



MANAGING AND ASSESSING RISK DELIVERING CHANGE

2020 NCSBN ANNUAL MEETING
AUG. 12, 2020 | BUSINESS BOOK



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Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

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

Excellence: Striving to be and do the best.

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

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

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

Purpose

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

NCSBN's programs and services include developing the NCLEX-RN® and NCLEX-PN® Examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to NCSBN's purpose and serving as a forum for information exchange for members.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

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Section I:
Meeting Resources

Business Agenda of the 2020 Delegate Assembly

Wednesday, Aug. 12, 2020

1:00–1:30 pm

Opening Ceremonies

- Introductions
- Announcements

Opening Report

- Credentials Report

Adoption of Standing Rules

Adoption of Agenda

Report of The Leadership Succession Committee

- Presentation of the 2020 Slate of Candidates
- Nominations from Floor

1:30–1:40 pm

President's Address

1:40–1:50 pm

CEO's Address

2:55–3:40 pm

Committee Forum

3:40–4:10 pm

Elections

4:10–4:20 pm

Election Results

4:20–5:00 pm

Board of Directors' Recommendation

- Approve the proposed APRN Compact Language Changes

New Business

Adjournment

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

Standing Rules of the Delegate Assembly

1. Virtual Meeting

The 2020 NCSBN Annual Meeting will be conducted using a digital meeting platform. The meeting will begin promptly at the hour announced and order must be maintained at all times. This virtual meeting shall be considered the same as an in-person meeting of the Delegate Assembly.

Everyone joining the meeting must immediately mute his/her microphone and close his/her video feed. These shall remain muted and closed until directed by the Chair to open them when recognized to speak.

2. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates. Voting delegates will be provided a meeting invitation and password which will allow them to enter the virtual meeting room and vote.
- B. Delegates authorized to cast one vote shall receive one login. Delegates authorized to cast two votes shall receive two logins. To cast two votes, a delegate must be registered on two separate devices with two different names and passwords.

3. Meeting Conduct

- A. Meeting Conduct
 - 1. Delegates must sign in using the provided link(s) and password(s). To facilitate a timely reporting of the presence or absence of a quorum, Delegates should sign into the digital meeting platform by 12:45 pm on Aug. 12, 2020.
 - 2. All attendees shall be ready to conduct business at least five minutes before the scheduled meeting time.
 - 3. Should any attendee lose their connection during the meeting, this will have no impact on the presence of the quorum and the meeting shall proceed as if the participant had simply stepped out of the meeting room.
 - 4. All attendees have a right to be treated respectfully.
 - 5. There shall be no videotaping, audio recording or photographing of the sessions or the resulting digital feed without the written permission of NCSBN.

4. Agenda

- A. Business Agenda
 - 1. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer 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.

5. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council.
- B. All motions, resolutions and amendments shall be sent via email to NCSBN at resolutions@ncsbn.org by 5:00 pm on July 29, 2020, using a fillable form that can be accessed at <https://www.ncsbn.org/motions.htm>. On receipt of any motions or resolutions these will be forwarded to the chair of the resolutions committee by July 29, 2020 in order for them to be presented at the Delegate Assembly Meeting.
- C. The Resolutions Committee will evaluate motions and resolutions during a virtual meeting prior to the start of the Delegate Assembly in accordance with the following established criteria:
 - a) Determination of consistency with NCSBN articles of incorporation, bylaws, mission, vision, strategic initiative(s), objectives, and policies;
 - b) Determination of relationship to ongoing programs and services;
 - c) Will not duplicate concurrent programs and services;
 - d) Determination that no negative legal or business implications are anticipated; and
 - e) Financial impact, including budget estimates of expense and/or revenue and funding.
- D. The Resolutions Committee shall review motions and resolutions submitted by the deadline of 5:00 pm on July 29, 2020. This review shall be completed by Aug. 5, 2020.
- E. At the Resolutions Committee meeting, those proposing resolutions or motions will be asked to attend this virtual meeting along with the Committee. The Resolutions Committee will evaluate each resolution or motion in accordance with the established criteria. During the Delegate Assembly's consideration of the motion or resolution, the Committee Chair shall notify the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee.
- F. Any proposed new business should be submitted electronically to NCSBN at newbusiness@ncsbn.org by 5:00 pm on July 29, 2020.

6. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Staff and board of directors may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall use the "raise your hand" icon in the digital meeting platform to indicate they wish to speak. The President will call on individuals to speak in an alternative pro/con order when possible. When recognized by the Chair, speakers shall, open their microphone and may initiate their video feed before stating their name and Member Board or organization. On completion of their intervention they should close their microphone and video feed.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four (4) minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. For the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal, between speakers the member shall address the parliamentarian using the chat feature who will let the Chair know and indicate that a member has an interrupting motion. 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.
- F. The Delegate Assembly may go into executive session by a majority vote. The enacting motion shall specify those permitted to attend beside the regular delegates and officers of NCSBN.

7. Nominations and Elections

- A. Any member who intends to be nominated from the floor is encouraged to submit their completed nomination form by July 29, 2020 and meet with the Leadership Succession Committee by Aug. 5, 2020. This submission should include a short biographical sketch of the nominee.
- B. After proper submission of intent to nominate someone from the floor, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- C. If the candidate has pre-prepared a video then this will be shown with the other candidates for the position being contested. If the candidate does not submit a video, they will be given the allotted time to make a self-statement at the end of the videos being shown for the contested position.
- D. Due to the unusual circumstances electioneering for candidates is prohibited.
- E. The voting strength for the election shall be determined by those registered by 12:45 pm on Wednesday, Aug. 12, 2020.
- F. Election for officers, directors, and members of the Leadership Succession Committee shall be held during the Delegate Assembly meeting on Aug. 12, 2020.
- G. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Cumulative voting for individual candidates is not permitted. Voting will be done electronically within the digital meeting platform.
- H. 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.
- I. If, on the first ballot, no candidate for officer or director receives a majority vote, or if not all positions on the ballot are filled by a candidate receiving a majority vote, the run-off balloting shall proceed as follows:
 - 1. Where only one open position is on the ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - 2. If there is more than one position on the ballot and only one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to the two unelected candidates receiving the highest number of votes on the first ballot.
 - 3. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to up to twice the number of candidates as there are open positions to be filled on the second ballot, the candidates to be selected for inclusion on the second ballot will be in the order of the votes received on the first ballot.
 - 4. In the event there remains an unfilled position after the second ballot, the candidate receiving the fewest votes on the second ballot shall be removed from the next run-off ballot.
 - 5. If there is a tie vote on the third ballot or if a position remains unfilled after the third ballot, the final selection shall be determined by drawing lots.

8. Forums

- A. Scheduled Forum: Due to the unusual circumstances and challenges of the COVID-19 pandemic, there will be only one forum, which will relate to the APRN Compact. 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.

Section II: **Committee Reports**

Summary of Recommendations to the 2020 Delegate Assembly

Board of Directors' (BOD) Recommendation:

1. Approve the proposed APRN Compact Language changes

Rationale:

Due to lack of progress and failure to reach the critical mass needed for implementation, changes are necessary to increase the likelihood of adoption by states. The APRN Task Force has recommended revisions that have subsequently been amended after consultation with members and stakeholders to the APRN language.

Fiscal Impact:

Part of the fiscal year 2021 (FY21) budget.

Leadership Succession Committee (LSC) Recommendation:

2. Present the 2020 Slate of Candidates

Rationale:

The LSC has prepared the 2020 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact:

Incorporated into the FY21 budget.

Report of the Board of Directors (BOD)

Highlights of Business Activities

Oct. 1, 2019 – May 31, 2020

Strategic Implementation

Strategic Plan 2020–2022

With revisions being passed to the Strategic Initiatives, Mission and Vision at the 2019 Delegate Assembly, work of finalizing the underpinning strategic objectives commenced in early September. To facilitate wider input into the pursuit of the objectives and associated outputs, a digital platform, “Trello,” has been introduced that supports asynchronous contributions of members with an interest in the particular topic being pursued. Detailed information on the strategic initiatives and objectives is provided later in this report.

NCLEX-PN® Passing Standard

The Board of Directors (BOD) discussed and approved the passing standard for the NCLEX-PN examination, effective April 1, 2020 to March 31, 2023. The passing standard now is -0.18 logits, 0.03 logits higher than the previous standard of -0.21 logits.

Next Generation NCLEX®

Work on the Next Generation NCLEX has progressed rapidly and the Examinations department has been providing a wide range of resources to inform stakeholders of the development work. Face-to-face events with regulators and educators have taken place across the country. A wide range of webinars and video resources have been developed and an increasing number of scientific papers have been published and presented at prestigious conferences and in scholarly journals.

COVID-19 Response

With the advent of the global COVID-19 pandemic many aspects of NCSBN’s work have changed. All NCSBN staff have been working from home since March and are unlikely to start to return to the office until June 15. NCSBN teams have had to work in an agile and responsive way to solve problems that social distancing, stay-in-place orders and other emergency legislative changes at federal, state and local governments have presented. A wealth of resources has been curated and a special COVID-19 webpage created. The content of the webpage has been driven by the needs of our membership and it is important to acknowledge the extraordinary collaboration that has taken place between NCSBN staff, nursing regulatory bodies (NRBs) and other nursing community stakeholders.

Board Members

Julia L. George, MSN, RN, FRE

North Carolina, Area III, President

James D. Cleghorn, MA

Georgia, Area III, President-elect

Adrian Guerrero, CPM

Kansas, Area II, Treasurer

Cynthia LaBonde, MN, RN

Wyoming, Area I Director

Lori Scheidt, MBA-HCM

Missouri, Area II Director

Jay Douglas, MSM, RN, CSAC, FRE

Virginia, Area III Director

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP

Maine, Area IV Director

Cathy Borris-Hale, MHA, RN

District of Columbia, Area IV,
Director-at-Large

Elizabeth Lund, MSN, RN

Tennessee, Area III, Director-at-Large

Mark Majek, MA, PHR, SHRM-CP

Texas, Area III, Director-at-Large

Anne Coghlan, MScN, RN

Ontario, Exam User Member, Director-at-Large

Staff

David Benton, RGN, PhD, FRCN, FAAN

Chief Executive Officer

Allex Hernandez, MA

Senior Manager, Executive Office

Board Meeting Dates

Aug. 23, 2019 (Post Delegate Assembly)

Sept. 23–24, 2019

Dec. 9–10, 2019

ICRS Platform

The ICRS learning resources were well received but due to COVID-19 pandemic, regular educational programming was suspended. The team at NCSBN has produced some COVID-19 specific materials and these are available free of charge to all those that have an interest in this important topic that is impacting normal care delivery in many ways.

NCSBN Recognition and Scholarship

Over the past 12 months NCSBN has established itself with the World Health Organization as a reliable and regular contributor to the evidence-based reform of professional regulation. NCSBN was a member of the Strategic Advisory Group for the creation of the *State of the World Nursing Report* launched in April 2020. Data from the NCSBN Regulatory Atlas contribute significantly to the production of the regulatory analysis sections. Many articles from the *Journal of Nursing Regulation* were cited through the entire report and journal supplements such as “Regulation 2030,” “Acting in the public interest,” and a “Global Profile of Nursing Regulation, Education and Practice” helped shape the recommendations. In addition to this work NCSBN was also invited to attend an event focused on the future of occupational licensure in December 2019.

Domestic Legislative Impact

Working both at federal and state levels, NCSBN has both independently and in collaboration with other stakeholders continued to promote solutions to a range of regulation related changes. We continue to make good progress in implementing the Nurse Licensure Compact (NLC) as well as a range of other public safety related issues.

Recommendations to the Delegate Assembly:

1. Approve the proposed APRN Compact Language changes

Rationale:

Due to lack of progress and failure to reach the critical mass needed for implementation, changes are necessary to increase the likelihood of adoption by states. The APRN Task Force has recommended revisions that have subsequently been amended after consultation with members and stakeholders to the APRN language.

Fiscal Impact: Part of fiscal year 2021 (FY21) budget

Leadership Succession Committee (LSC) Recommendation:

2. Present the 2020 Slate of Candidates.

Rationale:

The LSC has prepared the 2020 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact: Incorporated into the FY21 budget.

Board Meeting Dates, continued

Feb. 10–11, 2020

May 4, 2020 (Virtual Meeting)

July 13, 2020 (Virtual Meeting)

Attachments

Attachment A:

[NCSBN STRATEGIC PLAN Fiscal Year 2020–2022 \(FY20–22\) Annual Strategic Progress Report October 2019 – May 2020](#)

References

[Proposed APRN Compact Language Revisions – Redlined Version](#) (page 26)

[Proposed APRN Compact Language Revisions – Clean Version](#) (page 48)

FY20 Highlights and Accomplishments

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- American Association of Critical-Care Nurses (AACN) 2019 Baccalaureate Conference
- AACN Academic Nursing Leadership Conference
- American Nurses Association (ANA)/NCSBN Meeting
- Child Neurology Nurses Conference
- Child Neurology Society (CNS) Annual Meeting
- Citizen Advocacy Center (CAC) Annual Meeting
- Council on Licensure, Enforcement and Regulation (CLEAR) 2020 Midyear Business Meeting
- CLEAR Winter Symposium
- Commonwealth Nurses and Midwives Conference
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- International Nurse Regulator Collaborative (INRC) Meeting
- Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in Healthcare
- National Quality Forum (NQF) Annual Conference
- National Student Nursing Association (NSNA) Midyear Meeting
- Nursing and Midwifery Board of Ireland 100 Years of Regulation Conference
- Nursing Organizations Alliance (NOA) Fall Summit
- Organization for Associate Degree Nursing (OADN) Annual Convention
- Sigma Theta Tau Institute (STTI) Leadership Convention
- Tri-Council for Nursing Meeting
- Tri-Regulators Meeting

Governance and Policy

- The BOD identified and appointed board liaisons to the various committees and mentors for those newly appointed board members.
- The BOD appointed Anne Coghlan to the vacant director-at-large position.
- The BOD reviewed education and advocacy efforts in Washington, D.C. throughout the year, including collaborative efforts with the government relations firm Prime Policy Group.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics included occupational licensure, the opioid crisis, issues emerging from the changes to legislation on medicinal and recreational use of marijuana, ongoing issues emerging from the decision of the Supreme Court regarding the Federal Trade Commission (FTC) case against the North Carolina Dental Board, moves towards consolidation of regulatory boards, the increased use of telehealth and in recent meetings the impacts of the COVID-19 pandemic on regulation.
- The BOD hosted a conference call/webinar for members during each face-to-face BOD meeting. President Julie George highlighted environmental issues identified by the BOD, solicited current issues from members and facilitated dialogue with participating members.
- The BOD continuously reviewed performance outcome data from NCSBN-hosted education meetings and conferences.

