. The Board believes the reporting of every minor violation of the Nursing Practice Act does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action, monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board. b. A minor incident is conduct in violation of the Nursing Practice Act, which, after a thorough evaluation of factors enumerated under this chapter, indicates that the nurse's continuing to practice professional nursing does not pose a risk of harm to a client or other person and, therefore, does not need to be reported to the Board. c. A nurse involved in an incident which is determined to be minor need not be reported to the board if all of the following factors exist: 1.) The potential risk of physical, emotional or financial harm to the client due to the incident is minimal; 2.) The incident is a singular event with no pattern of poor practice by the nurse; 3.) The nurse exhibits a conscientious approach to and account ability for his/her practice; and 4.) The nurse, in other aspects, has the knowledge and skill to practice safely. d. Other conditions which may be considered in determining that mandatory reporting is not required are: 1.) The significance of the event in the particular practice setting; 2.) The situation in which the event occurred; and 3.) The presence of contributing or mitigating circumstances in the nursing care delivery system. e. When a decision is made that an incident meets the conditions outlined above, the following steps are required: 1.) An incident/variance report shall be completed according to the employing facility's policy; 2.) The nurse's manager shall maintain a record of each minor incident involving those nurses under his/her supervision; 3.) The nurse's manager shall assure that the incident/variance report contains a complete description of the incident, client record number, witnesses, nurse involved and the action taken to correct or remediate the problem;

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	f. The nurse's manager shall report to the Board if < > minor incidents involving the RN are documented within a one-year time period; and g. Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board. h. Failure to classify an event appropriately in order to avoid reporting may result in violation of the required reporting statute.
Section 2. ***Court Order.*** The board may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated in Section 1 of this Article if one is not forthcoming voluntarily.	****This provision authorizes the Board to seek court assistance in obtaining information required in Article X of the MNPA.*
Section 3. ***Penalty.*** The board may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 of this Article.	
Section 4. ***Immunity.*** a. Any organization or person reporting, in good faith, information to the board under this Article shall be immune from civil action as provided in Article IX, Section 5. b. A physician or other licensed health care professional who, at the request of the board, examines a nurse, shall be immune from suit for damages by the nurse examined if the examining physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.	
Article XII. Exemptions **Section 1.** ***No provisions of this Act shall be construed to prohibit:*** a. The practice of nursing that is an integral part of a program by nursing students enrolled in board approved nursing education programs. b. An individual engaged in an internship, residency or other supervised study/practice opportunity as defined by rules of the boards. c. The rendering of assistance by any nurse in the case of an emergency or disaster. d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster. e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.	**Chapter Twelve – Exemptions** ****Article XII of the MNPA identifies exceptional situations when an individual may practice nursing without first being granted a license by the jurisdiction.* ****Article XII, A of the MNPA provides an exemption for nursing students enrolled in board approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).* **** International nurses here in the United States to enroll in graduate education programs shall follow the provisions in Chapter Five to obtain a limited license for non-clinical aspects of the nursing education program.* **** The transition opportunities addressed in 12.1.1 relate to programs taken after the completion of nursing education programs and initial licensure as a nurse. Pre-graduation transition programs would be covered in Article XII, Section 1.a, the exemption for practice of nursing by nursing students.*

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f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing. g. The practice of any nurse, currently licensed in another state who is employed by any bureau, division or agency of the United States government while in the discharge of official governmental duties. h. The practice of nurse who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting clients into, out of or through this state. Such exemptions shall be limited to a period not to exceed < > hours for each transport. i. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis for a period not to exceed < > days to: 1.) Provide care to a client being transported into, out of, or through this state. 2.) Provide professional nursing consulting services. 3.) Attend or present a continuing nursing education program. 4.) Provide other short-term non-clinical nursing services. j. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.	**12.1.1 Internships, Residencies and Supervised Study/Practice Opportunities.** a. Internships and residencies are formal programs offered by a recognized entity (e.g., school of nursing, hospital, other agency or a collaboration between entities) to provide a structured transition from student to novice nurse. b. Supervised study opportunities shall meet the following requirements: 1.) Identification of the professional responsible for planning and implementing the study/practice opportunity. 2.) Definition of clinical objectives and purpose. 3.) Articulation of a clinical practice plan. 4.) Identification of the individual or individuals who will be responsible for providing supervision and consultation. 5.) Specific timeframe for completing the study. 6.) Definition of expected outcomes for study completion. 7.) Evaluation of outcomes of the study/practice opportunity. c. An individual who participates in a supervised study/practice opportunity shall: 1.) Hold an active, unencumbered nursing license to practice at the level required for the study/practice opportunity in another jurisdiction in the United States. or another country); 2.) Participate with the professional responsible for planning and implementing the study/practice opportunity in identification of objectives, purpose and practice plan; 3.) Identify the professional responsible for supervision of the study/practice opportunity; and 4.) Limit practice to the clinical experience required to complete the study/practice opportunity objectives and practice plan. **12.1.2 Exemption for Graduate Nursing Students.** Article XII, B of the MNPA, includes the clinical practice by graduate nursing students in fulfillment of program requirements. This exemption is applicable to: students enrolled in graduate nursing education programs who meet the following criteria: a. The student holds an active, unencumbered RN license in another jurisdiction (either in the United States or in another country). b. The Board approves the graduate study experience. c. The graduate program advises the student of expectations regarding student practice and required supervision. d. The graduate program provides direct supervision of the clinical experience, and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption. e. The student limits practice to what is required for completion of the graduate program requirements. ****If a graduate student intends to work as a nurse while in graduate school, the student is expected to apply for licensure. Most graduate nursing education programs in the United States require students to be licensed as RNs in the state the school is located. There are some exceptions, e.g., some programs waive this requirement for students from foreign countries who come to the United States solely for the education, intending to return to their native country and never intending to practice in this country.*

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	In the previous version of the rules, practice by graduate students in schools where RN licensure was not required was covered by a category of permit for "post-basic" students that was included in MNPA, Article V, to provide for those situations when a graduate nurse wishes to practice to meet the clinical requirements of a graduate program but does not intend to otherwise practice in a jurisdiction. There was concern that the term "post-basic" was confusing, so this type of permit was deleted. Instead, Article XII, B provides an exemption that is intended to include graduate students. *See exemptions in Article XII for provision to allow practice by graduate student.* *Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter 5.* **12.1.3 Practice Expectations.** The practice of any nurse currently licensed in another state who is in this jurisdiction on a time-limited, non-routine basis for the activities identified in Article XII, I, shall comply with the scope of practice and standards of this jurisdiction.
Article XIII. Revenue, Fees **Section 1.** ***Revenue.*** The board is authorized to establish, appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the board determines necessary.	**Chapter Thirteen – Revenue and Fees** **13.1.1 Collection of Fees.** a. The Board shall collect the following fees: 1.) $ < > for application for licensure by examination as a Registered Nurse or as a Licensed Practical/Vocational Nurse. If a Modified License is issued, there is no additional fee. 2.) $ < > for a temporary permit for an applicant for initial licensure as a Registered Nurse or as a Licensed Practical/ Vocational Nurse. 3.) $ < > for application for licensure by endorsement as a Registered Nurse or a Licensed Practical/Vocational Nurse. This fee shall include the temporary permit. If a Modified License is issued, there will be no additional fee. 4.) $ < > for a temporary permit for an applicant for licensure by endorsement as a Registered Nurse or as a Licensed Practical/Vocational Nurse. 5.) $ < > for application for initial licensure as an advanced practice registered nurse. If a modified license is issued, there will be no additional fee. 6.) $ < > for a temporary permit for an applicant for initial licen sure as an advanced practice registered nurse. 7.) $< > for application for licensure by endorsement as an advanced practice registered nurse. This fee shall include the temporary permit. If a modified license is issued, there will be no additional fee. 8.) $ < > for a temporary permit for an applicant for licensure by endorsement as an advanced practice registered nurse. 9.) $ < > for a temporary permit to practice as for the clinical portion of a nursing refresher course.