- The BOD continuously reviewed and discussed performance measures and outcome data related to the NCSBN Strategic Plan.
- The BOD determined the education session content for the Midyear and Annual Meetings.
- The BOD held a retreat in October to review the longer-term direction of NCSBN and how the work on the strategic objectives for the 2020 to 2022 triennium would contribute to the advancement of the NCSBN Vision.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD set the initial FY21 BOD meeting and retreat dates.

Finance

- The BOD approved the proposed budget for FY20.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY19.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.
- The BOD accepted the independent auditor's report for the NCSBN 403(b) defined contribution retirement plan for the year ended June 30, 2019.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2019.
- The BOD reviewed the 2019 IRS 990 form.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.

Testing

- The BOD approved work on establishing a contract with British Columbia and Ontario for the provision of a new LPN licensing exam in the two Canadian provinces.
- The BOD received an update of the successful integration of Pearson VUE staff into the NCSBN Examinations department test development and psychometric functions as part of the new contract arrangements.
- The BOD reviewed the NCLEX update reports on the NCLEX Examination program.
- The BOD reviewed update reports on the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Exam (MACE®) examination programs.
- The BOD approved minor revisions to various NCLEX policies.
- The BOD approved the use of the modified NCLEX due to COVID-19 through September 2020.
- The BOD approved the recommendation by the NEC to delay the RN Task Analysis by one year so as to avoid undue influence of the COVID-19 pandemic on RN profiles.

Information Technology (IT)

- The BOD reviewed operational and performance outcome data related to Nursys® and programs, products and services from the Information Resources division throughout the year.
- The BOD received an update on progress to support the exchange of licensure and discipline information between Canadian regulatory bodies and U.S. members.
- The BOD received an update on the NCSBN information security program and the results of an NCSBN data and access security audit and were pleased to note the results.

- The BOD received an update on the implementation of the contractual relationship with the National Registry of Emergency Medical Technicians (NREMT) to provide the necessary software code to enable NREMT to implement their licensure compact.
- The BOD reviewed the progress and implementation of the ORBS project and noted that a number of changes to the sequence of those NRBs seeking to introduce the system had been made.
- The BOD reviewed and agreed to a request by the International Network of Physical Therapy Regulators to provide access to the Global Regulatory Atlas framework so a similar product could be developed for physical therapy.
- The BOD received an analysis of the technology related costs projected to be required to support the remaining NRBs as a compact nation becomes a reality.
- The BOD approved funding for a Canadian French translation version of *NCSBN's Review for the NCLEX-RN® Course*.

Nursing Regulation and Research

- The BOD received the results of the expansion of the analysis of substance use disorder programs.
- The BOD received the results of research to identify potential metrics to assist NRBs in deciding on the quality of educational programs. The study triangulated information from three perspectives: a Delphi study; a review of the literature; and an analysis of NRB reports.
- The BOD received an update report on the National APRN campaign and strategy. It was noted that this work is done at the request of individual NRBs and is a collaborative and coordinated activity.
- The BOD reviewed the results of the competencies needed to inform the new leadership development activities of NCSBN. Good progress has been made in developing new content and the first set of learning resources were introduced in the fall of 2019.
- The BOD reviewed and discussed the annual environmental scan.
- The BOD received and discussed a synopsis of the current and planned future research activities.
- The BOD received regular updates on the work associated with NLC legislative action, as well as the work of the associated implementation group.

Attachment A:

NCSBN STRATEGIC PLAN

Fiscal Year 2020–2022 (FY20–22)

Annual Strategic Progress Report

October 2019 – May 2020

Background

The development of the NCSBN Strategic Plan for FY20-22 included the following milestones:

- August 2019 – Delegate Assembly approved the Strategic Initiatives for the 2020-2022 NCSBN Strategic Plan.
- October 2019 – Phase I to develop outcomes for the strategic objectives with member stakeholders and NCSBN staff input via Trello.
- December 2019 – Based on outcomes development, outputs (projects) were created for each objective.
- January 2020 – Phase II to gather information from member stakeholders and NCSBN staff (contributors) to develop project plans for each objective.
- March 2020 – Due to the COVID-19 crisis, work on the objectives was suspended and is planned to recommence in June 2020.

Strategic Initiative A: Promote agile regulatory systems for relevance and responsiveness to change.

Objective 1:

Develop, pilot and evaluate regulatory excellence accreditation systems that use a mixed methods approach including organizational self-assessment, external peer-review and quantitative metrics.

FY20 Accomplishments

- During Phase I of the development process with NCSBN members and NCSBN staff input, the following outcome for Objective 1 was developed:
 - Improved efficiency and effectiveness of all regulatory processes resulting in enhanced public protection and stakeholder confidence in the jurisdictional board.
- Gathered evidence of the following:
 - Best sunrise and sunset practices
 - Synthesis of existing literature
 - Distillation of existing NCSBN metrics

Future Activities

- For FY21, the development of tools will begin, including:
 - Self and peer scale development
 - Design of accreditation framework
 - Planning for next cycle (FY22)
 - Developing and implementing training
- For FY22, conducting a pilot and planning next steps for Strategic Plan 2023–2025

Objective 2:

Right Touch Regulation: Develop and advocate for implementation of risk-based regulatory approaches and decision-making frameworks that improve efficiency and effectiveness and optimize public protection.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 2 was developed:
 - Enhanced consistency in decision making based on criteria that minimize the level of regulatory controls while optimizing public protection
- Collected and reviewed evidence-based data and models, including:
 - Collected and reviewed member models
 - Collected and reviewed models outside of the nursing industry
 - Reviewed results at Midyear Meeting risk discussion
 - Reviewed outputs from Objective 1

Future Activities

- For FY21, the data will be synthesized and a model will be developed.
- For FY22, the model will be finalized and then implemented.

Objective 3:

Use data and technology to proactively identify markers of both competent and conduct-prone licensees to proactively and efficiently protect the public.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 3 was developed:
 - Data from a number of sources were securely linked together and through the use of big data analytics, predictors of those licensees prone to conduct and discipline proceedings were identified.
- Began or continued the following projects:
 - NCSBN Business Intelligence Project (continued from previous cycle)
 - Identifying data sources

Future Activities

- For FY21, projects will include:
 - Review of how the data is linked
 - Literature review
- Determine next steps and make a plan for FY22 and beyond

Strategic Initiative B: Champion regulatory solutions to address borderless health care delivery.

Objective 4:

Ensure an agile and accessible workforce of APRNs practicing to the full scope of their licensure via an APRN compact, building upon the success of the NLC and championed through diverse stakeholder collaborations.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 4 was developed:
 - Improved access to APRN services for patients and populations, reduced regulatory burdens increasing the mobility of the APRN workforce.
- Worked toward reaching an agreement for the APRN Compact, including:
 - Presentation of the APRN Compact
 - Proposed APRN Compact adoption
 - Introduction of bills in *Nursing America* states
 - Adoption of Consensus Model elements in 2020 *Nursing America* campaign

Future Activities

- For FY21, the advancement of legislation will be the focus, including:
 - Development of an APRN Compact Campaign
 - Identifying APRN Compact states
 - Introduction of APRN Compact bills
 - Identifying *Nursing America* states for 2021
- For FY22, the focus will be improving agility and accessibility, including:
 - Introduction of additional APRN Compact bills
 - APRN Compact going into effect with seven states in the compact
 - Identifying *Nursing America* states for 2022
 - Adoption of Consensus Model elements in 2022 *Nursing America* campaign

Objective 5:

Analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how to address them using the exchange of nurse licensure, discipline and education information beyond borders.

FY20 Accomplishments

- During Phase I of the development process with NCSBN members and NCSBN staff input, the following outcome for Objective 5 was developed:
 - Enhanced public protection and streamlined licensure processes for internationally-educated nurses.
- Reviewed nursing regulatory body (NRB) foreign credential evaluation process and existing fraud toolkit.

Future Activities

- For FY21, review existing fraud toolkit and credential evaluation organizations processes, including:
 - Review of existing fraud tool kit
 - Evaluate process to detect fraud against current available technologies and find gaps, if any, and update
 - Map the process to detect fraud to best practices and find gaps, if any, and update
- For FY22, obtain Board of Directors' (BOD) guidance for next steps.

Objective 6:

Collaborate with international regulatory bodies to develop telehealth standards for licensure including a common regulatory terminology that facilitates communication and stimulates research.

FY20 Accomplishments

- During Phase I of the development process with NCSBN members and NCSBN staff input, the following outcome for Objective 6 was developed:
 - An agreed set of telehealth practice principles that augment public protection and provide a basis for increased communication, enhanced understanding and shared research across jurisdictions.
- Conducted research and review, including:
 - Discipline Case Management Conference
 - Engagement of stakeholders
 - Began literature review

Future Activities

- For FY21, a draft of telehealth standards, work including:
 - 2020 NCSBN Future of Research Forum
 - Assembling a committee
 - NCSBN Midyear Meeting
 - Completion of the literature review
 - Creation of a research agenda
- For FY22, includes dissemination and development, including:
 - Publishing *International Guidelines for Telehealth Practice*
 - Share the guidelines
 - Develop additional resources

Strategic Initiative C: Expand the active engagement and leadership potential of all members.

Objective 7:

Develop and deploy a regulatory leadership program to build a pipeline of regulatory leaders that increases the capacity and capability of our members and engages regulators worldwide to enrich learning experiences and increase impact.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 7 was developed:
 - Regulatory leaders who are well-prepared to meet the challenges of today and tomorrow.
- Began the development phase, including:
 - Building courses and recruiting faculty
 - Creating an eCommerce platform
 - Creating a marketing plan
 - Linking to academic credit
 - Extending International Center for Regulatory Scholarship (ICRS)

Future Activities

- For FY21, implementing worldwide instruction, including:
 - Finalizing planning for Phase 2
 - Implementing a marketing plan
 - Beginning a fellowship program
 - Beginning a leadership institute
- For FY22, conduct a comprehensive evaluation, including:
 - Continuation of the fellowship program
 - Continuation of the leadership institute
 - Review and continue development of courses
 - Determine next steps

Objective 8:

Develop a competency-based leadership succession model that promotes diversity to increase member participation.

FY20 Accomplishments

- During Phase I of the development process with NCSBN members and NCSBN staff input, the following outcome for Objective 7 was developed:
 - Improved pipeline of talent to fill vacancies in both staff and board positions offering increased diversity in background, skills and experience.
- Began the analysis phase, including:
 - Seeking input and consultation from existing sources
 - Conducting a literature review and create best practices

Future Activities

- For FY21, develop templates and profiles, including:
 - Determining data and sources
 - Developing model job descriptions
 - Rolling out model job descriptions
 - Developing tool conceptual model
- For FY22, development and launch, including:
 - Developing solicitation & elections framework
 - Revising NCSBN Bylaws (as determined)
 - Developing tool requirements
 - Developing tool
 - Tool and process rollout

Strategic Initiative D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

Objective 9:

Continue to develop assessment processes that ensure the fidelity as well as the readability/validity of measurement of entry to practice.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 9 was developed:
 - Fidelity based measurement models for the valid/reliable assessment of 21st century skills necessary for public protection in the health care disciplines.
- Research and technology build part 1, including:
 - Scoring Model and Test Design
 - Tech build – year 1
 - RN Special Research Section, continued from previous years
 - Develop educational resources – year 1
 - Marketing Rollout – year 1
 - PN Special Research Section, technology validation

Future Activities

- For FY21, continue research, start technology build part 2 and plan for rollout, including:
 - Tech Build – year 2
 - PN Special Research Section
 - Develop educational resources, year 2
 - Marketing Rollout – year 2
- For FY22, continue research, rollout planning and plan for next steps, including:
 - PN Special Research Section
 - Developing educational resources – year 3
 - Marketing Rollout – year 3
 - Presenting to NCSBN Delegate Assembly for adoption

Objective 10:

Investigate new uses of exam items to develop a core global nurse competence assessment that includes entry-to-practice exams to support international regulatory bodies in assessing minimal competency of domestic and internationally educated nurses that provides a means of calibrating performance across jurisdictions.

FY20 Accomplishments

- During Phase I of the development process with NCSBN Members and NCSBN staff input, the following outcome for Objective 10 was developed:
 - Assessment designs and item bank processes that promote quality measurement of nurses globally, recognize the autonomy of local regulatory authorities, and ensure public safety and nurse mobility.
- Consulted existing resources and developed business model and continuing the Rex-PN Project (carryover from previous cycle)

Future Activities

- For FY21, develop business plans.
- For FY22, finalize business plan and pilot opportunities.

Objective 11:

Collate and review studies to determine the value of requiring proof of continued competency and identify the reliability of methods for assessing continuing competence.

FY20 Accomplishments

- During Phase I of the development process with NCSBN members and NCSBN staff input, the following outcome for Objective 11 was developed:
 - Contemporary synopsis of evidence on the impact of a range of continuing competency approaches that curate and grade their impact, reliability and validity.
- Planned and conducted literature review.

Future Activities

- For FY21, continue literature review, and compile and analyze best practices.
- For FY22, create Licensure Maintenance Pathways and Options Report and plan next steps.

Report: APRN Compact Update

Background

Since January 2016, only three states, Idaho, North Dakota and Wyoming, enacted the APRN Compact. The uncertain response to two questions raised by legislators complicated adoption.

These questions are:

- (1) Does the compact supersede state practices laws that require physician supervision of APRNs?
- (2) Do transitions to practice (TTP) apply to nurses practicing under the compact?

In September 2018, the NCSBN Board of Directors (BOD) appointed a task force to address these questions and issued the following charge:

Identify legal and policy considerations for the adoption and implementation of the APRN Compact and proposed solutions for necessary changes to the compact.

The Task Force term was 2018–2019. Their recommendations were reviewed and final approval was given by the **BOD**. These recommendations were incorporated into a new draft of the APRN Compact and were sent to the 2019 NCSBN Delegate Assembly (DA). However, the **BOD** decided to withdraw the proposed recommendations from the 2019 DA, as a number of concerns were raised during the Committee Forum, and decided to have further discussions with NCSBN membership and the Licensure Accreditation Certification Education (LACE) Network.