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	10.)$ < > for renewal of licensure as a Registered Nurse or as a Licensed Practical/Vocational Nurse. 11.)$ < > for renewal of licensure as an advanced practice registered nurse. 12.)$ < > for late renewal or reinstatement of licensure as a Nurse. 13.)$ < > for certified statement that a nurse is licensed in this state. 14.)$ < > for a duplicate or reissued license to practice as a nurse. 15.)$ < >) for a check returned for any reason. 16.)$ < >) per year for each level of nursing educational program approved by the Board. b. Cost of Service. Fees collected by the Board shall reflect the cost of service provided. c. Refund of Fees. All fees collected by the board are non-refundable.
Section 2. ***Disposition of Fees***. All fees collected by the board shall be administered according to the established fiscal policies of this state in such manner as to implement adequately the provisions of this Act.	
Section 3. ***Disposition of Fines.*** All fines collected shall be used by and at the discretion of the board for designated projects as established in the fiscal policy of this state.	
Article XIV. Implementation **Section 1.** ***Effective Date.*** This Act shall take effect <DATE >. **Section 2.** ***Persons Licensed Under a Previous Law.*** a. Any person holding a license to practice nursing as a registered nurse in this state that is valid on (effective date) shall be deemed to be licensed as a registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act. b. Any person holding a license to practice nursing as a licensed practical/vocational nurse in this state that is valid on (effective date) shall be deemed to be licensed as a licensed practical/vocational nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act. c. Any person holding a license to practice nursing as advanced practice registered nurse in this state that is valid on (effective date) shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act. d. Any person eligible for reinstatement of a license as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse respectively, under provisions, conditions and	**Chapter Fourteen – Implementation** **14.1.1 APRN Implementation.** a. A nurse practicing at an advanced level during a < > period preceding the effective date of this jurisdiction's licensure legislation may, within < > of effective date, apply for licensure as an Advanced Practice Registered Nurse. 1.) The graduate degree requirement is waived before January 1, 2003. The waiver of the graduate education requirement continues to apply at the time of license renewal or reinstatement of a lapsed license. 2.) The applicant shall have completed an educational program designed to prepare the person to function in the advanced nursing practice category.The applicant shall comply with all other requirements of Section ___.

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standards prescribed in the Act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within < > months of the effective date of this Act. e. Any person holding a lapsed license to practice nursing as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse in this state on (effective date), because of failure to renew, may become licensed as a registered nurse, a licensed practical/vocational nurse, or an advanced practice registered nurse respectively, under the provisions of this Act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within < > months of the effective date of this Act. f. Those so licensed under the provisions of Article XIV, Section 2 (a) through (e) above, shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.	
Section 3. ***Severability.*** The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.	
Section 4. ***Repeal.*** The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE, THE CURRENT NURSING PRACTICE ACT OR APPROPRIATE SECTIONS>.	

Report of the Resolutions Committee

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Resolution Committee

The Resolutions Committee is a Standing Committee and is responsible to review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by the delegates of Member Boards. The committee is also charged to review the resolutions process and make recommendations for process improvement.

Highlights of FY03 Activities

The Resolutions Committee reviewed the resolutions process that was revised and implemented in FY02 and determined that further review of the resolution process and documents this year would clarify the process for the membership.

Resolutions Committee Operating Policies and Procedures

The Committee requested the parliamentarian review the Resolutions Committee Operating Policies and Procedures regarding clarification of an informal meeting and/or conference call with members wanting to make a motion/resolution at Delegate Assembly. The parliamentarian recommended the following new language:

The Resolutions committee may schedule a conference call and/or an informal meeting with members wanting to make a motion at Delegate Assembly to enable makers an opportunity to receive assistance in the formulation of the motion/resolution.

Tom Abrams, NCSBN legal counsel, recommended additional revisions to the Operating Policies and Procedures. The new language is outlined below:

The Resolutions Committee is a standing committee of the Delegate Assembly established under Article X (1)(e) of the National Council Bylaws to review, evaluate and report on all motions and resolutions submitted to the Committee by a delegate.

Makers may submit motions to the Resolutions Committee until the Delegate Assembly concludes its business at the Annual Meeting to allow for all matters to be addressed. However, motions and resolutions not submitted to the committee by the established deadline may be reviewed and analyzed by the Resolutions Committee.

The deadline for submitting motions and resolutions to the Resolution Committee shall appear in the Standing Rules for the Delegate Assembly.

Motions and resolutions must be submitted to the Resolutions Committee by the deadlines published in the National Council newsletter, Council Connector, member mailing, NCSBN Web site, or other form of notice in order to be reviewed by the Resolutions Committee and mailed to Member Boards 45 days before the Annual Meeting.

A motion or resolution not submitted to the Resolutions Committee by the established deadline at the Delegate Assembly may be presented directly to the Delegate Assembly as new

Members

Cheryl Koski, MN, RN, CS, Chair
Wyoming, Area I

Charles Alexandre, MSN, RN
Rhode Island, Area IV

Julie George, RN, MSN
North Carolina, Area III

Linda Busch, LPN
Minnesota, Area II

Staff
Alicia Byrd, BSN, RN
Member Relations Manager

Relationship to Strategic Plan

Strategic Initiative 5
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

December 16, 2002 (Conference Call)
February 24, 2003 (Conference Call)
April 7, 2003 (Conference Call)

Attachments

A. Resolutions Committee Operating Policies and Procedures
B. Motions/Resolutions Submission Form
C. Fiscal Impact Statement FY2003
D. Solicitation Memo

business, provided that the maker first submits the resolution to the Chair of the Resolutions Committee. The Resolutions Committee may make a reasonable attempt to meet with the motion-maker to discuss any such motions and resolutions, time permitting, but the Committee may report to the Delegate Assembly that it was unable to perform its analysis and review of the motion.

The maker is responsible for duplication of the resolution for distribution to members of the Delegate Assembly. Each resolution or motion should be accompanied by a written analysis of consistency with National Council mission, purpose and functions, strategic initiatives, outcomes, assessment of fiscal impact and potential legal implications. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

Motions/Resolutions Forms

The terms motion and resolution have been used interchangeably by the membership in the resolution process. The committee requested the parliamentarian provide input concerning the appropriate use of these terms and a recommendation concerning the use of separate motion and resolution forms. The parliamentarian recommended to the committee that one form be used for the submission of business to be considered at Delegate Assembly. Furthermore, the wording "I move that" is appropriate language where "Whereas" clauses are usually used in more formal resolutions.

FY03 Fiscal Form

The fiscal form was reviewed by the Director of Finance to determine the appropriateness for use in FY03. The date was revised to reflect the current fiscal year was the only recommended change.

Resolutions/Motions Solicitation Memo

This letter was refined to provide clarification concerning the resolution process and to provide a date for the membership to teleconference with the Resolutions Committee to receive support regarding the resolution process.

The following documents were sent on March 12, 2003 to Member Board Executive Officers and Presidents:

- Motions/Resolutions Solicitation Memo
- Resolutions Committee Operating Policies and Procedures
- Motions/Resolutions Form
- FY03 Fiscal Form

Future Activities

The following meetings are scheduled at Annual Meeting:
August 5, 2003, at 4:30 - 5:00 pm (informal)
August 6, 2003, at 4:00 pm (formal)

Attachment A

Resolutions Committee Operating Policies and Procedures

Purpose

The Resolutions Committee is a standing committee of the Delegate Assembly established under Article X (1)(e) of the National Council Bylaws to review, evaluate and report on all motions and resolutions submitted to the Committee by a delegate. The operating policies and procedures serve to guide the work of the Committee and the formulation of motions and resolutions by makers.

Policy

1. All resolutions and non-procedural main motions unrelated to the election of officers and directors must first be submitted to the Chair of the Resolutions Committee before being presented to Delegate Assembly.
2. The Resolutions Committee will receive and analyze all motions and resolutions submitted to it by authorized motion makers. The analysis shall consist of:
   a) Determination of consistency with National Council articles of incorporation, bylaws, mission, purpose and functions, strategic initiatives, outcomes and policies;
   b) Determination of relationship to ongoing programs;
   c) Assessment for duplication with other proposed motions;
   d) Legal implications;
   e) Financial impact.
3. The Resolutions Committee Chairperson will present to the Delegate Assembly oral and/or written reports of all motions and resolutions submitted to it. The report for each motion and resolution shall include the following analyses performed by the Resolutions Committee:
   a) Determination of consistency with National Council articles of incorporation, bylaws, mission, purpose and functions, strategic initiatives, outcomes, and policies
      Consistent
      Not Consistent (with rationale)
   b) Determination of relationship to ongoing programs
      Not in current Strategic Plan
      In current Strategic Plan (site identified)
   c) Assessment for potential duplication with other proposed motion or ongoing programs
      No duplication
      Duplication (area of duplication specified)
   d) Legal implications
      None
      Implications identified
   e) Financial impact
      None
      Impact identified

In the event a motion or resolution is submitted too late for the Resolutions Committee to perform its analysis, the Committee will report to Delegate Assembly the absence of any review.

Procedures

1. Motions and resolutions must be submitted by a delegate in accordance with the bylaws and the Standing Rules. The person seconding the motion must also sign all motions. A fiscal impact statement must accompany the motion or resolution.
2. It is desirable to have the motion or resolution submitted in time to include in the mailing to Member Boards 45 days before the Annual Meeting. However, motions and resolutions not submitted in time to meet the 45-day mailing prior to the Annual Meeting should be submitted to the Resolutions Committee by the time and date proscribed in the Standing Rules.
3. The Resolutions Committee may schedule a conference call and/or an informal meeting with members wanting to make a motion at Delegate Assembly to enable makers an opportunity to receive assistance in the formulation of the motion/resolution.
4. Makers may submit motions to the Resolutions Committee until the Delegate Assembly concludes its business at the Annual Meeting to allow for all matters to be addressed. However, motions and resolutions not submitted to the Committee by the established deadline may not be reviewed and analyzed by the Resolutions Committee.
5. The deadline for submitting motions and resolutions to the Resolutions Committee shall appear in the Standing Rules for the Delegate Assembly.
6. The Resolutions Committee will meet with each maker in accordance with the schedule and guidelines established. This meeting shall occur as close to the session at which new business will be considered as is consistent with the orderly transaction of the Committee's business. Once discussion is concluded, the Committee will meet in executive session to prepare the motion or resolution for submission to the Delegate Assembly.
7. Courtesy resolutions are proposed directly by the Resolutions Committee.

Motions and Resolutions for Publication

1. Motions and resolutions must be submitted to the Resolutions Committee by the deadlines published in the National Council newsletter, *Council Connector*, member mailing, NCSBN Web site, or other form of notice in order to be reviewed by the Resolutions Committee and mailed to Member Boards 45 days before the Annual Meeting.
2. Motions and resolutions submitted in advance of the Annual Meeting will be presented at the Resolutions Forum.
3. The person(s) submitting a motion or resolution must be prepared to attend and discuss the motion or resolution with Resolution Committee at its scheduled meeting and speak to the motion or resolution to the Delegate Assembly.

Motions and Resolutions Received After the Resolutions Committee Meeting

1. A motion or resolution not submitted to the Resolutions Committee by the established deadline at the Delegate Assembly may be presented directly to the Delegate Assembly as new business, provided that the maker first submits the resolution to the Chair of the Resolutions Committee. The Resolutions Committee may make a reasonable attempt to meet with the motion maker to discuss any such motions and resolutions, time permitting, but the Committee may report to the Delegate Assembly that it was unable to perform its analysis and review of the motion.
2. The maker is responsible for duplication of the resolution for distribution to members of the Delegate Assembly. Each resolution or motion should be accompanied by a written analysis of consistency with National Council mission, purpose and functions, strategic initiatives, outcomes, assessment of fiscal impact and potential legal implications. The

Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

Definitions

Motions/Resolutions
Business items proposed by Delegates, the Board of Directors, or the Examination Committee for consideration at the Delegate Assembly. Such proposals are submitted to the Resolutions Committee where they are processed for clarification and consistency.

Revisions Dates:
May 1990
January 1996
February 2002
February 2003
May 2003

Attachment B
Motions/Resolutions Submission Form

National Council of State Boards of Nursing
Motions/Resolutions Submission Form

PLEASE TYPE OR PRINT CLEARLY

Name of Motion/Resolution:

Maker:

Date: **Phone #:** **E-mail Address:**

I move that:

Rationale for Motion:

Signature of Maker: _____

Member Board: _____

Signature of Second: _____

Member Board: _____

I. Describe the relationship of the motion/resolution to National Council's:
a) Bylaws, mission, strategic initiatives and outcomes (see NCSBN Web site and/or current Delegate Assembly business book)

b) Ongoing programs and policies

II. Identify potential legal implications.

III. Attach a completed Fiscal Impact Statement.

Attachment C
Fiscal Impact Statement

National Council of State Boards of Nursing
Fiscal Impact Statement – FY2003

PLEASE TYPE OR PRINT CLEARLY

Title of Motion/Resolution: _____

Proposed by:

I. PROJECTED DATES

A) Beginning: _____

B) Completion: _____

II. RESOURCES ANTICIPATED

Check those resources needed to accomplish motion/resolution

A) Does this proposal require a committee? ❑Yes ❑No ❑Unsure

1. _____ Number of members anticipated including the chair? ❑Unsure
2. How many meetings anticipated? _____
3. Time span of resources: ❑1 year ❑2 years ❑3 or more years ❑Unsure

B) Does this proposal require printings, mailings, or electronic access (e.g., Web)?
❑Yes ❑No

1. Please describe any expected surveys.
2. Please describe other expected printings (special reports, mailings).
3. Please describe any expected electronic resources (e.g., Web site).

C) Will this proposal require outside consultation? ❑Yes ❑No

If yes, please select all that apply:

- ❑ Legal Counsel
- ❑ Nursing
- ❑ Testing/Psychometric
- ❑ Policy/Regulation
- ❑ Technical (including computer)
- ❑ Other (please describe) _____

D) Will this proposal require other resources? ❑Yes ❑No

If yes, please complete the following:

1. Please describe expected travel (other than committee meetings).
2. Other (please describe).

Attachment D
Solicitation Memo

March 4, 2003

TO: Executive Officers
Member Board Presidents

FROM: The Resolutions Committee

Chairperson
Cheryl Koski, MN, RN, CS, Executive Officer, Wyoming State Board of Nursing, Area I

Committee Members
Charles Alexandre MSN, RN, Director, Rhode Island Board of Nurse Registration & Nursing Education, Area IV

Linda Busch LPN, Board Member, Minnesota Board of Nursing, Area II

Sandy Evans MA.Ed, RN, Executive Director, Idaho Board of Nursing, Finance Committee, Area II

Julia George RN, MSN, North Carolina Board of Nursing, Area III

RE: Call for Motions/Resolutions to the 2003 Delegate Assembly

The Resolutions Committee is seeking motions/resolutions for consideration by the Delegate Assembly at the 2003 National Council Annual Meeting, August 5-8. The Resolutions Committee is a standing committee of NCSBN and must review, evaluate, and report to the Delegate Assembly on all motions/resolutions submitted by Member Boards. The Committee therefore encourages your early participation in the process.

Enclosed are documents and reference materials to assist you and your Member Board delegates in the timely submission of resolutions/motions for review and analysis by the Committee. Use of the documents will enable makers to develop motions/resolutions that conform to the National Council Bylaws, 2003 Standing Rules (pending delegate approval), and the Resolutions Committee Operating Policies and Procedures. These documents include:

- Resolutions Committee Operating Policies and Procedures (Attachment A)
- Motions/Resolutions Submission Form (Attachment B)
- Fiscal Impact Statement (Attachment C)
- Click on the links below to review reference documents:
- National Council Bylaws
- National Council Mission
- National Council Strategic Initiatives and Outcomes FY03-04

Please carefully review the Resolutions Committee Operating Policies and Procedures and other documents before preparing motions/resolutions. This will expedite the Committee review of your submission. Further, we ask that motions/resolutions be submitted using the form provided and include the Fiscal Impact Statement. These forms will also be available in a printable version on the NCSBN Web site.

The Committee wishes to advise you of the advantages of submitting motions/resolutions early in the process. By presenting motions/resolutions to the Committee in a timely way, we will be able to assist you by providing a comprehensive review and evaluation in accordance with the necessary criteria. Further, those motions/resolutions having major potential impact will be accompanied by the necessary rationale and supporting information. If additional analysis is needed, the Committee will have ample opportunity to provide for the necessary evaluation. This will make your presentation of the recommendations to the Delegate Assembly and the Committee's report to be given in a manner that facilitates informed discussion and decision-making.

The Committee would like to invite participation of representatives of Member Boards (those that have submitted motions/resolutions and those still considering) in a conference call on **April 7, 2003, at 2:00 pm (CST)**. This call is being held to give members a chance to interact with the Committee members and ask questions or raise issues regarding the submission process or their particular motions/resolutions. This will also provide the Committee an opportunity to understand the nature and intent of motions/resolutions being submitted or considered.

Motions/resolutions may be submitted at any time up to and through Delegate Assembly. Makers of all motions/resolutions must meet with the Committee on **August 6, 2003, at 4:00 pm** during Delegate Assembly. The maker should be prepared to speak to the motion/resolution, including rationale and fiscal impact. The meeting provides an opportunity for the Resolutions Committee to work with submitters should editing, rewriting, or combining of motions/resolutions be necessary.

As a reminder, only delegates, the National Council's Board of Directors, and the Examination Committee (for approval of test plans) may make motions/resolutions at the Delegate Assembly. Therefore, those of you who are not delegates will not be able to make the motion/resolution on behalf of your board or delegates at the annual meeting.