Fiscal Year 2020 (FY20) Highlights and Accomplishments

- In the fall of 2019, NCSBN held a meeting with the LACE Network Members to explain the APRN Compact and provide an opportunity for dialogue including their comments and questions.
- The draft changes to the APRN Compact were shared with the participants at the 2020 Midyear Meeting. Participants were given the opportunity to ask questions and discuss the changes in both the plenary session as well as in area meetings.
- In March of 2020, a survey was sent to the membership requesting their input on the changes to the APRN Compact. The results were summarized and presented to the BOD at the May meeting.

Relationship to Strategic Plan

Strategic Initiative B:

Champion regulatory solutions to address borderless health care delivery.

Strategic Objective B1

Promote and implement mechanisms that facilitate trans-jurisdictional practice.

Attachments

Attachment A:

APRN Compact Revisions – Redlined Version

Attachment B:

APRN Compact Revisions – Clean Version

During the May BOD Meeting, the BOD considered all of the feedback from NCSBN Members and stakeholders and have made the following recommendations:

- **In keeping with compact law it will be made clear that the compact will supersede all ancillary supervisory provisions in state law.** Ancillary provisions require physician supervision over an APRN.
- **Decrease the number of states required for the compact to become effective from 10 to seven.** The three states that have already passed the APRN Compact will not be grandfathered and will be required to enact the new legislation. The COVID-19 pandemic has illustrated the need for state-based APRN license portability solutions to be enacted as quickly as possible. By reducing the number of states needed for the compact to become effective from 10 to seven, the recommendation answers the need for urgency in a licensure portability solution for APRNs.
- **Include uniform licensure requirements:** role, population, certification, licensure, education, and state and federal criminal background checks. An APRN enrolled in an alternative to discipline program is not eligible for a multistate license.
- **Maintain uniformity with the NLC regarding criminal background:** Deny a multistate license to an applicant who has been convicted or found guilty or has entered into an agreed disposition of a felony offense. Deny a multistate license to an applicant who has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor related to the practice of nursing. This is in uniform with the Nurse Licensure Compact.
- **2,080 hours of practice (equivalent to one-year full-time practice) as a requirement for a multistate license.** Maintains full practice authority for APRNs practicing under the compact. The vast majority of APRNs will meet the experience requirement upon implementation of the compact. The pace of growth for telehealth continues to grow exponentially — health care professionals across the country are recognizing the need for interstate compacts to increase access to care.
- **Include requirement that an APRN applicant has successfully passed a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program.**
- **Amend the compact to include an affirmative statement that the compact has no jurisdiction over the single-state license, and an individual can elect to apply for a single-state license even if they qualify for a multistate license.**
- **Allow prescribing of noncontrolled substances.** Controlled substances will continue to be regulated under state law.
- **Additional recommendations:** 1) Provide the Commission power to issue advisory opinions; 2) Clarify the definition of party state laws and encumbrance; and 3) Revise the “findings and declarations” to address the wide range of actors who benefit from the compact.

Attachment A: APRN Compact Revisions–Redlined Version

Advanced Practice Registered Nurse Compact DRAFT

ARTICLE I

Findings and Declaration of Purpose

- a. The party states find that:
1. The health and safety of the public are affected by the degree of compliance with APRN licensure requirements and the effectiveness of enforcement activities related to state APRN licensure laws;
 2. Violations of APRN licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
 3. The expanded mobility of APRNs and the use of advanced communication and intervention technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure and regulation;
 4. New practice modalities and technology make compliance with individual state APRN licensure laws difficult and complex;
 5. The current system of duplicative APRN licensure for APRNs practicing in multiple states is cumbersome and redundant for both healthcare delivery systems, payors, state licensing boards, regulators and APRNs and states;
 6. Uniformity of APRN licensure requirements throughout the states promotes public safety and public health benefits as well as providing a mechanism to increase access to care.
- b. The general purposes of this Compact are to:
1. Facilitate the states' responsibility to protect the public's health and safety;
 2. Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
 3. Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
 4. Promote compliance with the laws governing APRN practice in each jurisdiction;

5. Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state ~~licenses~~privileges to practice;
6. Decrease redundancies in the consideration and issuance of APRN licenses; and
7. Provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.

ARTICLE II

Definitions

As used in this Compact:

- a. “Advanced practice registered nurse” or “APRN” means a registered nurse who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the Interstate Commission of APRN Compact Administrators (“Commission”), and who is licensed to perform advanced nursing practice. An advanced practice registered nurse is licensed in an APRN role that is congruent with an APRN educational program, certification, and Commission rules.
- b. “Adverse action” means any administrative, civil, equitable or criminal action permitted by a state’s laws which is imposed by a licensing board or other authority against an APRN, including actions against an individual’s license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s practice, or any other encumbrance on licensure affecting an APRN’s authorization to practice, including the issuance of a cease and desist action.
- c. “Alternative program” means a, non-disciplinary monitoring program approved by a licensing board.
- d. “APRN licensure” means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
- e. “APRN uniform licensure requirements” means the minimum uniform licensure, education and examination requirements ~~as adopted by the Commission set forth in Article III.b of this Compact.~~
- f. “Coordinated licensure information system” means an integrated process for collecting, storing and sharing information on APRN licensure and enforcement activities related to APRN licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- g. “Current significant investigatory information” means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
- h. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board in connection with a disciplinary proceeding.
- i. "Home state" means the party state that is the APRN's primary state of residence.
- j. "Licensing board" means a party state's regulatory body responsible for regulating the practice of advanced practice registered nursing.
- k. "Multistate license" means an APRN license to practice as an APRN issued by a home state licensing board that authorizes the APRN to practice as an APRN in all party states under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.
- l. "Multistate licensure privilege" means a legal authorization associated with an APRN multistate license that permits an APRN to practice as an APRN in a remote state, in the same role and population focus as the APRN is licensed in the home state.
- m. "Non-controlled prescription drug" means a device or drug that is not a controlled substance and is prohibited under state or federal law from being dispensed without a prescription. The term includes a device or drug that bears or is required to bear the legend "Caution: federal law prohibits dispensing without prescription" or "prescription only" or other legend that complies with federal law.
- n. "Party state" means any state that has adopted this Compact.
- o. "Population focus" means ~~a specific patient population that is congruent with the APRN educational program, certification, and Commission rules~~ one of the six population foci of family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related and psych/mental health.
- p. "Prescriptive authority" means the legal authority to prescribe medications and devices as defined by party state laws.
- q. "Remote state" means a party state that is not the home state.

r. “Role” means one of the four recognized roles of certified registered nurse anesthetists (CRNA), certified nurse-midwives (CNM), clinical nurse specialists (CNS) and certified nurse practitioners (CNP).

~~f.s.~~ “Single-state license” means an APRN license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

~~s.t.~~ “State” means a state, territory or possession of the United States and the District of Columbia.

u. “State practice laws” means a party state’s laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice, ~~including prescriptive authority,~~ and create the methods and grounds for imposing discipline except that prescriptive authority shall be treated in accordance with Article III.f and g of this Compact. “State practice laws” ~~de does~~ not include:

1. A party state’s laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances;

~~1-2.~~ the requirements necessary to obtain and retain an APRN license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A state must implement procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by APRN applicants for the purpose of obtaining an applicant’s criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state’s criminal records.
- b. ~~By rule, the Commission shall adopt the APRN Uniform Licensure Requirements (“ULRs”). The ULRs shall provide the minimum requirements for APRN multistate licensure in party states, provided that the Commission may adopt rules whereby an APRN, with an unencumbered license on the effective date of this Compact, may obtain, by endorsement. Each party state shall require an applicant to satisfy the following APRN uniform licensure requirements to obtain or otherwise, and retain a multistate license in a party the home state.:~~

1. ~~In order to obtain or retain a multistate license, an APRN must meet, in addition to the ULRs, Meets~~ the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable ~~home~~ state laws-;
2. ~~i. Has completed an accredited graduate-level education program that prepares the applicant for one of the four recognized roles and population foci; or~~
 - ii. ~~Has completed a foreign APRN education program for one of the four recognized roles and population foci that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved APRN education program;~~
3. ~~Has, if a graduate of a foreign APRN education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;~~
4. ~~Has successfully passed a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program;~~
5. ~~Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN;~~
6. ~~Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable;~~
7. ~~Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training. For purposes of this section, practice shall not include hours obtained as part of enrollment in an APRN education program;~~
8. ~~Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state or, if applicable, foreign country's criminal records;~~
9. ~~Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal or foreign criminal law.~~
10. ~~Has not been convicted or found guilty, or has entered into an agreed disposition, of a~~

misdemeanor offense related to the practice of nursing as determined by factors set forth in rules adopted by the Commission;

11. Is not currently enrolled in an alternative program;

4-12. Is subject to self-disclosure requirements regarding current participation in an alternative program; and

13. Has a valid United States Social Security number.

c. ~~By rule, the Commission shall identify the approved APRN roles and population foci for licensure as an APRN.~~ An APRN issued a multistate license shall be licensed in an approved APRN role and at least one approved population focus.

d. An APRN multistate license issued by a home state to a resident in that state will be recognized by each party state as authorizing the APRN to practice as an APRN in each party state, under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state. ~~If an applicant does not qualify for a multistate license, a single-state license may be issued by a home state.~~

e. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license, except that an individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license. However, the failure of such an individual to affirmatively opt for a single state license may result in the issuance of a multistate license.

e.f. Issuance of an APRN multistate license shall include prescriptive authority for noncontrolled prescription drugs, ~~unless the APRN was licensed by the home state prior to the home state's adoption of this Compact and has not previously held prescriptive authority.~~

~~1. An APRN granted prescriptive authority for noncontrolled prescription drugs in the home state may exercise prescriptive authority for noncontrolled prescription drugs in any remote state while exercising a multistate licensure privilege under an APRN multistate license; the APRN shall not be required to meet any additional eligibility requirements imposed by the remote state in exercising prescriptive authority for noncontrolled prescription drugs.~~

~~2. Prescriptive authority in the home state for an APRN who was not granted prescriptive authority at the time of initial licensure by the home state, prior to the adoption of this Compact, shall be~~

~~determined under home state law.~~

~~3. Prescriptive authority eligibility for an APRN holding a single state license shall be determined under the law of the licensing state.~~

f.g. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by such state in granting and/or renewing such authority.

g.h. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of ~~a any~~ supervisory or collaborative relationship ~~with a physician~~. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege. ~~For an APRN issued a single state license in a party state, the requirement for a supervisory or collaborative relationship with a physician shall be determined under applicable party state law.~~

h.i. All party states shall be authorized, in accordance with state due process laws, to take adverse action against an APRN's multistate licensure privilege such as revocation, suspension, probation or any other action that affects an APRN's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

i.j. ~~Except as otherwise expressly provided in this Compact, An an~~ APRN practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. APRN practice is not limited to patient care, but shall include all advanced nursing practice as defined by the state practice laws of the party state in which the client is located. APRN practice in a party state under a multistate licensure privilege will subject the APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

j.k. ~~Except as otherwise expressly provided in this Compact. This this~~ Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as satisfying any state law requirement for registered nurse

licensure as a precondition for authorization to practice as an APRN in that state.

~~k.l.~~ Individuals not residing in a party state shall continue to be able to apply for a party state's single-state APRN license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state.

ARTICLE IV

Applications for APRN Licensure in a Party State

- a. Upon application for an APRN multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a licensed practical/vocational nursing license, a registered nursing license or an advanced practice registered nurse license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.
- b. An APRN may hold a multistate APRN license, issued by the home state, in only one party state at a time.
- c. If an APRN changes primary state of residence by moving between two party states, the APRN must apply for APRN licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable Commission rules.
 1. The APRN may apply for licensure in advance of a change in primary state of residence.
 2. A multistate APRN license shall not be issued by the new home state until the APRN provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate APRN license from the new home state.
- d. If an APRN changes primary state of residence by moving from a party state to a non-party state, the APRN multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

- a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:
1. Take adverse action against an APRN's multistate licensure privilege to practice within that party state.
 - i. Only the home state shall have power to take adverse action against an APRN's license issued by the home state.
 - ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct that occurred outside of the home state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 2. Issue cease and desist orders or impose an encumbrance on an APRN's authority to practice within that party state.
 3. Complete any pending investigations of an APRN who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
 4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a party state licensing board for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing licensing board shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses and/or evidence are located.
 5. Obtain and submit, for an APRN licensure applicant, fingerprints or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN.
 7. Take adverse action based on the factual findings of another party state, provided that the licensing board follows its own procedures for taking such adverse action.
- b. If adverse action is taken by a home state against an APRN's multistate licensure, the privilege to practice in all other party states under a multistate licensure privilege shall be deactivated until all encumbrances have been removed from the APRN's multistate license. All home state disciplinary orders that impose adverse action against an APRN's multistate license shall include a statement that the APRN's multistate licensure privilege is deactivated in all party states during the pendency of the order.
 - c. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any APRN for the duration of the APRN's participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

- a. All party states shall participate in a coordinated licensure information system of all APRNs, licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each APRN, as submitted by party states, to assist in the coordinated administration of APRN licensure and enforcement efforts.
- b. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.
- c. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and APRN participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic and/or confidential under state law.
- d. ~~Current significant investigative information and participation in nonpublic or confidential alternative~~

~~programs shall be transmitted through the coordinated licensure information system only to party-state licensing boards.~~

e.d. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

f.e. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

g.f. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be removed from the coordinated licensure information system.

h.g. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

1. Identifying information;
2. Licensure data;
3. Information related to alternative program participation information; and
4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.

i.h. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of APRN Compact Administrators

- a. The party states hereby create and establish a joint public agency known as the Interstate Commission of APRN Compact Administrators.
 1. The Commission is an instrumentality of the party states.
 2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts

or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

b. Membership, Voting and Meetings

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.

5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

- i. Noncompliance of a party state with its obligations under this Compact;
- ii. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- iii. Current, threatened, or reasonably anticipated litigation;
- iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;
- v. Accusing any person of a crime or formally censuring any person;
- vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

- viii. Disclosure of investigatory records compiled for law enforcement purposes;
 - ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or
 - x. Matters specifically exempted from disclosure by federal or state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe
- all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including but not limited to:
- 1. Establishing the fiscal year of the Commission;
 - 2. Providing reasonable standards and procedures:
 - i. For the establishment and meetings of other committees; and
 - ii. Governing any general or specific delegation of any authority or function of the Commission.
 - 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
 - 4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment and/or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission;
- e. The Commission shall maintain its financial records in accordance with the bylaws; and
- f. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
- g. The Commission shall have the following powers:
 1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept or contract for services of personnel, including but not limited to employees of a party state or nonprofit organizations;
 5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;
 6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
 7. To accept any and all appropriate donations, grants and gifts of money, equipment, supplies,

materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;
10. To establish a budget and make expenditures;
11. To borrow money;
12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;

12-13. To issue advisory opinions;

13-14. To provide and receive information from, and to cooperate with, law enforcement agencies;

14-15. To adopt and use an official seal; and

15-16. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of APRN licensure and practice.

h. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
2. ~~The Commission may levy on and collect an annual assessment from each party state to cover the cost of the operations and activities of the Interstate Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states. The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.~~

3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
 4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- i. Qualified Immunity, Defense, and Indemnification
1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.
 2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.
 3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such

person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

ARTICLE VIII

Rulemaking

- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.
- b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 1. On the website of the Commission; and
 2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- d. The notice of proposed rulemaking shall include:
 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time, and date of the scheduled public hearing.
 1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair

and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.
- i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety or welfare;
 2. Prevent a loss of Commission or party state funds; or
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
- l. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX

Oversight, Dispute Resolution and Enforcement

- a. Oversight
 1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.
 2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.
- b. Default, Technical Assistance and Termination
 1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - ii. Provide remedial training and specific technical assistance regarding the default.
 2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
 3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board, the defaulting state's licensing board, and each of the party states.

4. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 5. The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated, unless agreed upon in writing between the Commission and the defaulting state.
 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.
- c. Dispute Resolution
1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.
 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
 3. In the event the Commission cannot resolve disputes among party states arising under this Compact:
 - i. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.
 - ii. The decision of a majority of the arbitrators shall be final and binding.
- d. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact

and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal and Amendment

a. This Compact shall come into limited effect at such time as this Compact has been enacted into law in ~~ten-seven (107)~~ party states for the sole purpose of establishing and convening the Commission to adopt rules relating to its operation ~~and the APRN ULRs.~~

~~b. On the date of the Commission's adoption of the APRN ULRs, all remaining provisions of this Compact, and rules adopted by the Commission, shall come into full force and effect in all party states.~~

~~e.b.~~ Any state that joins this Compact subsequent to the Commission's initial adoption of the APRN uniform licensure requirements shall be subject to all rules that have been previously adopted by the Commission.

~~d.c.~~ Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

~~e.d.~~ A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

~~f.e.~~ Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure agreement or other cooperative arrangement between a party state and a non-party state that does not conflict with the provisions of this Compact.

~~g.f.~~ This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon any party state until it is enacted into the laws of all party states.

~~h.g.~~ Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of ~~the~~ the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Attachment B: APRN Compact Revisions–Clean Version

Advanced Practice Registered Nurse Compact

Approved by the May 4, 2015 Special Delegate Assembly

ARTICLE I

Findings and Declaration of Purpose

- a. The party states find that:
 1. The health and safety of the public are affected by the degree of compliance with APRN licensure requirements and the effectiveness of enforcement activities related to state APRN licensure laws;
 2. Violations of APRN licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
 3. The expanded mobility of APRNs and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure and regulation;
 4. New practice modalities and technology make compliance with individual state APRN licensure laws difficult and complex;
 5. The current system of duplicative APRN licensure for APRNs practicing in multiple states is cumbersome and redundant for both APRNs and states;
 6. Uniformity of APRN licensure requirements throughout the states promotes public safety and public health benefits.
- b. The general purposes of this Compact are to:
 1. Facilitate the states' responsibility to protect the public's health and safety;
 2. Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
 3. Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
 4. Promote compliance with the laws governing APRN practice in each jurisdiction;

5. Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
6. Decrease redundancies in the consideration and issuance of APRN licenses; and
7. Provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.

ARTICLE II

Definitions

As used in this Compact:

- a. "Advanced practice registered nurse" or "APRN" means a registered nurse who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the Interstate Commission of APRN Compact Administrators ("Commission"), and who is licensed to perform advanced nursing practice. An advanced practice registered nurse is licensed in an APRN role that is congruent with an APRN educational program, certification, and Commission rules.
- b. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an APRN, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting an APRN's authorization to practice, including the issuance of a cease and desist action.
- c. "Alternative program" means a, non-disciplinary monitoring program approved by a licensing board.
- d. "APRN licensure" means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
- e. "APRN uniform licensure requirements" means minimum uniform licensure, education and examination requirements as adopted by the Commission.
- f. "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on APRN licensure and enforcement activities related to APRN licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- g. "Current significant investigatory information" means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
- h. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.
- i. "Home state" means the party state that is the APRN's primary state of residence.
- j. "Licensing board" means a party state's regulatory body responsible for regulating the practice of advanced practice registered nursing.
- k. "Multistate license" means an APRN license to practice as an APRN issued by a home state licensing board that authorizes the APRN to practice as an APRN in all party states under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.
- l. "Multistate licensure privilege" means a legal authorization associated with an APRN multistate license that permits an APRN to practice as an APRN in a remote state, in the same role and population focus as the APRN is licensed in the home state.
- m. "Non-controlled prescription drug" means a device or drug that is not a controlled substance and is prohibited under state or federal law from being dispensed without a prescription. The term includes a device or drug that bears or is required to bear the legend "Caution: federal law prohibits dispensing without prescription" or "prescription only" or other legend that complies with federal law.
- n. "Party state" means any state that has adopted this Compact.
- o. "Population focus" means a specific patient population that is congruent with the APRN educational program, certification, and Commission rules.
- p. "Prescriptive authority" means the legal authority to prescribe medications and devices as defined by party state laws.
- q. "Remote state" means a party state that is not the home state.

- r. "Single-state license" means an APRN license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.
- s. "State" means a state, territory or possession of the United States and the District of Columbia.
- t. "State practice laws" means a party state's laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice, including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain an APRN license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A state must implement procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by APRN applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- b. By rule, the Commission shall adopt the APRN Uniform Licensure Requirements ("ULRs"). The ULRs shall provide the minimum requirements for APRN multistate licensure in party states, provided that the Commission may adopt rules whereby an APRN, with an unencumbered license on the effective date of this Compact, may obtain, by endorsement or otherwise, and retain a multistate license in a party state.
- c. In order to obtain or retain a multistate license, an APRN must meet, in addition to the ULRs, the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable home state laws.
- d. By rule, the Commission shall identify the approved APRN roles and population foci for licensure as an APRN. An APRN issued a multistate license shall be licensed in an approved APRN role and at least one approved population focus.

- e. An APRN multistate license issued by a home state to a resident in that state will be recognized by each party state as authorizing the APRN to practice as an APRN in each party state, under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state. If an applicant does not qualify for a multistate license, a single-state license may be issued by a home state.
- f. Issuance of an APRN multistate license shall include prescriptive authority for noncontrolled prescription drugs, unless the APRN was licensed by the home state prior to the home state's adoption of this Compact and has not previously held prescriptive authority.
 - 1. An APRN granted prescriptive authority for noncontrolled prescription drugs in the home state may exercise prescriptive authority for noncontrolled prescription drugs in any remote state while exercising a multistate licensure privilege under an APRN multistate license; the APRN shall not be required to meet any additional eligibility requirements imposed by the remote state in exercising prescriptive authority for noncontrolled prescription drugs.
 - 2. Prescriptive authority in the home state for an APRN who was not granted prescriptive authority at the time of initial licensure by the home state, prior to the adoption of this Compact, shall be determined under home state law.
 - 3. Prescriptive authority eligibility for an APRN holding a single-state license shall be determined under the law of the licensing state.
- g. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by such state in granting and/or renewing such authority.
- h. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege. For an APRN issued a single-state license in a party state, the requirement for a supervisory or collaborative relationship with a physician shall be determined under applicable party state law.
- i. All party states shall be authorized, in accordance with state due process laws, to take adverse action against an APRN's multistate licensure privilege such as revocation, suspension, probation or any

other action that affects an APRN's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

- j. An APRN practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. APRN practice is not limited to patient care, but shall include all advanced nursing practice as defined by the state practice laws of the party state in which the client is located. APRN practice in a party state under a multistate licensure privilege will subject the APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.
- k. This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as satisfying any state law requirement for registered nurse licensure as a precondition for authorization to practice as an APRN in that state.
- l. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state APRN license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state.

ARTICLE IV

Applications for APRN Licensure in a Party State

- a. Upon application for an APRN multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a licensed practical/vocational nursing license, a registered nursing license or an advanced practice registered nurse license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.

- b. An APRN may hold a multistate APRN license, issued by the home state, in only one party state at a time.
- c. If an APRN changes primary state of residence by moving between two party states, the APRN must apply for APRN licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable Commission rules.
 - 1. The APRN may apply for licensure in advance of a change in primary state of residence.
 - 2. A multistate APRN license shall not be issued by the new home state until the APRN provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate APRN license from the new home state.
- d. If an APRN changes primary state of residence by moving from a party state to a non-party state, the APRN multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

- a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:
 - 1. Take adverse action against an APRN's multistate licensure privilege to practice within that party state.
 - i. Only the home state shall have power to take adverse action against an APRN's license issued by the home state.
 - ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct that occurred outside of the home state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 - 2. Issue cease and desist orders or impose an encumbrance on an APRN's authority to practice within that party state.
 - 3. Complete any pending investigations of an APRN who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take

appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a party state licensing board for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing licensing board shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses and/or evidence are located.
 5. Obtain and submit, for an APRN licensure applicant, fingerprints or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.
 6. If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN.
 7. Take adverse action based on the factual findings of another party state, provided that the licensing board follows its own procedures for taking such adverse action.
- b. If adverse action is taken by a home state against an APRN's multistate licensure, the privilege to practice in all other party states under a multistate licensure privilege shall be deactivated until all encumbrances have been removed from the APRN's multistate license. All home state disciplinary orders that impose adverse action against an APRN's multistate license shall include a statement that the APRN's multistate licensure privilege is deactivated in all party states during the pendency of the order.
 - c. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the

multistate licensure privilege under the multistate license of any APRN for the duration of the APRN's participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

- a. All party states shall participate in a coordinated licensure information system of all APRNs, licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each APRN, as submitted by party states, to assist in the coordinated administration of APRN licensure and enforcement efforts.
- b. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.
- c. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and APRN participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic and/or confidential under state law.
- d. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.
- e. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- f. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

- g. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be removed from the coordinated licensure information system.
- h. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Information related to alternative program participation information; and
 - 4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.
- i. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of APRN Compact Administrators

- a. The party states hereby create and establish a joint public agency known as the Interstate Commission of APRN Compact Administrators.
 - 1. The Commission is an instrumentality of the party states.
 - 2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 - 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- b. Membership, Voting and Meetings
 - 1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.
3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.
4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.
5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:
 - i. Noncompliance of a party state with its obligations under this Compact;
 - ii. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - iii. Current, threatened, or reasonably anticipated litigation;
 - iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - v. Accusing any person of a crime or formally censuring any person;
 - vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - viii. Disclosure of investigatory records compiled for law enforcement purposes;
 - ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or
 - x. Matters specifically exempted from disclosure by federal or state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe

all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

- c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including but not limited to:
1. Establishing the fiscal year of the Commission;
 2. Providing reasonable standards and procedures:
 - i. For the establishment and meetings of other committees; and
 - ii. Governing any general or specific delegation of any authority or function of the Commission.
 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
 4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;

6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment and/or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission;
- e. The Commission shall maintain its financial records in accordance with the bylaws; and
- f. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
- g. The Commission shall have the following powers:
 1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept or contract for services of personnel, including but not limited to employees of a party state or nonprofit organizations;
 5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;
 6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
 7. To accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
 9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;
 10. To establish a budget and make expenditures;
 11. To borrow money;
 12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;
 13. To provide and receive information from, and to cooperate with, law enforcement agencies;
 14. To adopt and use an official seal; and
 15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of APRN licensure and practice.
- h. Financing of the Commission
1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
 2. The Commission may levy on and collect an annual assessment from each party state to cover the cost of the operations and activities of the Interstate Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.
 3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
 4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the

Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

i. Qualified Immunity, Defense, and Indemnification

1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.
2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

ARTICLE VIII

Rulemaking

- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.
- b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 1. On the website of the Commission; and
 2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- d. The notice of proposed rulemaking shall include:
 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time, and date of the scheduled public hearing.
 1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.
- i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety or welfare;
 2. Prevent a loss of Commission or party state funds; or
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
- l. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX

Oversight, Dispute Resolution and Enforcement

a. Oversight

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.
2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

b. Default, Technical Assistance and Termination

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - ii. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board, the defaulting state's licensing board, and each of the party states.

4. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 5. The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated, unless agreed upon in writing between the Commission and the defaulting state.
 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.
- c. Dispute Resolution
1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.
 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
 3. In the event the Commission cannot resolve disputes among party states arising under this Compact:
 - i. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.
 - ii. The decision of a majority of the arbitrators shall be final and binding.
- d. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact

- and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal and Amendment

- a. This Compact shall come into limited effect at such time as this Compact has been enacted into law in ten (10) party states for the sole purpose of establishing and convening the Commission to adopt rules relating to its operation and the APRN ULRs.
- b. On the date of the Commission's adoption of the APRN ULRs, all remaining provisions of this Compact, and rules adopted by the Commission, shall come into full force and effect in all party states.
- c. Any state that joins this Compact subsequent to the Commission's initial adoption of the APRN uniform licensure requirements shall be subject to all rules that have been previously adopted by the Commission.
- d. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
- e. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.
- f. Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure agreement or other cooperative arrangement between a party state and a non-party state that does not conflict with the provisions of this Compact.
- g. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon any party state until it is enacted into the laws of all party states.
- h. Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Report of Leadership Succession Committee (LSC)

Committee Recommendations to the Delegate Assembly:

1. Present the 2020 Slate of Candidates

Rationale:

The LSC has prepared the 2020 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact:

Incorporated into the fiscal year 2021 (FY21) budget.

Background

In FY20, the LSC met for two face-to-face meetings in October and December 2019. Due to the outbreak of COVID-19 candidate interviews were conducted as virtual meetings in April 2020. Over a three-day period, the LSC virtually interviewed members who had applied for open positions for the Board of Directors (BOD) and LSC.