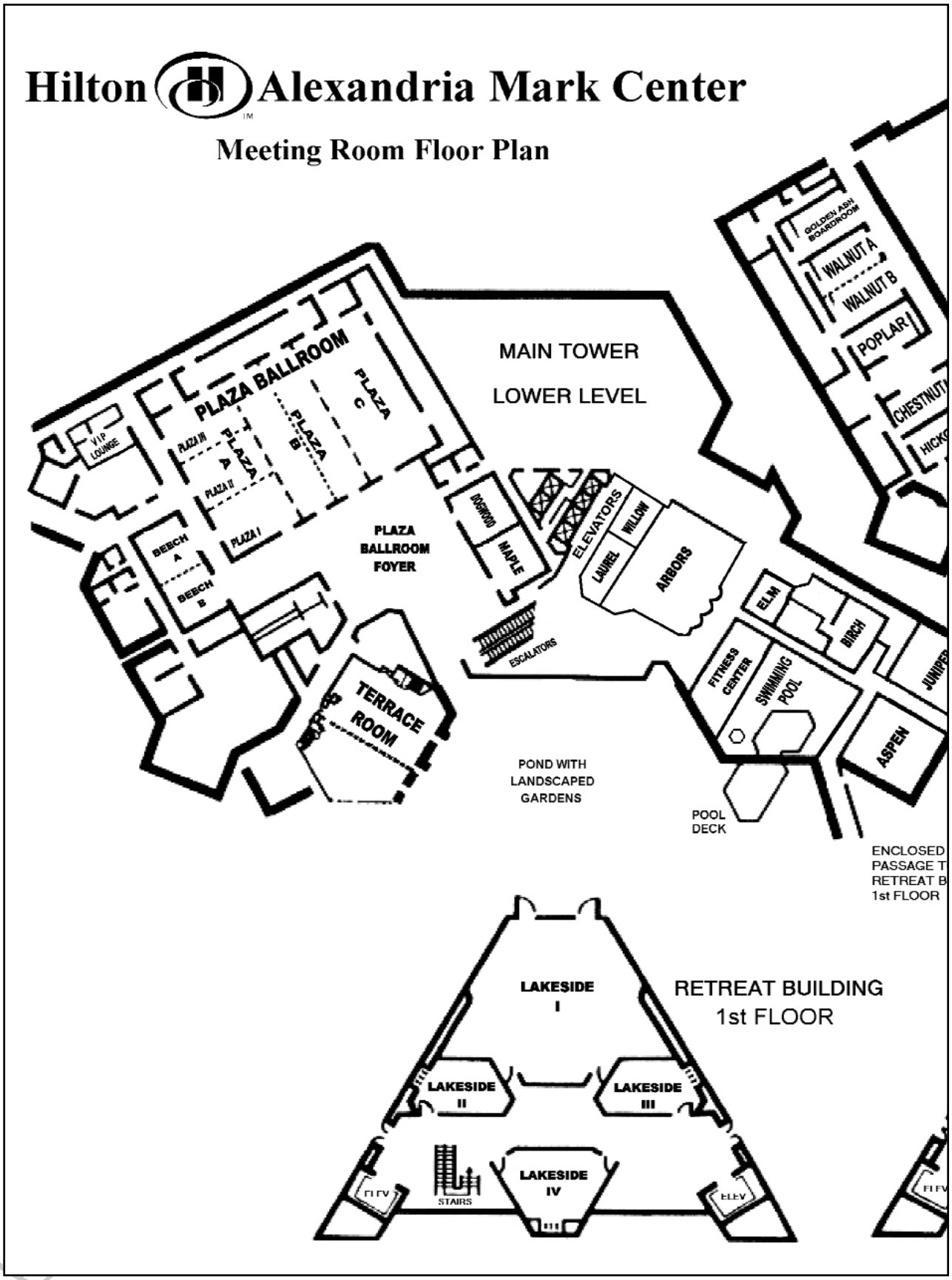
We encourage you to share this information with your board members and staff to solicit their input. NCSBN is very enthusiastic about the motions/resolutions process and is looking forward to another productive and successful Annual Meeting.

Please contact Alicia E. Byrd if you have any questions by phone at (312) 525-3666 or by e-mail at abyrd@ncsbn.org. *All submission forms can be completed electronically, then print the form, sign and send via fax to (312) 279-1032 to the attention of Alicia Byrd at the NCSBN office.*

cc: NCSBN Board of Directors
Kathy Apple, Executive Director

Section III:
Resources & General Information

For Resolutions policy & procedures and forms, see the Resolutions Committee Report and attachments, page 231.


Hilton Alexandria Mark Center
Meeting Room Floor Plan
MAIN TOWER
LOWER LEVEL
PLAZA BALLROOM
PLAZA C
PLAZA B
PLAZA A
PLAZA III
PLAZA II
PLAZA I
V I P LOUNGE
PLAZA BALLROOM FOYER
BEECH A
BEECH B
ROSEWOOD
MAPLE
ELEVATORS
WILLOW
LAUREL
ARBORS
ESCALATORS
TERRACE ROOM
GOLDEN ASH BOARDROOM
WALNUT A
WALNUT B
POPLAR
CHESTNUT
ELM
BIRCH
FITNESS CENTER
SWIMMING POOL
ASPEN
POND WITH LANDSCAPED GARDENS
POOL DECK
ENCLOSED PASSAGE T
RETREAT B
1st FLOOR
RETREAT BUILDING
1st FLOOR
LAKESIDE I
LAKESIDE II
LAKESIDE III
LAKESIDE IV
STAIRS
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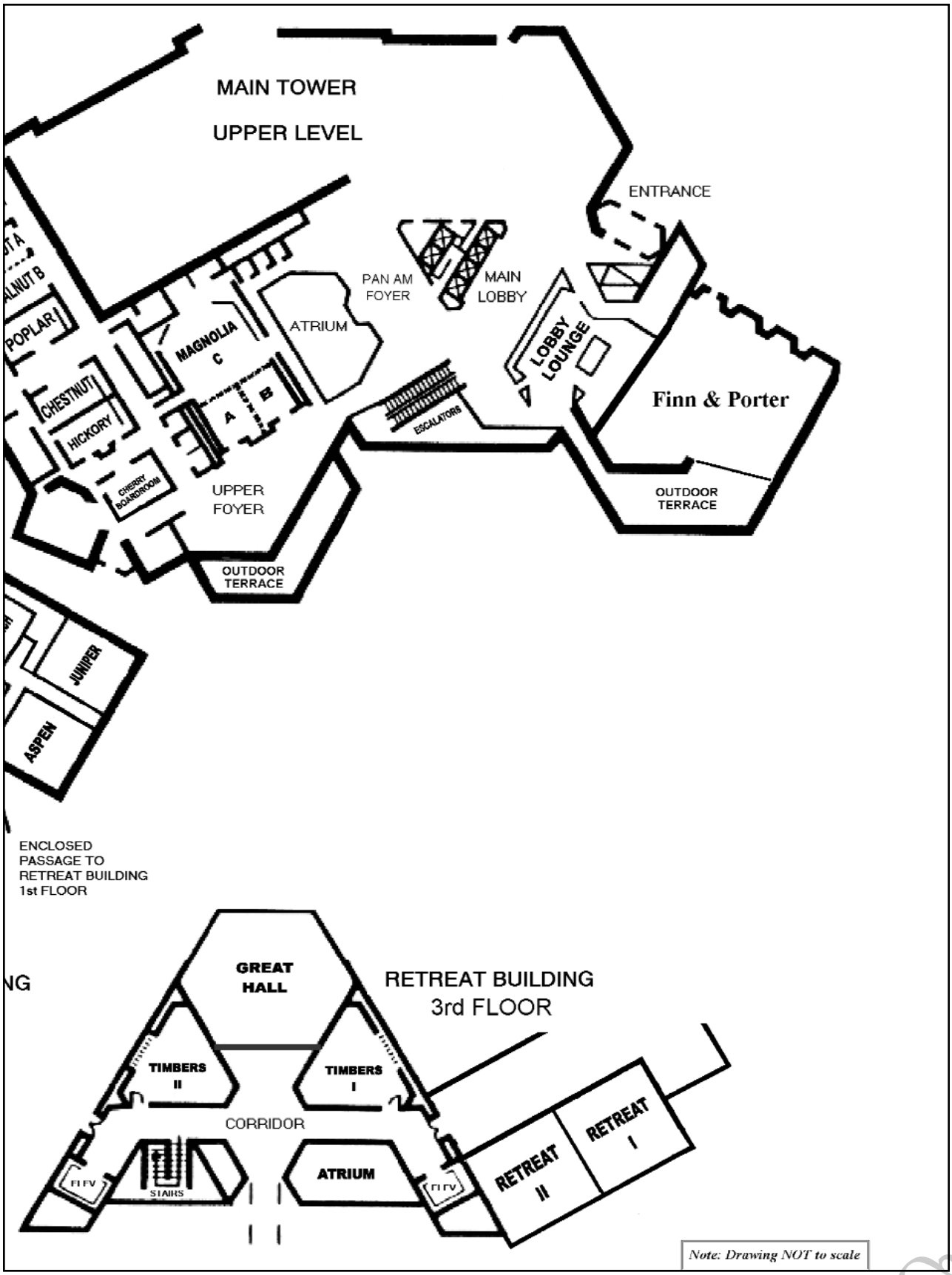

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Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of nursing also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often-heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

Organizational Mission, Strategic Initiatives and Outcomes

The mission of the National Council of State Boards of Nursing (NCSBN) is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

The role of the National Council is to serve as a consultant, liaison, advocate, and researcher to Member Boards, and as an education and information resource to the public and policy makers.