At the beginning of the fiscal year, the LSC determined the committee's focus should be the review and updating of candidate application resources and the candidate interview process. Phil Dickison, NCSBN chief operating officer (COO), collaborated with the LSC to ensure alignment with all candidate and LSC operational processes. Upon submission of an application, candidates were directed to a list of NCSBN resources to prepare for their interview. Resources included: the revised NCSBN 101 online course, NCSBN 2020-2022 Strategic Plan, NCSBN Bylaws and NCSBN mission & vision statements.

LSC activities leading up to the preparation of the annual slate of candidates is a year-long membership engagement process. This year the LSC embraced "Ignite the Leader Within" as a theme to engage the membership to look at their leadership potential and to identify other leaders within the membership. The committee's activities this year encompassed the following:

- Helping a member to find a path to leadership;
- Encouraging members who have been involved with NCSBN, but have never pursued an office;

Committee Members

Sara Griffith, MSN, RN

North Carolina, Area III Member, Chair

Shirley Brekken, MS, RN, FAAN

Minnesota, Area II, Member-at-Large

Melissa Hanson, MSN, RN

North Dakota, Area II Member

Gretchen Koch, MSN, RN

Oregon, Area I Member

Greg Kohn, MM

Wyoming, Area I, Member-at-Large

Jennifer Laurent, PhD, FNP-BC

Vermont, Area IV Member

Sherry Richardson, MSN, RN, CMSRN

Tennessee, Area III, Member-at-Large

Committee Staff

Alicia Byrd

Director, Member Relations

Rachel Pupiromrat

Associate, Member Relations

Committee Meeting Dates

Oct. 21–22, 2019

Dec. 16–17, 2019

April 6–8, 2020 (Virtual Meeting)

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Attachments

Attachment A:

[2020 LSC Brochure](#)

Attachment B:

[2020 Recognition Card](#)

Attachment C:

[2020 Slate of Candidates](#)

- Encouraging participation in committees and events from members who are not currently active or have little participation with NCSBN; and
- Identifying with testimonials the importance of participation in NCSBN and highlighting the personal and professional impact.

FY20 Highlights and Accomplishments

- Developed a new process for the member electronic application process using the Qualtrics platform to support the member application process.
- Developed a webpage on the NCSBN website for members to access candidate resources that include: a link to the candidate application and view BOD and LSC application questions.
- Collaborated with NCSBN Marketing & Communications (M&C) to review, update and implement a new look and theme for LSC Collateral materials: LSC brochure, Discover the Leader Within resource document and the Leadership Recognition Card.
- Distributed the 2020 Leadership Succession document, “Looking Forward” to members who attended onsite meetings at the NCSBN office during the application period.
- Collaborated with M&C to develop a promotional resource, a mirror puzzle piece that was given to all members at the Midyear Meeting.
- Encouraged members to view the mirror puzzle piece as an opportunity to reflect on their leadership potential.
- Directed candidates to NCSBN resources to assist their preparation for candidate interviews.
- Participated in two conference calls with Phil Dickison, NCSBN COO, to revise LSC candidate rubric and refine interview questions.
- Collaborated with Interactive Services to develop a promotional video to encourage and support a member’s path to leadership. The video was shown during the LSC presentation at Midyear Meeting.
- The LSC members managed the LSC exhibit table at the 2020 Midyear Meeting to engage with members and distribute collateral materials such as: Recognition Card, LSC brochure and sign up to be contacted by an LSC member.
- Encouraged members at Midyear Meeting to fill out a Leadership Recognition Card to acknowledge themselves or another member as a potential leader.
- Contacted members via email who had been acknowledged on a Leadership Recognition Card and followed up with members who had requested information on running for office.
- Conducted an extensive review and revision of the following Applicant & Candidate resources:
 - BOD: Interview and application questions and rubric
 - LSC: Interview and application questions and rubric
 - Candidate Slate and Denial Letters
 - Incumbent interview questions
- Conducted virtual candidate interviews April 6–8, 2020 and sent letters to members who were approved to be placed on the FY20 slate of candidates.
- Developed and sent a candidate letter and PowerPoint presentation to members who were approved for the slate of officers. The PowerPoint presentation provided information on important dates and activities leading up to and during Annual Meeting.
- Conducted webinars for candidates to inform, prepare and guide them through the candidate process, campaigning and annual meeting activities.

Committee Recommendations to the Delegate Assembly

- To adopt the 2020 Slate of Candidates

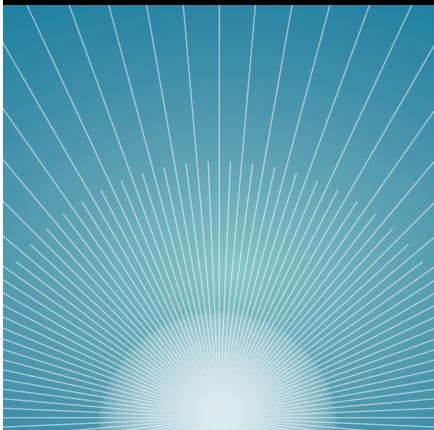
Future Activities

- Develop a communication plan for FY21 LSC activities

Attachment A: 2020 LSC Brochure

INDIVIDUALS WHO SERVE IN NCSBN LEADERSHIP POSITIONS AND COMMITTEES HAVE MUCH TO GAIN:

- Impact nursing regulation;
- Network with state, national and international health care leaders;
- Advance leadership and professional development;
- Stay abreast of emerging global events affecting nursing regulation; and
- Recognition by peers.



01/20

2020 LEADERSHIP SUCCESSION COMMITTEE

Sara Griffith, Chair, Area III Member (2017–2021)
sgriffit@ncsbn.com

Gretchen Koch, Area I Member (2019–2021)
gretchen.koch@state.or.us

Melissa Hanson, Area II Member (2016–2020)
mhanson@ndbon.org

Jennifer Laurent, Area IV Member (2018–2020)
jennifer.laurent@med.lvm.edu

Greg Kohn, Member-at-Large (2019–2021)
greg.kohn@wyoboards.org

Sherry Richardson, Member-at-Large (2019–2021)
sherry.a.richardson@tn.gov

Shirley Brekken, Member-at-Large (2019–2020)
shirley.brekken@state.mn.us

2020 BOARD OF DIRECTORS

Julia George, President (2018–2020)

Jim Cleghorn, President-elect (2018–2020)

Adrian Guerrero, Treasurer (2019–2021)

Cynthia LaBonde, Area I Director (2017–2021)

Lori Scheidt, Area II Director (2019–2021)

Jay P. Douglas, Area III Director (2018–2021)

Valerie Fuller, Area IV Director (2017–2021)

Elizabeth J. Lund, Director-at-Large (2017–2020)

Cathy Borris-Hale, Director-at-Large (2018–2020)

Mark Majek, Director-at-Large (2018–2020)

Anne Coghlan, Director-at-Large (2019–2020)



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ncsbn.org



A Guide to Leadership Succession



NCSBN NEEDS EXPERIENCED AND EMERGING LEADERS WHO:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain the success and viability of NCSBN;
- Represent diversity in opinions and perspectives; and
- Cultivate good relations, stewardship and service.

ELIGIBILITY AND COMPETENCIES

Board members and staff of NCSBN Member Boards are eligible to apply. Each individual should consider the skills and competencies necessary to be successful in the position if elected.

BOARD OF DIRECTORS COMPETENCIES:

Knowledge and skills that add to the strength and value of the collective governing body, including governance, investment policy, regulation, negotiation, consensus building, critical thinking, forecasting, and state, national and international health care policy.

LEADERSHIP SUCCESSION COMMITTEE COMPETENCIES:

Knowledge and skills that add strength and value to the committee in carrying out its charges, including effective communication, leadership, critical thinking, and public policy.

TIME COMMITMENT

BOARD OF DIRECTORS:

Two 3-day meetings, three 2-day meetings and one 2-day strategy retreat per year, in addition to Midyear and Annual Meetings.

LEADERSHIP SUCCESSION COMMITTEE:

Two 2-day meetings and one 3-day meeting per year, in addition to Midyear and Annual Meetings.

2020 ELECTION POSITIONS

BOARD OF DIRECTORS

President-elect (2020-2022)

- Assist the president and performs the duties of the president in the president's absence
- Assumes the office of the president at the conclusion of the president's term and fills any vacancy in the office of the president
- The President-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of President-elect

Director-at-Large | 4 positions (2020-2022)

- Serves as representative of all member boards
- Transacts the business and affairs, and acts on behalf of NCSBN

LEADERSHIP SUCCESSION COMMITTEE

Area Members | 2 positions

Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

Area II Member (2020-2022)

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia, Wisconsin

Area IV Member (2020-2022)

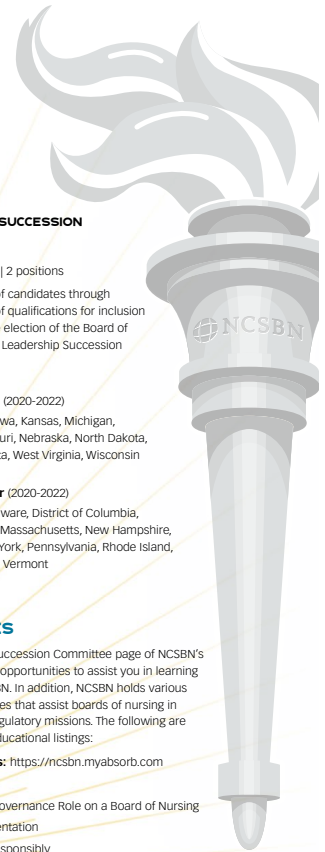
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, U.S. Virgin Islands, Vermont

RESOURCES

The Leadership Succession Committee page of NCSBN's website provides opportunities to assist you in learning more about NCSBN. In addition, NCSBN holds various annual conferences that assist boards of nursing in achieving their regulatory missions. The following are a few available educational listings:

NCSBN Courses: <https://ncsbn.nyabsorb.com>

- NCSBN 101
- President's Governance Role on a Board of Nursing
- Delegate Orientation
- Governing Responsibly



Attachment B: 2020 Recognition Card

**IGNITE THE
LEADER WITHIN**



LEADERSHIP SUCCESSION COMMITTEE
Leadership Recognition Form



NCSBN
Leading Regulatory Excellence

The Leadership Succession Committee (LSC) is interested in identifying potential applicants for elected positions at NCSBN. We would like to hear which of your colleagues may have the leadership qualities needed to help NCSBN advance in global regulatory excellence.

The person you name will be notified by an LSC member that she or he has been recognized as having outstanding leadership skills. Additionally, resources and links to information about serving in an elected position at NCSBN will be provided.

Your Name _____

Your Jurisdiction _____

Potential Applicant _____

Please list three or more leadership qualities this individual possesses:

Additional comments:

Would you like your submission to remain anonymous? Yes No

Please turn this completed card into the LSC table for a thank you gift!

Additional recognition cards are available at the LSC table.

Attachment C: 2020 Slate of Candidates

The following is the slate of candidates developed and adopted by the LSC. Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2020 Delegate Assembly.

Board of Directors

President-elect

Jay Douglas	Virginia, Area III	page 77
Valerie Fuller	Maine, Area IV	page 79

Director-at-large (4 positions)

Amy Fitzhugh	North Carolina, Area III	page 81
Anne Coghlan	Ontario, Exam User	page 83
Cathy Borris-Hale	District of Columbia, Area IV	page 85
Jessica Estes	Kentucky, Area III	page 87
Mark Majek	Texas, Area III	page 89
Ruby Jason	Oregon, Area I	page 90
Susan VanBeuge	Nevada, Area I	page 91

Leadership Succession Committee

Area II Member

Tammy Buchholz	North Dakota, Area II	page 93
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Area IV Member

Georgina Howard	New York, Area IV	page 95
Jennifer Laurent	Vermont, Area IV	page 96
Linda Kmetz	Pennsylvania, Area IV	page 97

Note: Candidates' responses were edited to correct for formatting and have not been altered in any other way.

Detailed Information, as taken directly from application forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board of nursing position, board of nursing name
3. Application Questions:

Board of Directors:

1. Describe your professional, regulatory and community experience.
2. What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?
3. Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Leadership Succession Committee:

1. Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.
2. What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?
3. What does leadership mean to you and identify the attributes of effective leaders?

Board of Directors

President-elect

Jay Douglas, MSM, RN, CSAC, FRE
Executive Director, Virginia Board of Nursing



Describe your professional, regulatory and community experience.

My nursing career began following graduation from West Australian School of Nursing / Royal Perth Hospital a 1,000-bed facility, where I then worked as a Registered Nurse. Following a move across "the pond" in the late 70s, I worked in a variety of practice settings: med surg, SUD treatment, home health, and employee assistance, holding management and leadership positions for the majority of my career. I obtained a master's degree from Lesley University in Cambridge, MA and substance abuse counselor certification through Virginia Commonwealth University. Experience as a SUD treatment program director and administrator of a home care agency provided a solid foundation for entrance into nursing regulation. I joined the Virginia Board of Nursing as the Discipline Deputy in 1999 and was promoted to Executive Director in 2002, overseeing the regulation of approximately 240,000 nurses, advance practice nurses, assistive personnel, massage therapists and 350 pre-licensure nursing and nurse aide education programs. My consistent NCSBN involvement since 1999 includes, participating in meetings, NCSBN awards committee, NCSBN 25th anniversary committee and annual presentations at Delegate Assembly orientation for the last 9 years. In 2010, I was elected to the NLC Administrator Executive Committee and served in a variety of capacities for 6 years. I then served from 2017-2018 as the Vice Chair of the new Interstate Commission. I have participated in the ICN Global Nurse Leadership Institute, completed the NCSBN IRE Program, and the Center for Creative Leadership Executive Coaching Program. I have served on the Board of Directors as Area III director since 2018. I have represented NCSBN Board of Directors through presentations and outside meeting attendance. My community experience includes serving on a Board of directors for a halfway house, as a Parish Nurse, two terms as a Vestry Member at my church and Senior Warden for 2 years.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I have demonstrated that I am able to fulfill the responsibilities of the Board of Directors through my committed two years of service on the Board and my long tenure as a regulator leading a large board in, an innovative, agile and collaborative manner. I am fortunate to have the full support of my board, staff and agency head who value service to NCSBN and who recognize the benefit to the Virginia Board of Nursing. I believe I bring a broad, global perspective demonstrating strategic thinking, innovative problem solving and a commonsense approach to issues. I am not afraid of crucial conversations and I am accustomed to participating in professional dialogue in a manner that gets to the root of an issue. I am an active listener who looks for commonalities not differences in conversations, therefore identifying mutually agreeable solutions and a path forward. Through the years in my personal and professional life, I have demonstrated trustworthiness, fair mindedness and the ability to conduct myself in an ethical manner with confidence and resilience. If elected as President – Elect I realize I will be called upon to ensure the Boards governance role remains focused on the needs of the membership, individual board member and staff perspectives and NCSBN Strategic Initiatives. Looking up and out will remain an essential priority for me as I consider the work put before the Board and work together with the Board, the President and CEO in the pursuit of excellence in public protection.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Strategic Initiative A: Promote agile regulatory systems for relevance and responsiveness for change. I have identified this initiative for discussion as I believe that agility of our regulatory systems and the study of relevance and preparation for change both immediate and in the future is critical for delivery of health care and protection of the public. We regulators learned this very quickly when the COVID-19 pandemic affected every facet of our regulatory and personal lives this year. Initiative A focuses on three objectives, an Accreditation System, Right Touch Regulation and use of Data and Block Chain Technology. I am contributing to the organizations achievement of this Initiative by serving as the Board Liaison to the Objective 1 project, which is focused on developing, piloting and evaluating a regulatory excellence accreditation system that will improve the effectiveness of nursing regulatory boards, enhance public protection and stakeholder confidence. I was directly involved with the staff Project Sponsor to determine the focus of the work, the approach to collecting the necessary data and work plan that provided for the development of quantitative and qualitative metrics. I participated in Board discussion, regarding the opportunity for membership involvement in this project, via Trello, a collaborative web-based project management platform. I have personally participated through Trello in reviewing Sunset and Sunrise reports, accreditation system reports and efforts from other professions and countries. Existing NCSBN Metrics resources such as CORE, TERCAP, and NPDB were identified for further review with the goal of developing summary materials for review by jurisdictional boards. Feedback will be used to revise potential metrics, aid in instrument development. The staff Project Sponsor and the Board Liaison have met periodically, and I participated in a kickoff meeting with the team. At Board Meetings the Board reviews and monitors progress on each objective and outcome, these discussions serve to keep me current on the work pertaining to other Initiatives and keeps me connected to this plan as a living and breathing piece of work. The COVID- 19 pandemic is a wakeup call for regulators just as it was for health care systems. The impact on regulatory processes and the lessons learned need to be incorporated into the objectives for Strategic Initiative A and may require us rethinking or adding to the data collected and metric resources to be used in the development of an accreditation system. In discussion with my colleagues in the height of this pandemic it is clear that regulatory practices, degrees of agility and responsiveness is on a wide spectrum and that it is time to take control of the things that we can control while working strategically on barriers that are difficult for us to directly address. More uniformity among jurisdictions and a right touch approach to development of regulations may be best practices that could have decreased the workforce issues and the barriers to the provision of health care in an unpredictable global situation that will occur again.

Board of Directors

President-elect

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP Board President, Maine State Board of Nursing



Describe your professional, regulatory and community experience.

As a practicing APRN, nurse educator and nurse regulator, I've had the unique opportunity to serve the nursing profession in a myriad of ways. My knowledge and skills as a nurse leader, nurse educator and regulator are an excellent match to the position of Board President. I am eager to serve and to further advance the purpose, mission and values of NCSBN.

Regulatory Experience:

State of Maine:

- Maine State Board of Nursing, Board President 2013 to present
- Maine State Board of Nursing, APRN Member 2010 to present NCSBN
- Board of Directors liaison to the NCLEX Examination Committee 2019 to present
- Board of Directors, Region IV Director 2017 to present
- Board of Directors liaison to the Nursing Education Outcomes and Metrics Committee 2017 – 2019
- Chair, APRN Education Committee 2015 – 2016
- Member, APRN Distance Education Committee 2014 – 2015
- Member, APRN Consensus Committee 2012 – 2014

Professional Experience:

- Assistant Professor of Nursing & Director of the AGACNP program, University of Southern Maine 2017 to present
- Assistant Professor of Surgery, Tufts University School of Medicine 2009 to present
- Nurse Practitioner, Maine Medical Center, Department of Surgery 2003 to present

Community Experience:

- Fellows of the American Association of Nurse Practitioners - Fellows Selection Committee 2019 to present
- American Association of Nurse Practitioners, Maine Representative 2014 – 2020
- Maine Nurse Practitioner Association, Legislative Committee 2005 to present
- Maine Nurse Practitioner Association, President 2007 – 2010
- Maine Nurse Practitioner Association, Board of Directors 2005 – 2010

Education:

- PhD, University of Arizona - 2017
- DNP, MGH Institute of Health Profession - 2010

- MSN, Boston College - 1998
- BSN, Boston College - 1991
- Certifications - AGACNP, FNP, Advanced Practice Wound Ostomy Nurse, Foot Care RN and RN First Assist

Awards & Honors:

- Elaine Ellibee Leadership Award - 2017
- Fellow of the American Association of Nurse Practitioners – 2016

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I have always had a strong desire to serve and have been fortunate to hold leadership positions in local, state and national nursing organizations. I would characterize myself as a servant leader who isn't afraid to roll up her sleeves to get the work done but also someone who inspires and empowers others to lead in order to reach their full potential. My students might tell you I'm a tough and demanding teacher but also their biggest cheerleader and the person who drives them to be their very best. I have a clear vision of what needs to be done, I am goal oriented and deeply committed to the mission and purpose of this organization. In addition to my work with NCSBN, my involvement with other state and national nursing organizations has allowed me to develop key relationships with academic associations, professional groups and other health care leaders. Through these connections I can continue to strengthen NCSBN's strategic alliances and initiatives. As your Area IV representative and as a member of the Board of Directors, I fully understand and appreciate the duties of the Board President and believe that I possess the necessary leadership skills to effectively serve NCSBN, its members and you.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Strategic Initiative B: Champion regulatory solutions to address borderless health care delivery. As I write this response, our nation is facing one of the worst health care crises of this century. The COVID19 pandemic has put an unprecedented strain on our health care system and our nursing workforce. Now, more than ever, the regulatory solutions to address borderless health care delivery are of paramount importance. Our nursing workforce (both RN and APRN) needs to be agile, able to function to the full scope of their education and licensure and evolve with the new and innovative ways in which health care is being delivered. Over the last several weeks, we have seen many states issue emergency declarations to provide the expedited licensure of nurses from other jurisdictions, to allow nurses to provide telehealth services and to suspend APRN supervision and/or collaboration requirements. These are the very issues that the Nurse Licensure Compact (NLC) and the APRN Compact seek to address on a permanent basis! We need to reengage with key stakeholders in non-compact states to address how the NLC can improve access to care, lower the cost of care and allow nurses to cross state borders and provide vital services in the event of a disaster without needing to wait for an emergency declaration. In addition, we need continue to advance and promote the work that has been done on the APRN Consensus Model and the APRN Compact. The burdensome, redundant and confusing patchwork of APRN licensure and regulation across the US demands change. A renewed push to implement the Consensus Model will allow jurisdictions and stakeholders to move forward with APRN Compact legislation.

Board of Directors

Director-at-large

Amy Fitzhugh, JD

Chief Legal Officer, North Carolina Board of Nursing



Describe your professional, regulatory and community experience.

As an attorney for the last twenty-two years, I have focused my entire career on the protection of the public. The first fifteen of those as a criminal prosecutor prosecuting drug crimes and homicides and the last seven it has been my privilege to serve as counsel for the North Carolina Board of Nursing ("Board"). First, as staff attorney for the Board, I worked with the investigators to advise them on investigations of complaints and I prosecuted the cases before the Board in hearings. In this role, I worked closely with staff to provide guidance on focusing on evidence gathered in investigations and resolutions that were founded in the Just Culture principles. I transitioned into the Chief Legal Officer role after hiring another attorney and began to serve the Board in a more General Counsel role. In this role I now manage a department of investigators, compliance, and legal proceedings staff in addition to providing counsel to the various other areas of the Board staff, CEO and the Board. This role has given me a wide view of the variety of areas in which the Board protect the public in the regulation of nursing. Currently my role has required me to lead my staff and advise the CEO and Board on how we can provide additional nursing workforce into the community of our state amidst the novel coronavirus (COVID-19) crisis by relaxing licensure requirements for certain eligible applicants.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

The experience I bring as an attorney serving in public protection and most currently in my role as the Chief Legal Officer of the North Carolina Board of Nursing would be a strong asset to the Board of Directors. Additionally, I have served on committee's with NCSBN that have developed my broader knowledge of the variety of issues shared among the member boards of the US and associate member boards. As a member of the Standards Development Committee that was transitioned to the Model Act and Rules Committee, the NLC Policy Committee, and NLC Rules Committee, I supported the work to be based on best practice and evidence-based changes. This foundation is important but must be balanced with the understanding that while we are all a part of nursing regulation, each member board faces its own challenges in their respective jurisdictions with legislators and other competing health care regulatory initiatives. My work on the Board of Directors would continue to be focused on the good of the whole of the membership while balancing needs of the individual jurisdictions.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

One of the strategic initiatives is to promote agile regulatory systems for relevance and responsiveness to change.

As the member of the Model Act and Rules Committee, it was our challenge to take the current model and make changes to reflect the evolving and dynamic world of nursing regulation. As chair it was my goal to accomplish this important work while keeping us focused on best practices and evidence-based changes balanced with the movement across the country for regulatory reform. Throughout that process we looked to various stakeholders to help guide our decision making. Additionally, as the Chief Legal Officer in North Carolina I worked diligently for six

years to effectuate the same types of changes to the North Carolina Nurse Practice Act. In 2019, we were able to modernize our law to add provisions to better enable us to effectively and efficiently protect the public in ensuring safe nursing care. It would be my intention to bring those experiences into my work on the Board of Directors to accomplish this strategic initiative.

Board of Directors

Director-at-large

Anne Coghlan, MScN, RN

Executive Director and Chief Executive Officer, College of Nurses of Ontario



Describe your professional, regulatory and community experience.

Throughout my 40-year career in nursing I have held leadership roles in practice, education and administration. In every role I have found ways to pursue my passion for enhancing nursing's accountability to the public. My 20 years as CEO of the regulatory body for nursing in Ontario have provided opportunities for me to learn and contribute to regulatory collaboration and leadership provincially, nationally and internationally. As a founding member of the Canadian Council of Registered Nurse Regulators I served as the Council's President from 2012 to 2016. I led the team that introduced the use of NCLEX-RN as the licensure exam for registered nurses in Canada in 2015 and served on NCSBN's NCLEX Exam Committee from 2015 to 2019. I currently serve as a member of Ontario's Advisory Group for Regulatory Excellence, the International Nurse Regulator Collaborative, the International Relations Committee of the Council for Licensure, Enforcement and Regulation, the Editorial Advisory Board of the Journal of Nursing Regulation, NCSBN's International Center for Regulatory Scholarship Education Committee and Director-at-Large on the NCSBN Board of Directors. I am honored to lead an organization that strives to protect the public by promoting safe nursing practice.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

My goal as a leader is to inspire and motivate people to achieve a vision about which I am passionate. NCSBN's vision of "Leading regulatory excellence worldwide" reflects my personal passion for contributing to regulatory innovations that advance safe nursing care regardless of the location of the recipient. I bring a collaborative style, commitment to evidence informed decision making and a curiosity about what might be possible to board and committee work. I believe that boards provide strategic advice and support to capable teams that carry out the operational work of an organization. While nursing is my profession, my role as a regulator focuses me on the needs of the public we have the privilege to serve - this is the lens that I bring to regulatory decision making.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Strategic Initiative D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence

There are exciting opportunities to leverage NCSBN's "best in class" competency assessment expertise to influence public protection worldwide. I will continue to contribute the knowledge I have gained through my work on NEC and as a regulator using the NCLEX in Canada to the achievement of this initiative. There are strategic opportunities to support regulatory bodies in their needs for competency assessment tools for use with nurses demonstrating practice deficits. I bring my knowledge of the current needs of nurse regulators to the work underway on this initiative. My goal is to ensure that the outputs of this initiative are practical and meet the needs of

regulatory bodies across jurisdictions. I will continue to encourage and support input from and broad collaboration across all NCSBN member groups - members, exam user members and associate members. At the board table, I will look for synergies across strategic initiatives and opportunities to support the success of all four initiatives.

Board of Directors

Director-at-large

Cathy Borris-Hale, MHA, RN

Nurse Specialist II, District of Columbia Board of Nursing



Describe your professional, regulatory and community experience.