NCSBN currently has five strategic initiatives, one of which is to assist Member Boards in their role in the evaluation of initial and ongoing nurse and nurse aide competence. Another is to assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. NCSBN also seeks to analyze the changing health care environment to develop state and national strategies to impact public policy and regulation effecting public protection. NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory sufficiency. Lastly, NCSBN seeks to support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which tactics for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors evaluates the accomplishment of strategic initiatives and outcomes and the directives of the Delegate Assembly.

Organizational Structure and Function

Membership

Membership in NCSBN is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 61 Member Boards, including those from the District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the

development and use of NCSBN's licensure examinations. Member Boards also receive information services, public policy analyses and research services. Member Boards that fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

Areas

NCSBN's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues and provide diversity of board and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are two directors-at-large who are elected by all delegates voting at the Annual Meeting. (*See Glossary for list of jurisdictions by Area.*)

Delegate Assembly

The Delegate Assembly is the membership body of NCSBN and comprises delegates who are designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates. The Delegate Assembly meets at NCSBN's Annual Meeting, traditionally held in late July/early August. Special sessions can be called under certain circumstances. Regularly scheduled sessions are held on a rotation basis among Areas.

At the Annual Meeting, delegates elect officers and directors and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and to receive a copy of the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly adopts the mission statement, strategic initiatives of NCSBN, and approves the substance of all NCLEX® examination contracts between NCSBN and Member Boards, adopts test plans to be used for the development of the NCLEX examination, the NCLEX examination test service, and establishes the fee for the NCLEX examination.

Officers and Directors

NCSBN officers include the president, vice president, and treasurer. Directors consist of four area directors and two directors-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate, a committee member or an officer prior to being elected to office. An officer shall serve no more than four consecutive years in the same officer position.

The president, vice president and treasurer are elected for terms of two years or until their successors are elected. The president, vice president and treasurer are elected in even-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Area directors are elected in odd-numbered years. The two directors-at-large are elected each year for a one-year term.

Officers and directors are elected by ballot during the annual session of the Delegate Assembly. Delegates elect area directors from their respective areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the bylaws dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The vice president fills a vacancy in the office of president. Board appointees fill other officer vacancies until the term expires.

Board of Directors

The Board of Directors, the administrative body of NCSBN, consists of the nine elected officers. The Board is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The Board authorizes the signing of contracts, including those between NCSBN and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

Meetings of the Board of Directors

All Board meetings are typically held in Chicago, with the exception of the pre- and post-Annual Meeting Board meetings that are held at the location of the Annual Meeting. Board officers and directors are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN Web site (www.ncsbn.org).

A memo or report that describes the item's background and indicates the Board action needed accompanies items for Board discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting. A summary of the Board's major decisions is provided for dissemination prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each Board officer and director for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the NCSBN office and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes and personnel manual.

Communications with the Board of Directors

Communication between Board meetings takes place in several different ways. The executive director communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. In most instances, the executive director is the person responsible for communicating with NCSBN consultants about legal, financial and accounting concerns.

This practice was adopted primarily as a way to monitor and control the costs of consultant services. Conference calls can be scheduled, if so desired by the president. Written materials are generally forwarded to Board members in advance of the call. These materials include committee or staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call and submits them at the next regularly scheduled Board meeting.

Board members use NCSBN letterhead when communicating as representatives of NCSBN.

Committee on Nominations

NCSBN delegates elect representatives to the Committee on Nominations. The committee consists of four people, one from each area, who may be either board members or staff of Member Boards. Committee members are elected to two-year terms. One half of the committee members are elected in even-numbered years and one half in odd-number years. They are elected by ballot with a plurality vote. The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term. The first meeting of the committee is held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself and to prepare a slate of qualified candidates. During the Delegate Assembly, additional nominations may be made from the floor.

Committees

Many of NCSBN's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Board of Directors. At the present time, NCSBN has five standing committees: Examination; Finance; Practice, Regulation, and Education; Bylaws; and Resolutions. Subcommittees, such as the Item Review Subcommittee (Exam), may assist standing committees.

In addition to standing committees, special committees are appointed by the Board of Directors for a defined term to address special issues and concerns. Recent examples of special committees include the Nursys™ Advisory Panel, Advanced Practice (APRN) Task Force, and the Disciplinary Curriculum Advisory Panel. NCSBN conducts an annual call for committee member nominations prior to the beginning of each fiscal year. Committees are governed by their specific charge and NCSBN policies and procedures. The appointment of committee chairs and committee members is a responsibility of the Board of Directors. Committee membership is extended to all current members and staff of Member Boards.

In the appointment process, every effort is made to match the expertise of each individual with the needs of NCSBN. Also considered is balanced representation whenever possible, among areas, board members and staff, registered and licensed practical/vocational nurses, and consumers. Nonmembers may be appointed to special committees as consultants to provide specialized expertise to committees. A Board of Director liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of Board liaison, committee chairperson and committee staff are provided in NCSBN policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the Board liaison nor the NCSBN staff are entitled to a vote, but respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

Description of Standing Committees

Examination Committee

The Examination Committee comprises at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board of nursing. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and

suggests enhancements, based on research that is important to the development of licensure examinations.

The Examination Committee provides general oversight of NCSBN Licensure Examination (NCLEX®) process, including psychometrics, item development, test security and administration and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of written information about the examinations for Member Boards and other interested parties. The committee also regularly evaluates the licensure examinations by means of item analysis and test, and candidate statistics.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is a key component of this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation.

There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice. The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a passing standard to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected to recommend a series of passing standards for this process. Judges are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the Board of Directors sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes and utilizing item construction and test delivery processes based on sound psychometric principles constitute the best legal defense available for licensing examinations. For

most of the possible challenges that a candidate might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

Finance Committee

The Finance Committee comprises at least four members and the treasurer, who serves as the chair. The committee's primary purpose is to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. It also reviews financial status on a quarterly basis and provides the Board of Directors with a proposed annual budget prior to each new fiscal year.

Practice, Regulation and Education Committee (PR&E)

The Practice, Regulation and Education Committee comprises at least six members. The committee's purpose is to provide general oversight of nursing practice, regulation and education issues. It periodically reviews and revises the Model Nursing Practice Act and Model Nursing Administrative Rules, and recommends white papers, guidelines or other resources to the Board of Director for Member Board use. It also reviews NCSBN research data, conducts membership surveys and disseminates information to Member Boards and other interested parties. In the recent past, the committee has utilized subcommittees to study various issues, e.g., continued competence, foreign nurse issues, and accreditation/ approval in nursing education.

Resolutions Committee

The Resolutions Committee comprises at least four members generally representing each of the four NCSBN geographic areas and also includes one member of the Finance Committee. The committee's purpose is to review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards. The committee is governed by the operational policies and procedures, the standing rules and the bylaws.

Bylaws Committee

The Bylaws Committee comprises at least four members. The committee reviews and makes recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly. The bylaws may be amended at any annual meeting or special session of the Delegate Assembly upon written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting or written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present, and in no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

NCSBN Staff

NCSBN staff members are hired by the executive director. Their primary role is to implement the Delegate Assembly's and Board of Directors' policy directives and provide assistance to committees.

General Delegate Assembly Information

Agendas for each session of the Delegate Assembly are prepared by the president in consultation with the Board of Directors and executive director and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly

action, reports of the Board of Directors, reports of special and standing committees, and strategic initiatives and outcomes.

Prior to the annual session of the Delegate Assembly, the president appoints the credentials and elections committees, as well as the Committee to Approve Minutes. The president must also appoint a timekeeper, a parliamentarian and pages.

The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits and evaluates all others in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the executive director who serves as corporate secretary.

NCSBN Organizational Chart

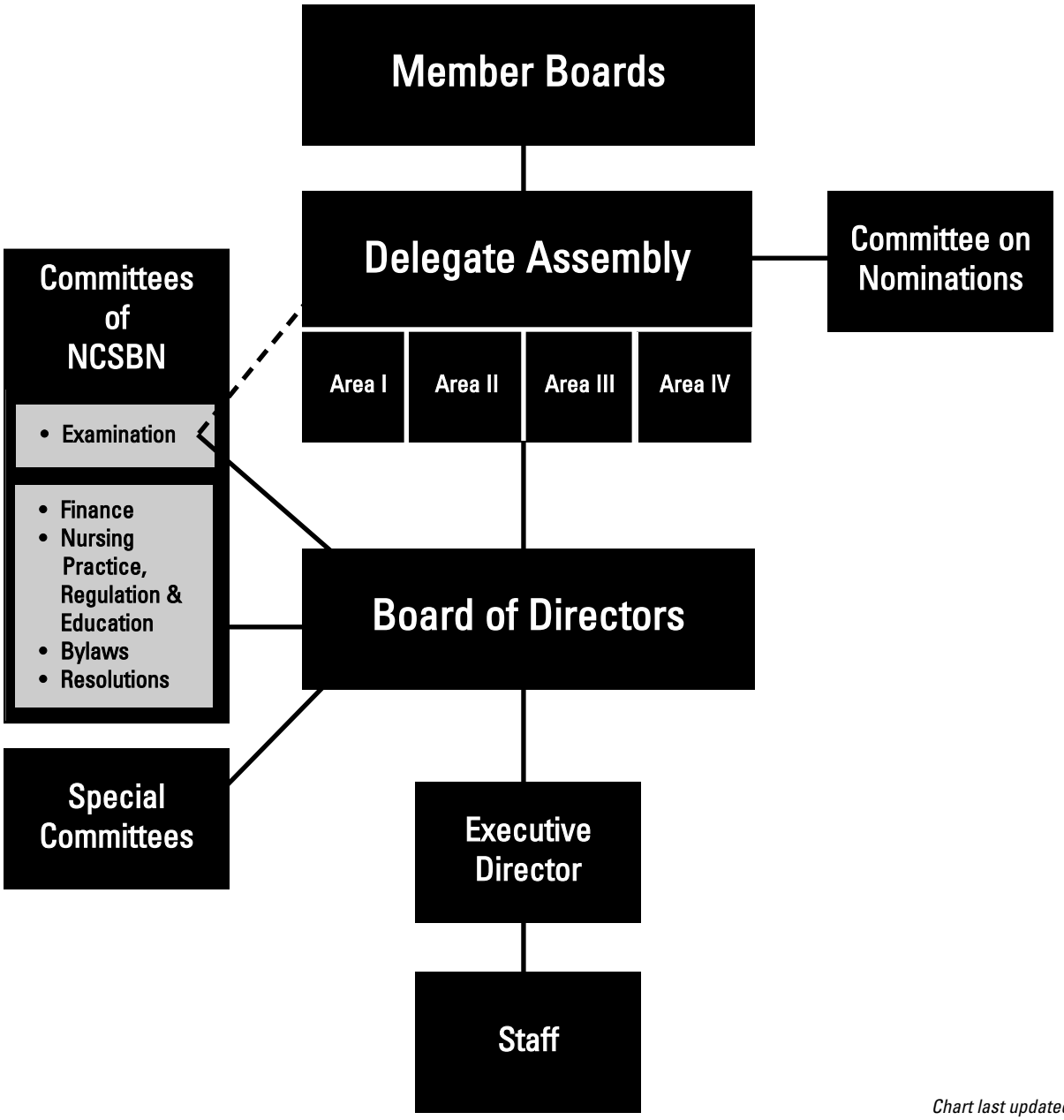

Chart last updated: 8/27/02

Bylaws of the National Council of State Boards of Nursing

Revisions adopted - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revisions adopted - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revisions adopted - 8/11/01

Article I

Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (the "National Council").

Article II

Purpose and Functions

Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* The National Council's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

Members

Section 1. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").

Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees and execution of a contract for using the NCLEX examination.

Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. *Fees.* The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.

Section 6. *Privileges.* Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX examination, except that a Member Board that uses both the NCLEX examination and another examination leading to the same license shall not participate in the development of the NCLEX examination to the extent that such participation would jeopardize the integrity of the NCLEX examination.

Section 7. *Noncompliance.* Any Member Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. *Appeal.* Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. *Reinstatement.* A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

Delegate Assembly

Section 1. *Composition.*

a. *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
b. *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board as a delegate.
c. *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. *Voting.*

a. *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.
b. *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A

Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. *Authority.* The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX examination; approve the NCLEX® examination test service; and establish the fee for the NCLEX examination.

Section 4. *Annual Meeting.* The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.

Section 5. *Special Session.* The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days before the date for which such special session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

Section 7. *Standing Rules.* The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

Article V

Officers and Directors

Section 1. *Officers.* The elected officers of the National Council shall be a president, a vice president and a treasurer.

Section 2. *Directors.* The directors of the National Council shall consist of two directors at large and a director from each Area.

Section 3. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers and directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

Section 4. *Qualifications for President.* The president shall have served National Council as either a delegate, a committee member, a director or an officer before being elected to the office of President.

Section 5. *Election of Officers and Directors.*

a. *Time and Place*. Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.

b. *Officers and Directors-at-Large*. Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
c. *Area Directors*. Each Area shall elect its Area director by majority vote of the delegates from each such Area.
d. *Voting*. Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write in votes shall be prohibited.

Section 6. *Terms of Office*. The president, vice president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors at large shall be elected for a term of one year or until their successors are elected. The president, vice president and treasurer shall be elected in even numbered years. The Area directors shall be elected in odd numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.

Section 7. *Limitations*. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. *Vacancies*. 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.

Section 9. *Responsibilities of the President*. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the National Council.

Section 10. *Responsibilities of the Vice-President*. The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.

Section 11. *Responsibilities of the Treasurer*. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

Board of Directors

Section 1. *Composition*. The Board of Directors shall consist of the elected officers and directors of the National Council.

Section 2. *Authority*. The Board of Directors shall transact the business and affairs and act on behalf of the National Council except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.

Section 3. *Meetings of the Board of Directors*. The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular

meetings of the Board at other times as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two thirds vote of the Delegate Assembly. The Board of Directors may remove any member of the Board of Directors from office upon conviction of a felony, gross misconduct, failure to perform, dereliction of duties or conflict of interest by a two-thirds vote of the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 5. *Appeal.* A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two thirds vote of the Delegate Assembly.

Article VII

Nominations and Elections

Section 1. *Committee on Nominations.*

a. *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.
b. *Term.* The term of office shall be two years. One half of the Committee members shall be elected in even numbered years and one half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.
c. *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term. The first meeting of the committee shall be held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.
d. *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.
e. *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.
f. *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session 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.

Article VIII

Meetings

Section 1. *Participation.*

a. *Delegate Assembly Session.*
   i. *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
   ii. *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.

b. *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

c. *Meetings.* National Council, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.

d. *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.

e. *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

Executive Director

Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Executive Director shall serve as the agent and chief administrative officer of the National Council and shall possess the authority and shall perform all duties incident to the office of Executive Director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Executive Director shall serve as corporate secretary and oversee maintenance of all documents and records of the National Council and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.

Article X

Committees

Section 1. *Standing Committees.* National Council shall maintain the following standing committees.

a. *Examination Committee.* The Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.

b. *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

c. *Practice, Regulation and Education Committee.* The Practice, Regulation, and Education Committee shall be comprised of at least six members. The Committee shall provide general oversight of nursing practice, regulation, and education issues.

d. *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.

e. *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

a. *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors. Standing committees shall include only current members and employees of Member Boards. Special committees may also include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.

b. *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.

c. *Vacancy*. A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.
d. *Committee Duties*.
   1. *Budget*. Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.
   2. *Policies*. Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.
   3. *Records and Reports*. Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

Article XI

Finance

Section 1. *Audit*. The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year*. The fiscal year shall be from October 1 to September 30.

Article XII

Indemnification

Section 1. *Direct Indemnification*. To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance*. To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

a. not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
b. continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

Article XIV

Amendment of Bylaws

These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

a. written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
b. written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Article XV

Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows:

Firstly, all liabilities and obligations of the National Council shall be paid or provided for.

Secondly, any assets held by the National Council which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy five percent (75%) of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which National Council is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

NCSBN Glossary

A

AACN
American Association of Colleges of Nursing or American Association of Critical Care Nurses.

AANA
American Association of Nurse Anesthetists.

AANP
American Academy of Nurse Practitioners.

ACC
ACNM Certification Council Inc.

Accrediting Agency
An organization which establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

AccuFacts
A searchable electronic database of NCSBN documents that may be distributed to the public. Accessible to Member Boards via NCNET and the public via NCSBN's Web site.