A commitment to serving others is what motivated me to become a nurse over 37 years ago. Throughout my nursing career I have worked to bring meaningful change and improvement to the delivery of healthcare and nursing practice. I have served in a variety of leadership roles in diverse settings including acute and long-term acute care hospitals, health departments and national nursing boards. In my current role I manage nurse discipline as Nurse Specialist II with the DC Department of Health. Prior to joining the Board staff, I was appointed to and served as Chair of the District of Columbia Board of Nursing (BoN), 2012 – 2014. With collaboration from the BoN I helped to institute several innovative changes to streamline regulatory processes for nursing assistive personnel, including certified nursing assistants, patient care technicians, medication aides, and dialysis technicians. I regularly take advantage of continuing education opportunities which have enhanced my understanding of current trends, best practices and changes within the industry. During the 2017 delegate assembly of the National Council of State Boards of Nursing (NCSBN), I served from 2018 – 2020 as Chair of the Resolutions Committee in addition to serving on NCSBN's Medical Marijuana Regulatory Guidelines Committee. This committee established guidelines for marijuana use and its relationship to nursing regulation for Boards of Nursing. I currently serve on the NCSBN's Board of Directors as Member-At-Large. Other career roles have included serving as Chief Nursing Officer and CEO of a sub-acute care hospital located in one of the most medically underserved areas of Washington, DC. A native of Washington, DC, I recently celebrated my 25 years of marriage. I am a proud mother and grandmother. My community engagement activities include serving as a Lector at Nativity Catholic Church, Mid-Atlantic Regional Chair and Health Chair of the National Hook-Up of Black Women, Inc., District of Columbia Chapter. I also work with the Saving Promise Campaign to bring awareness to Domestic Violence.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I was elected as the At-Large Member on the Board of Directors in 2018. This position has provided me with the opportunity to work side by side with the industry's best regulators as well as providing insight as we prepare for the next generation NCLEX exam and supporting borderless healthcare with the Nursing Licensure Compact (NLC). To be able to serve with visionaries for the future of nursing regulation at all levels and points of care has been an invaluable experience. I am a known person-centered and bottom-line-focused healthcare executive with 25 plus years of experience improving operations, regulatory compliance, maintaining portability and transforming organizational culture for the better. My expertise is unparalleled due to the wide range of roles I have held as a healthcare executive, former chair of the DC Board of Nursing, former educator and currently nurse specialist for discipline and practice. In each of these positions I successfully improved operations, introduced safety improvements and regulatory compliance ensuring a positive influence on population health. My work success is directly related to a career-long determination to bring innovative, creative, progressive approaches to team building, and visionary leadership for the improvement of healthcare delivery management to vulnerable populations. Through experience, my skill set has expanded to includes progressive leadership, initiative, innovation, vision, and interpersonal skills but the ability to bring compassion and ignite passion in the face of fear and uncertainty is my gift.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I was very proud to be a part of the development of the NCSBN 2020 Strategic Plan and the four initiatives designed to move the organization forward. While all the initiatives are essential parts of the whole, the third initiative “expand the active engagement and leadership potential of all members”, absolutely resonates with me and my goals to increase member participation in the leadership of the organization. It remains my belief that organizations meet with success when leaders recognize efforts must include cultural changes and participation of as many members as possible. The National Center for Healthcare Leadership conducted a study on the systematic failure of healthcare organizations and the findings indicated that not nearly enough attention is paid to talent management (Zaballero, 2019). How will we continue to find dynamic and effective leaders? It is my belief that leadership includes education, training and nurturing talent in our members. By creating a path or rather of a journey of increased activity in the organization we can expect more members willing to accept the responsibility to assume a leadership role. By being honest, transparent and unafraid to admit we don't have all the answers is crucial to developing a trusting relationship with members. Just as important is recruiting new faces for positions on committees and the Board requires that leadership teams get to know our members. It more than just making an announcement of a vacant position or seminars, we must continue to lay more groundwork. With the new initiatives, NCSBN has turned the microscope on itself in an effort to ensure we reach our full potential. Implementing new ways for members to participate in and serve in key positions and roles on a short- and long-term basis can develop its leadership team from its ranks. A very exciting proposition. Source: Zaballero, A. (2019, December 13). Making the Case for Succession Planning in Healthcare. Retrieved March 29, 2020, from <https://www.td.org/insights/making-the-case-for-succession-planning-in-healthcare>.

Board of Directors

Director-at-large

Jessica Estes, DNP, APRN-NP
Executive Director, Kentucky Board of Nursing



Describe your professional, regulatory and community experience.

I have been a Psychiatric Mental Health Nurse Practitioner since 2004. I graduated with an MSN from Vanderbilt University School of Nursing in 2004, and completed my Doctorate of Nursing Practice from the University of Kentucky in 2013. As a PMHNP, I have worked in multiple settings, inpatient, outpatient, long-term care, and telehealth. I served on the KY Board of Nursing APRN Council and Controlled Substances Formulary Development Committee from 2007-2013. I served as a Board Member at Large for the Kentucky Association of Nurse Practitioners and Nurse Midwives from 2013-2016, then as the President-elect from 2016-2017, and President from 2017-2019. During that time, I co-chaired the Conference Development Committee, served as the CE administrator, and worked on the Legislative Affairs Committee. In 2014, we successfully passed legislation to phase out collaborative agreements for non-scheduled medications after 4 years of practice. As President, we worked alongside the Kentucky Board of Nursing to decrease regulatory burdens on APRNs. During that time, I also opened a private practice in Lewisport, KY that consisted of APRNs and psychotherapists. We provided mental health services across the lifespan for patients in 15 Kentucky and Southern Indiana counties. I served on the ACEN Board of Commissioners from 2014-2019, resigning after I accepted a position as the Executive Director at the Kentucky Board of Nursing in June 2019. While working at the Kentucky Board of Nursing, I continue to volunteer on the Behavioral Health Advisory Committee for Passport Health, as well as co-teaching a Sunday School Class at Chestnut Grove Baptist Church.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

For the last decade, I have been involved in a number of agencies that rely on volunteer relationships to conduct business. On a State level, I have held membership (2004 to present) in the Kentucky Association of Nurse Practitioners and Nurse Midwives, where I served in leadership from 2013-2019. KANPNM is a non-profit organization that represents APRNs in Kentucky. I was responsible for fiscal decision making and the financial integrity of the agency. We advocated, drafted policy, and communicated with multiple stakeholders in private and governmental agencies. I have also participated at a National level for ACEN (2014-2019) as a Board of Commissioner. I served as one of the clinicians on the Board. In that capacity, we were the final level of review for accreditation standard of the accredited programs. We ensure that the standards were applied consistently and equally. As a servant leader, participation within NCSBN, builds upon my other leadership roles, this time in the regulatory arena.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Considering all of the strategic goals, I have the greatest potential to assist in the expansion of active engagement and the leadership potential of all members. As the President at KANPNM, one of our greatest challenges was having 10% of the membership, doing 90% of the work. It resulted in burnout and frustration for those members

who give up their time for the organization. One of our initiatives, was to assess the potential for leadership among the membership, and to create succession planning, but adding leadership roles that would feed into the Board at a larger level. Everyone has the potential to lead, the key is orienting them to the process and allowing them to work within their skillset. One of the key methods in facilitation of that goal, is to identify early on who has the skills an agency needs. NCSBN is fortunate to have a large pool of member organization from which to recruit. The development of tools that ask those members for areas of expertise would assist in moving additional leaders into Key roles.

Board of Directors

Director-at-large

Mark Majek, MA, PHR, SHRM-CP
 Director of Operations, Texas Board of Nursing



Describe your professional, regulatory and community experience.

National Council of State Boards of Nursing:
 Special Services Division Group, 1994; Delegate Assembly Page, 1995-2000;
 Licensure Verification Task Force, 1995-1997; Licensure Verification Task Force, Chair,
 1996-1997; Information System Users Group, 1998-1999; Phase II User Group Nursys,
 1999-2000; Nursys Advisory Panel, 2000-2001; NCSBN Board of Directors, Area III Director,
 2001-2005; Member Board Leadership Development Advisory Panel, 2006-2007; Finance Committee, 2008-
 2011; Leadership Succession Committee, 2012-2015; and Bylaws Committee, Chair, 2015-2017; NCSBN Board of
 Directors, Director at Large, 2019-2020. Professional Organizations: Society for Human Resource Management
 Texas State Human Resource Association Texas Small Agency Task Force, Chair Community Involvement: Burke
 Center for Youth, Volunteer Knights of Columbus Council 11695, Dripping Springs, Texas

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

Resilience, Confidence and Accountability After 33 years of working in the regulatory arena, I've learned to expect the unexpected and achieve outcomes with limited resources. We've all faced hurricanes, terrorism and pandemic outbreaks. Each time, we were called to respond quickly in very difficult scenarios. We did that by collaboration, mentoring and guts. We had to roll up our sleeves, lead with conviction, remain calm and focus on solutions. The founding members of the NCSBN forged the way and I'm the benefactor. My favorite NCSBN book is the "The First 25 Years, 1978 - 2003". It is a reminder on how our organization evolved, took risks and succeeded in difficult times and is a blueprint for future decision making. The next leaders will need to be resilient, produce great outcomes in difficult times, have confidence in our organization to achieve important goals and be held accountable for the decisions made.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Expand the Active Engagement and Leadership Potential of All Members

The success of the NCSBN relies on the competencies of our current members and preparing leaders for the future. Succession planning should be a priority of our organization and the new International Center for Regulatory Scholarship will move us in that direction. It is also important to engage the entire organization so we can expand the base of potential leaders and bring more diversity in leadership positions. This should be at all levels of the NCSBN and include international partners. We made a bold move in approving the Exam User Membership Category and we've benefited greatly from this bylaw change. I would like to see us broaden the vision of leading regulatory excellence by engaging the international regulatory community in greater depth that would be mutually beneficial to all involved.

Board of Directors

Director-at-large

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing



Describe your professional, regulatory and community experience.

Over 30 years of nursing administration experience in 3 different states and 6 different healthcare systems. 6 years of regulatory experience as the Executive Director. Awarded FRE certification in 2018. Represented the state's academic medical center for implementation of the 2010 IOM report The Future of Nursing. Multiple public presentations throughout career on a variety of topics including budgeting, staffing allocations, aspects of successful patient triage, and currently presenting the Nurse Practice Act to multiple audiences mostly consisting of CNOs, HR administrators, Nurse Managers, and staff nurse leaders.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I have over 30 years of operations experience in the implementation of strategic plans, evaluation of quality indicators, and what works and what is difficult to achieve. I have worked with Board of Nursing both as a licensee, a nurse administrator and, now, Board staff. I have participated on the Model Act and Rules committee because I believe those documents are the foundation of the nursing regulatory industry.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I am currently a contributor for Strategic Initiative A, Objective 2.

Given my experience on both sides of the regulatory "fence" I have noted the wide variety of ways the Boards arrive at decisions regarding discipline. That variety, while taking into consideration aggravating and mitigating circumstances, at times feel arbitrary and can vary as the makeup of a Board changes. A strategic plan, however, is not based on one objective. I would like to be on the decision-making body that would determine how the work of all the teams come together to bring the strategic plan into reality.

Board of Directors

Director-at-large

Susan VanBeuge, DNP, APRN, FNP-BC, FAANP Board Member, Nevada State Board of Nursing



Describe your professional, regulatory and community experience.

I have been a nurse over 26 years: BS (1986), BSN (1993), MSN- Family Nurse Practitioner (2003), and DNP (2009). My RN experience is in acute care, working in the emergency department. I have practiced in the US and in Japan (US civilian), with experiences visiting medical clinics in Africa and the UK. I currently practice as an APRN in endocrinology and as full-time Associate Professor and Director of Clinical and Community Partnerships at the University of Nevada. I have been engaged with the Nevada Board of Nursing since 2006 when appointed to the APN advisory committee. I was appointed to the Board in March 2015 as an RN member, elected Secretary in 2016, then Vice-President in 2017-2019. I served on the Institute of Regulatory Excellence from 2015-2019. I have been engaged in writing policy, the legislative process, testifying at the legislature, and creation of regulations. My board experience includes numerous committees and work groups in policy and legislative process. In my academic role, I have held positions of leadership in the school and university: elected faculty senate executive committee (2 terms), faculty senate representative (3 terms), graduate faculty and students issue committee, Presidents Tier One Steering Committee, Public Safety Advisory Board, Nursing Faculty Organization President (elected 2 terms), Masters coordinator (elected), DNP coordinator (elected), and chaired multiple years of admission committee. I have experience chairing, directing and charging multiple programs, committees, strategic planning and curriculum development and revision. Community leadership includes American Association of Nurse Practitioners (AANP) elected 2 terms as Nevada State Representative, chairing the national and specialty conferences 2 years each, multiple committee appointments. I current serve on the CDC diabetes education committee, appointed by AANP. I have held multiple leadership roles in state NP organizations and currently serve as adviser to a regional group.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

As a practicing APRN and educator, I know the value of having excellent leadership skills. I believe characteristics that describe me include strong leadership skills, collaborative, innovative, data driven, team player, evidence-based decision maker, ability to get along with others, excellent communication skills, and a good listener. Leaders in nursing must possess dynamic skills to be flexible in our ever-changing environment. I have had advanced leadership training (2017 LANP fellow) and inducted as a fellow in the AANP (2013). My strong work ethic, record of publications and presentations over the last 20 years demonstrate my ability to communicate, collaborate and innovate. I have worked in policy leadership to modernize laws in Nevada and in the US. The teamwork and leadership brought Nevada forward to full practice authority (2013) and full signature authority (2017, 2019). As a doctoral prepared nurse, ability to utilize evidence to make sound decisions is imperative for the NCSBN as we utilize skills of collaboration, innovation, communication, and leadership to meet the strategic initiatives in the years to come. My commitment and leadership are part of my fabric as a person. Not limited to roles in nursing, I am active volunteering in my community as lead in our church health ministry, a volunteer for the police department, new NP mentoring program, and concerns of police survivors. These roles and experiences form me as the person I bring to NCSBN leadership as a well-rounded, community minded, diverse, and active participant in community. I will bring

this same open-mindedness, drive and leadership to the NCSBN Board of Directors representing all members with a clear, strong, collaborative voice.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

As a Director-at-Large board member, I would contribute to strategic initiative B - Champion regulatory solutions to address borderless health delivery system by assessing current structure in place to promote a borderless system.

We have a perfect example in the nurse licensure compact (NLC) in place and adopted by over 33 states with more states pending legislation. NCSBN has been a pioneer in this concept of a borderless system and will continue to lead the way with full implementation of the NLC. My contributions to this initiative have been ongoing in my own state as stakeholders bring forward the NLC legislation at the next session. My legislative experience prior to being a board member is providing context, knowledge and the lived experience to the NCSBN board of directors. Work to make change takes great courage, innovation and ability to work with others. My experience working with diverse groups of stakeholders is my strength. I can engage with other professions and use the nursing process to assess, diagnose, plan, implement and evaluate using critical thinking skills. While these skills are taught to respond to health and/or crisis, it serves working through problem solving processes. I believe to have change one must be open to new ideas and be innovative. Utilizing disruptive technology to imagine, conceptualize and implement a borderless system is possible. We should be looking at how to expand APRN practice that allows these valuable providers to practice at the highest level of their license and education to provide better access to care across borders. I would champion research to collect data and patient outcomes for APRN practice in states with full practice authority vs those with limited practice and publish findings. I would work to further expand technology utilized in telehealth across borders to allow for exchange of knowledge and skills to improve health care where expertise could be utilized for the improvement of patient care and outcomes. Organizations do not need to be everything to every person, utilizing telehealth would allow concentration of highly specialized people in one center to provider care across a borderless system for all. In striving for a borderless system, a top priority is the protection patient safety. We would need to analyze credentials carefully, decrease fraud and look at ways to make the system seamless yet with the highest level of integrity for patient protection. As a board-certified practicing APRN, I welcome the opportunity to serve on the Board of Direction as a Director-at-Large to represent and serve all members of the NCSBN. I bring over a quarter century of nursing practice to the table, experience in the legislative process, leadership experience, and a diverse set of skills in service to the board. I respectfully submit my application for a Director-at-Large on NCSBN Board of Directors.