ACNM
American College of Nurse Midwives.

ADA
Americans with Disabilities Act; American Dental Association; American Dietetic Association.

ADR
Alternative dispute resolution.

Agent Role
All health care practitioner licensing boards, including boards of nursing, are required to report final adverse licensure actions to the HIPDB (see Health Care Integrity and Protection Data Bank). NCSBN has been tracking disciplinary actions since 1981, and served in an agent role to assist most boards with reporting historical discipline data.

NCSBN maintains ongoing agent services to continue support boards of nursing in meeting this federal reporting mandate.

AMA
American Medical Association.

ANA
American Nurses Association.

ANCC
American Nurses Credentialing Center.

ANSR
Americans for Nursing Shortage Relief, a consensus document.

AONE
American Organization of Nurse Executives.

APRN
Advanced Practice Registered Nurse. This includes certified nurse midwives (CNMs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs) and nurse practitioners (NPs).

Area
One of four designated geographic regions of NCSBN's Member Boards. See list at right.

Assessment Strategies
Test service for Canadian Nurses Association.

NCSBN Area I
Alaska
American Samoa
Arizona
California
Colorado
Guam
Hawaii
Idaho
Montana
Nevada
New Mexico
N. Mariana Islands
Oregon
Utah
Washington
Wyoming

NCSBN Area II
Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
N. Dakota
Ohio
S. Dakota
W. Virginia
Wisconsin

NCSBN Area III
Alabama
Arkansas
Florida
Georgia
Kentucky
Louisiana
Mississippi
N. Carolina
Oklahoma
S. Carolina
Tennessee
Texas
Virginia

NCSBN Area IV
Connecticut
Delaware
District of Columbia
Maine
Maryland
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Puerto Rico
Rhode Island
Vermont
U.S. Virgin Islands

Assessment Strategies for Nursing Educators: Test Development and Item Writing
Online course offered through NCSBN Learning Extension for nursing educators. Users earn 14.4 contact hours for completing the course.

B

Blueprint
The organizing framework for an examination which includes the percentage of items allocated to various categories.

Board of Directors (BOD)
Board of Directors of the NCSBN of State Boards of Nursing, whose authority is to transact the business and bylaws of the affairs of NCSBN.

Breaking the Habit: When Your Colleague Is Chemically Dependent
Video and facilitation package within NCSBN's Professional Challenges of Nurses series, released in 2001.

Bylaws
The rules which govern the internal affairs of an organization.

C

CAC
Citizen Advocacy Center.

CAT
Computerized Adaptive Testing.

CCAP
Continued Competence Accountability Profile. This is no longer an active project of NCSBN. It provided a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation as to whether or not goals and objectives have been achieved. It is an expected activity of all licensed nurses to reflect lifelong learning activities and application to daily practice. The profile is, in essence, the application of the nursing process to one's own competence and professional development and accountability.

CCNA
Council on Certification of Nurse Anesthetists.

CCNE
Commission on Collegiate Nursing Education.

CEPN-LTC
Certification Examination for Practical Nurses in Long-Term Care.

Certification Program
An examination designed by a certifying body to evaluate candidates.

Certifying Body
A non-governmental agency that validates by examination, based on predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing (NC).

CGFNS
The Commission on Graduates of Foreign Nursing Schools. An agency providing credentialing services for foreign-educated nurses, as well as a certification program designed to predict success on the NCLEX-RN® examination.

CLEAR
Council on Licensure, Enforcement and Regulation. An organization of regulatory boards and agencies, headquartered in Lexington, Kentucky.

CMS
Centers for Medicine & Medicaid Services, an agency of the U.S. Depart-

ment of Health & Human Services; formerly called the Health Care Financing Administration (HCFA).

CNM
Certified Nurse Midwife.

CNS
Clinical Nurse Specialist.

CON
Committee on Nominations. The elected committee of NCSBN responsible for preparing a slate of qualified candidates for each year's elections. The Committee on Nominations' members serve one-year terms.

CORE
Commitment to Ongoing Regulatory Excellence. A system of performance measurement to determine best practices for nursing regulation that was established to implement NCSBN's Commitment to Excellence in Nursing Regulation project.

CPR
Candidate Performance Report. The document sent to failing candidates reflecting their performance on various aspects of the NCLEX examination by test plan content area.

CRNA
Certified Registered Nurse Anesthetist.

CRNE
Canadian Registered Nurse Examination. Canadian Nurse's Association Nurse Licensure Examinations.

Crossing the Line: When Professional Boundaries Are Violated
Video and facilitation package within NCSBN's Professional Challenges of Nurses series, released in 1998.

CSCC
Candidate Services Call Center. Prometric's national facility for candidate scheduling and inquiry for all their examinations (formerly National Registration Center or NRC).

CSG
Council of State Governments. NCSBN is a member at the Associate level.

CTIA
Cellular Telecommunications and Internet Association.

D

DDB
Disciplinary data bank. An NCSBN data management system, used between 1981 and 2000 to provide a database of disciplinary actions reported by Member Boards. The DDB data was incorporated into Nursys™ which continues to provide tracking of disciplinary data reported by Boards of Nursing.

DEA
U.S. Drug Enforcement Association.

Delegate Assembly (DA)
The voting body of NCSBN that comprises 61 Member Boards. Each Member Board is entitled to two votes. Provides direction through adoption of the mission, strategic initiatives and outcomes; adoption of position statements and actions.

Delegating Effectively: Working Through and With Assistive Personnel
Video and facilitation package within NCSBN's Professional Challenges of Nurses series, released in 2002.

Department of Education (DOE)
U.S. Department of Education.

Diagnostic Profile
The former name for what is now called the Candidate Performance Report (CPR).

DIF
Differential Item Functioning or a statistical measure of potential item bias.

Direct Registration
A method of submitting candidate registrations for the NCLEX examination. Registrations are submitted by candidates, with the $200 registration fee, directly to Pearson VUE. Candidates can also register by phone through NCLEX Candidate Services or via the NCLEX Candidate Web site.

Disciplinary Actions: What Every Nurse Should Know
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 4.8 CEUs for completing the course.

E

Examination Committee (EC)
A standing committee of NCSBN. The Item Review Subcommittee is a subcommittee of the EC.

Electronic Access
Member Boards' direct inquiry of the NCSBN Disciplinary Tracking System via NCNET for information regarding disciplinary history of action(s) taken against a nurse's license.

EO Network
Executive Officer Network.

EPR
Examinee Performance Record.

ESL
English as a Second Language.

Ethics of Nursing Practice
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 4.8 CEUs for completing the course.

F

FARB
Federation of Associations of Regulatory Boards. FARB provides a forum for individuals and organizations to share information related to professional regulation, particularly in the areas of administration, assessment and law. NCSBN holds a seat on the FARB Board of Directors.

Fiscal Year (FY)
October 1 to September 30 at NCSBN.

H

HHS
U.S. Department of Health & Human Services.

HIPDB
Healthcare Integrity and Protection Data Bank. A national data collection program mandated and operated by HRSA for the reporting of final adverse actions against health care providers, suppliers or practitioners as required by the Health Insurance Portability and Accountability Act of 1996.

HRSA
Health Resources and Services Administration. An agency of the federal government under the Department of Health and Human Services.

I

ICN
International Council of Nurses.

ICONS
The Interagency Conference on Nursing Statistics. Members include the American Association of Colleges of Nursing, American Association of Critical Care Nurses, American Organization of Nurse Executives, American Nurses Association, Bureau of Labor Statistics, Division of Nursing (HRSA), National Center for Health Statistics, NCSBN, National League for Nursing and American Association of Nurse Anesthetists.

INS
Immigration and Naturalization Services. An agency of the U.S. Department of Justice.

Interstate Compact
An agreement (contract) between two or more states (usually adopted by legislation) which have the force and effect of statutory law.

IOM
Institute of Medicine.

IRs
Incident Reports. Reports written by the test center staff on the day of testing regarding any irregularities occurring during NCLEX examination testing. IRs may also be recorded when a candidate calls NCLEX Candidate Services, or when Special Needs candidates are being accommodated. The reports are entered in the Pearson VUE system, and NCSBN and Member Boards can view them on the NCLEX Administration Web site.

Item
A test question on one of the NCLEX® examinations.

Item Response Theory (IRT)
A family of psychometric measurement models based on characteristics of examinees' item responses and item difficulty. Their use enables many measurement benefits (see Rasch Model).

Item Reviewers
Individuals who review newly written items developed for the NCLEX-RN® and NCLEX-PN® examinations.

Item Writers
Individuals who write test questions for the NCLEX-RN® and NCLEX-PN® examinations.

IWHPR
Interprofessional Workgroup on Health Professions Regulation.

J

JCAHO
Joint Commission on Accreditation of Healthcare Organizations.

JRC
Joint Research Committee. This committee consists of NCSBN and testing services staff members and external researchers. The committee is the vehicle through which research is funded for the NCLEX examination program. Funding is provided jointly by NCSBN and Pearson VUE.

K

KSA
Knowledge, skill and ability statements.

L

Logit
A unit of measurement used in IRT models. The logarithmic transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

M

Member Board
A jurisdiction that is a member of NCSBN.

MNAR
Model Nursing Administrative Rules. A publication of NCSBN.

MNPA
Model Nursing Practice Act. A publication of NCSBN.

Mutual Recognition
A mutual recognition model for nursing regulation was adopted by the August 1997 Delegate Assembly, and language for an interstate compact that would facilitate mutual recognition was adopted by a special session of the Delegate Assembly in December 1997. See also Nurse Licensure Compact.

N

NAFTA
North American Free Trade Agreement (Canada, Mexico and the United States). Addresses trade in services and contains requirements and encouragement related to harmonization of qualifications for professional practice in the three countries.

NAP
Nursing Assistive Personnel. Also, Nursys™ Advisory Panel, an NCSBN committee.

NAPNES
The National Association for Practical Nurse Education and Service.

NCSBN Learning Extension
Branded name for the online campus located at www.learningext.com where NCSBN promotes educational products and provides online course access to users.

NCSBN's Review for the NCLEX-RN® Examination
Online course offered through NCSBN Learning Extension for NCLEX-RN® candidates.

NCBPNP/N
National Certification Board of Pediatric Nurse Practitioners and Nurses.

NCC
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.

NCLEX® Administration Web Site
A Web site developed by Pearson VUE for use by Member Boards and NCSBN. Member Boards use the site to perform tasks such as examining candidate records, setting candidate eligibility status, entering candidate accommodations requests and viewing candidate results. Users must have a valid username and password in order to use the Web site.

NCLEX® Program Reports
Published twice per year by Pearson VUE for subscribing schools of nursing, the NCLEX® Program Reports provide administrators and faculty in nursing education programs with information about the performance of their graduates on the NCLEX examination. Included in the NCLEX® Program Reports is information about a program's performance by the NCLEX® Test Plan dimensions and by content areas. Data about a program's rank nationally and within the program's state also are included.

NCLEX® Quarterly Reports
The NCLEX® Quarterly Reports summarize the performance of all first-time candidates educated in a given jurisdiction who were tested in a given quarter, and the national group of candidates. They

also provide a summary of the preceding three quarters' passing rates. (Previously known as green sheets.)

NCLEX-PN® Examination
National Council Licensure Examination for Practical/Vocational Nurses.

NCLEX-RN® Examination
National Council Licensure Examination for Registered Nurses.

NCNET
NCSBN Network. NCSBN's electronic network for Member Boards, on which a variety of software services are delivered (e.g., EDWARD, DDB, EIRs, SAVHI).

NCSBN
Abbreviation for National Council of State Boards of Nursing, Inc.

NCSBN Strategic Plan
Strategic initiatives, and outcomes of NCSBN spanning a three-year period.

NFLPN
National Federation of Licensed Practical Nurses.

Niche Communications
Fulfillment vendor for NCSBN's Professional Challenges of Nurses series of video and facilitation packages.

NLC
Nurse Licensure Compact. An agreement establishing reciprocal licensing arrangements between party states for licensed practical/vocational nurses and registered nurses. In August 2002, NCSBN delegates voted to expand the compact to include advanced practice registered nurses.

NLCA
Nurse Licensure Compact Administrators. Organized body of the heads of nurse licensing boards for states that have adopted and implemented the Nurse Licensure Compact.

NLN
National League for Nursing.

NLNAC
National League for Nursing Accrediting Commission, Inc.

NNAAP™
National Nurse Aide Assessment Program. The nurse aide certification examination developed by the NCSBN and Promissor.

NP
Nurse Practitioner.

NP&E
Nursing Practice and Education Committee. The former name of a standing committee of NCSBN, now called PR&E Committee.

NPDB
National Practitioner Data Bank. A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for 10 years and requires medical malpractice payment reports for all health care practitioners, and reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by section 1921 of the Social Security Act (originally enacted in P.L.100-93, section five).

N-PEC
Nursing Practice and Education Consortium.

NPI
National Provider Identifier. On May 7, 1998, rules were posted in the Federal Register proposing a standard for a national health care provider identifier and requirements for its use by health plans, health care clearinghouses and health care providers. This is planned to be a new, unique eight-character alphanumeric identifier.

Nurse Practice Acts Continuing Education Courses
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 2.0 CEUs for completing the course.

Nur*sys*™
A database developed by NCSBN containing demographic information on all licensed nurses and an unduplicated count of licensees and serving as a foundation for a variety of services, including the disciplinary tracking system, licensure verification, interstate compact functions and research on nurses.

O

OBRA 1987
Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

P

Pearson Professional Centers (PPC)
Pearson Professional Centers are testing locations where candidates take the NCLEX examinations. There are currently 202 PPC's in Member Board jurisdictions.

Pearson VUE
NCSBN's test service provider for the NCLEX examinations as of October 1, 2002, and will continue for the next seven years. Formerly known as NCS Pearson.

PERC
Practice, Education, and Regulation Congruence Task Force. This task force no longer exists, but its recommended action plan was approved at the 2002 Delegate Assembly and will be implemented through 2010 by staff and existing committees.

Pew Taskforce on Health Care
The Pew Health Professions Commission charged the Taskforce on Health Care Workforce Regulation to identify and explore how regulation protects the public's health and propose new approaches to health care workforce regulation to better serve the public's interest. The task force was composed of eight individuals with legal, policy and public health expertise. Its recommendations were issued in late 1995.

PPI
Practice and Professional Issues Survey. A survey conducted twice each year to collect information from entry-level nurses on practice activities.

PR&E
Practice, Regulation and Education Committee. A standing committee of NCSBN.

Practice (Job) Analysis
A research study that examines the practice of newly licensed job incumbents (RNs, LPN/VNs) or new nursing assistants. The results are used to evaluate the validity of the test plans/ blueprints that guide content distribution of the licensure examinations or the nurse aide competency evaluation.

PREP
Practitioner Remediation and Enhancement Partnership, sponsored by CAC. NCSBN is a member of the national advisory board.

Pre-Test Items
Newly written test questions placed into item pools for the purpose of gathering statistics. Pretest items are not used in determining the pass/fail result.

Professional Accountability & Legal Liability for Nurses
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 5.4 CEUs for completing the course.

Professional Challenges of Nurses Series
NCSBN's branded name for the group of video and facilitation packages offered for sale.

Promissor™
The test service for the National Nurse Aide Assessment Program (NNAAP™). Formerly known as CAT*ASI.

Psychometrics
The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, aptitude and mastery as measured by testing instruments.

Public Policy
Policy formed by governmental bodies. These include all decisions, rules, actions and procedures established in the public interest.

R

Rasch Measurement Model
The item response theory model used to create the NCLEX® examination measurement scale. Its use allows person-free item calibration and item-free person measurement.

Reliability
A test statistic that indicates the expected consistency of test scores across different administrations or test forms. That is, it assesses the degree to which a test score reflects the person's true standing on the trait being measured. For adaptively administered examinations, such as the NCLEX examination using CAT, the decision consistency statistic is the more appropriate statistic for assessing precision.

S

Sharpening Critical Thinking Skills for Competent Nursing Practice
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 3.6 CEUs for completing the course.

Standard Setting
The process used by the Board of Directors to determine the passing standard for an examination, at or above which examinees pass the examination and below which they fail. This standard denotes the minimum acceptable amount of entry-level nursing knowledge, skills and abilities. NCSBN uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for each NCLEX® examination and whenever the test plan or NNAAP™ Blueprint changes.

T

TCA
Test Center Administrator.

TERCAP
Taxonomy of Error, Root Cause Analysis and Practice Responsibility. An instrument developed for NCSBN's practice breakdown research.

Test Plan
The organizing framework for the NCLEX-RN® and NCLEX-PN® examinations that includes the percentage of items allocated to established categories.

Test Service
The organization that provides test services to NCSBN, including test scoring and reporting. Pearson VUE is the test service for the NCLEX® examinations, and Promiossor is the test service for NNAAP™.

U

UAP
Unlicensed Assistive Personnel.

V

Validity
The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. NCSBN assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN® or NCLEX-PN® examination) or blueprint (NNAAP™). Each test plan or blueprint is developed from a current practice analysis of entry-level practitioners.

VCampus Corporation
E-learning courseware provider for online courses offered through NCSBN Learning Extension.