Leadership Succession Committee

Area II Member

Tammy Buchholz, MSN, RN, CNE, FRE

Associate Director for Education, North Dakota Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

I currently serve in the role of Associate Director for Education with the North Dakota Board of Nursing; responsible for oversight of ND Nursing education programs, Nurse Refresher Courses/IV Therapy Programs, Distance education recognition, Continuing education approval, NCLEX RN and PN testing issues, Nursing Education Loan program. I have worked continuously as a nurse for the past 29 years. My practice area has changed several times, and I have experience in the areas of medical/surgical, urology, out-patient surgery, case management, obstetrics/gynecology/newborn nursing, and nursing research. Prior to joining the North Dakota Board of Nursing in 2015, I was an assistant professor of nursing for a baccalaureate program for 9 years. I believe it is important to be involved and serve in many capacities as a professional nurse. I have had the honor of being involved with many organizations and committees throughout my career and continue to serve in that capacity as opportunity presents. I served on several college committees while working in nursing education, and I currently serve on committees for the NDBON, ANA, NDNA, NLN, a private university in ND and the ND Center for Nursing. I have published at the state level and have presented on nursing education topics at the state, regional, and national levels. In 2015 I earned the designation of certified nurse educator (CNE) from the National League for Nursing (NLN). I will complete a Doctor of Nursing Practice (DNP) in Educational Leadership degree in spring 2020.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

The leadership attribute descriptors I find most fitting for me, are authentic, servant, transformational, adaptive, team, and ethical. In August 2019 I was awarded the status of Fellow of the IRE after completing fellowship program requirements as a member of the 2018 cohort. Poster presentation of IRE research study, Board of Nursing Rules Permitting use of Educationally Underqualified Nursing Faculty: An Exploratory Study of Use and Possible Impact on Outcomes at the 2019 NCSBN Annual Meeting. NCSBN Subcommittee for the Role and Competencies of the Education Consultant, Member January 2019 – February 2019. Presented as part of the IRE Panel: Hot Topics in Nursing Education at the 2018 IRE Annual Conference and Scientific Symposium regarding the Faculty Shortage. Participate in monthly Education Knowledge Network meetings, Discipline Knowledge Network meetings, APRN Knowledge Network meetings and Practice Knowledge Network meetings monthly or as able. Attend Mid-year, Annual, Scientific Symposium, NCLEX meetings each year or as schedule allows. Attended 2019 Antitrust and Regulation Forum, the Basic Board Investigator training in 2018.

What does leadership mean to you and identify the attributes of effective leaders?

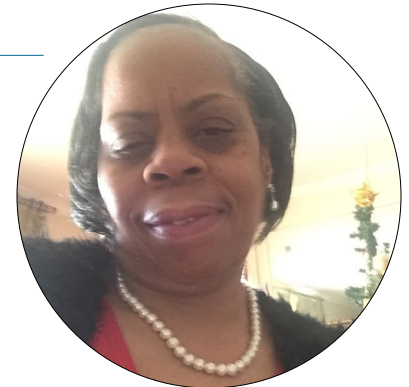
I would describe leadership in terms of the five principles of ethical leadership discussed by Northouse (2016). They are: 1) respect, 2) service, 3) justice, 4) honesty, and 5) community. Respect for others entails respect for the decisions and values of others with no intent to treat them as a means to our own goals. A leader is considered

respectful when they commit to being present and listening to followers, exhibit empathy, and are accepting of contrasting viewpoints. Service as a leader is an example of altruism and is primarily concerned with the wellbeing of others. Some examples of altruistic servant behavior as a leader include mentoring and team building. Exhibiting justice as a leader is reflected by treating all followers in the same way. Decision making as a leader requires that fairness always be the central component. Honesty is not just about being truthful but in a broader sense being “real” with others as completely as possible. If leaders are not honest, they are viewed as unreliable and undependable and followers lose faith in their leadership ability. Finally, a sense of community can be described from a leadership perspective as being concerned with a common goal that aligns with all followers. The two principles that I consider most important are respect and honesty. Having integrity or being viewed as being honest is one of the qualities identified in extremely effective leaders. I see it as being fearless from an ethical point of view because I feel it takes great courage, to be honest in difficult situations or during ethical dilemmas. To practice with respect is to have no tolerance for disrespect of anyone whether a patient, family member or colleague. As a leader, it also takes courage to demand that there is absolutely no place or acceptance of disrespect within an organization and to role model that principle. Last, I appreciate describing leadership as a process because it allows for different approaches and styles as is needed for the situation encountered.

Leadership Succession Committee

Area IV Member

Georgina Howard, MPA, MSN, RN-BC, NE-BC
Board Member, New York State Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

I am the senior leader in my organization for the ambulatory care department. As part of my role I recruit new frontline professional and ancillary staff. I have also developed succession plans for my middle managers. Through coaching and mentoring, I strategically plan for future leadership roles for staff nurses in my department. I have participated in search committee for administrative and clinical Chief of the department. This included developing standard questions for interview and a template for ranking candidates. In the community I am a board member for a community-based organization. I have served as treasurer and secretary and my current position is Chairperson. I have collaborated with the Executive Director to recruit new board members and program staff.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

Since 2011 I have several appointments to NCLEX-Nursing Item Review Committee. I continue in my current appointment to serve in reviewing questions for relevance to nursing practice. I am a servant, transformational leader who continues to support development of leaders in the nursing field. My vision is to create the next generation of nursing leaders to advance the profession. Nursing must lead the way to support healthcare transformation and advocate for improved quality outcomes.

What does leadership mean to you and identify the attributes of effective leaders?

A leader must not only have managerial skills. A leader must be a visionary. They must approach leading with a bold, holistic vision. Their critical thinking skills must be keen to assess, plan and evaluate. Leadership also requires the desire to serve others. Servant leadership is key to building successful teams. Sharing power and shifting the norms benefits employees personal and professional growth.

Leadership Succession Committee

Area IV Member

Jennifer Laurent, PhD, APRN, FNP-BC
Board Member, Vermont Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

Over the last two years I have been fortunate to serve on the National Council of State Boards of Nursing (NCSBN) Leadership Succession Committee (LSC) as the Area IV member. During this time, I have been involved in identifying and vetting candidates with my co-committee members to put forth two years of qualified slates of candidates for leadership positions within NCSBN. In the past year, in addition to working on the LSC, I have been increasingly involved in leadership succession at my University. I was appointed to Chair the Search Committee for the Graduate Vice Chair of Nursing position at the University of Vermont, Chair the Search Committee for tenure line Nursing faculty positions, as well as elected to serve on the Search Committee for the Dean of the College of Nursing and Health Sciences. Collectively, these experiences have enhanced my ability to identify essential leadership attributes, competencies, and employ successful recruitment strategies to ensure successful leadership succession.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

Optimal leadership successful planning and succession requires a group of committed individuals, who bring diverse backgrounds together to strategically identify candidates with high potential for leadership positions. My continuous involvement over the last few years at National Council of State Boards of Nursing Annual and Midyear Meetings and my participation on the Leadership Succession Committee has significantly increased my knowledge of the mission, vision, and strategic goals of NCSBN that is essential to the work of the LSC and the success of the Organization. As a clinician, educator, regulator, and researcher I bring a diverse skill set to the LSC. As a clinician I have learned to be flexible, empathetic, and understanding. As an educator I have learned patience, how to effectively communicate, deal with difficult situations, and maintain an optimal learning environment for a diverse group of adult learners. As a regulator, I have come to embrace the methodological, unbiased approach for matters before the Board whilst maintaining roots in a just culture. As a researcher I bring continuous curiosity, adaptability, strategic thinking, and always having a “Plan B” if things don’t go your way. As an individual I bring these attributes, a strong work ethic, and a commitment to serve to the best of my ability.

What does leadership mean to you and identify the attributes of effective leaders?

To me, a leader may be very well an individual that does not carry the title as “leader” - but one who has gained the confidence, respect, and trust of others, that is sought out for his or her ability to achieve a common goal by effectively harnessing the capabilities of others and thus, harnessing the best for all. Effective leaders inspire and motivate those with whom they work. They are innovative, strategic, and forward thinking. They mentor and challenge their team towards a shared vision.

Leadership Succession Committee

Area IV Member

Linda Kmetz, PhD, MN, RN
Board Member, Pennsylvania State Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

In my role as Executive Director, UPMC Schools of Nursing, I created a Faculty Succession Plan in response to the need to recruit and retain qualified faculty and administrators in the midst of a nationwide faculty shortage. This plan identifies faculty with talent and interest in being promoted, either within the faculty ranks or to a formal administrative position. Succession planning begins with the generation of a Professional Portfolio. After portfolio review by the executive Committee, the candidate is interviewed by the Committee. Those faculty not ready for promotion are coached by a Director and a Developmental Plan for promotion is jointly created. Once faculty are selected for promotion, they are assigned a senior faculty member or a Director as a mentor. Collaboratively, a Gap Analysis is conducted relative to: institutional values, school specific goals, leadership competencies and functional areas within the schools. An individualized developmental plan is designed with a 1-2 year time frame for completion. Another initiative I created is a Faculty Joint Appointment Model. As it is a challenge to recruit and retain qualified adjunct clinical faculty, this model offers full-time employment, with benefits, to Appointees. Potential candidates are identified by full time faculty and or by clinical unit leaders. Once interviewed and hired, the Appointee works 3 days a week in the school and the remainder of their hours are worked in the hospital. With a 2 day a week clinical teaching assignment, the third day in the school allows the Appointee to learn the faculty role through mentorship with a experienced faculty member and attendance at committee and faculty meetings. The model allows the Appointee to "test the waters" while offering students a solid clinical learning experience taught by a clinical expert.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

My single greatest attribute that makes me a strong fir for the LSC is the fact that I am an experienced Board Member with over five and a half years remaining in my second term. I give my time and talents to NCSBN and the Pennsylvania State Board of Nursing voluntarily. My rewards for my service are a sense of personal and professional fulfillment for having influenced the practice of nursing on a state and national level. Since my appointment to the Pennsylvania State Board of Nursing in 2013, I have attended almost all NCSBN Mid-year and Annual Meetings, IRE Conferences, APRN Roundtables, the 2019 Leadership and Public Policy Conference and the 2017 Discipline Case Management Conference. I have been a member of the Model Act, Rules and Standards Committee since 2016. I have had the honor of being featured in a video produced by the LSC in 2019 highlighting my involvement in NCSBN as a Board Member. For the last two years, I have met my goal of participating in Networking Calls 3 times per year. I my service as a Board Member to the 314,000 nursing and dietetic licensees in Pennsylvania, I have served as Chair, Co-Chair an Chair of the following Board Committees: RN/PN Practice, Education an Regulation; Advanced Practice Education, Regulation and Application and the Applications Committee. I have also served as a member of the Probable Cause Screening Committee. I was elected by my peers to the Governor's Executive Order Advisory Board "Review of State Professional ad Occupational License Board Requirements and Processes" 2017-18. This Board

reviewed all licenses and associated requirements to identify barriers to employment in Pennsylvania. Additionally, I was appointed to a Committee to develop "Treating Non-Cancer Pain" Guidelines in 2018, under the direction of the State Secretary of Health, Dr. Rachel Levine.

What does leadership mean to you and identify the attributes of effective leaders?

To me, leadership is an amalgam of knowledge, skills and attitudes. It is expected that we as leaders possess the requisite knowledge of the science of leadership. Great leaders are ones who are mindful and continually reflect on how to improve their inter-personal skills. Exceptional leaders embody attitudes that motivate and empower others. Throughout my 25 years as a leader in nursing, I have learned how to lead (and how not to lead) from a variety of leaders and mentors. If I had to identify two common attributes of effective leaders who have shaped me as a leader they would be: an attitude of kindness and a good listener. A kind, compassionate and caring leader who listens, makes me feel valued and promotes a relationship built on mutual respect. I believe that leaders who project a sense of calmness, control and inclusion create cultures that inspire others to voice their opinions without the fear of being judged. Also, I maintain that optimistic, visionary leadership is contagious and has always inspired me personally to develop a positive, proactive attitude. Two additional attributes of effective leaders may seem a bit more controversial: humility and a healthy sense of humor. The ability to share one's shortcomings and mistakes in a tasteful, humorous fashion is the ark of a humble leader. The practice of humble leadership involves recognizing and giving credit to others for their successes rather than selfishly taking credit for someone else's work. All of these leadership characteristics are necessary to mentor and develop the next generation of nursing leaders.

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. The Awards Committee continued this year to focus on offering program guidance and structure to support members' efforts to submit an award nomination.

Each year, the Awards Committee selects the award recipients through a blind review process based on the strength of the nomination with respect to the awards criteria. NCSBN has the pleasure of honoring five individuals and one nursing regulatory body as recipients of the 2020 Awards Program. In addition, NCSBN has the privilege of awarding the Distinguished Achievement Award to David Swankin, CEO & president of the Citizens Advocacy Center (CAC). This award is given to an individual or organization whose contributions or accomplishments have impacted NCSBN's mission and vision. A special presentation at the awards ceremony will be the presentation of the prestigious Founders Award given to Carmen A. Catizone, former executive director/secretary to the National Association of Boards of Pharmacy. All 2020 award recipients will be honored at the Awards Ceremony and dinner, held at the 2021 Midyear Meeting in Seattle. 2021 NCSBN President Jim Cleghorn will host the Awards Ceremony.

Each year at the awards ceremony, NCSBN has the opportunity and pleasure of honoring executive officers who have reached milestones in their careers as nurse regulators. The NCSBN President will acknowledge their contribution to nursing regulation at the 2021 Midyear Meeting.

Award Recipients

The committee selected the following members as recipients for the 2020 Awards Program. The recipient of the Founders Award was selected by the NCSBN Board of Directors (BOD).

Founders Award

Carmen A. Catizone, MS, DPh, RPh, Former Executive Director/Secretary, The National Association of Boards of Pharmacy

R. Louise McManus Award

Lori Scheidt, MBA-HCM, Executive Director, Missouri State Board of Nursing

Regulatory Achievement Award

North Carolina Board of Nursing

Members

Kristin K. Benton, DNP, RN
Texas, Area III

Jennifer G. Lewis, PhD, MSN/MBA, RN
North Carolina, Area III

Phyllis Mitchell, MSN, RN
Vermont, Area IV

Kathy Weinberg, MSN, RN
Iowa, Area II

Staff

Alicia Byrd
Director, Member Relations

Rachel Pupiromrat
Associate, Member Relations

Meeting Dates

Oct. 28, 2019 (Teleconference)

March 27, 2020 (Virtual Meeting)

Relationship to Strategic Plan

N/A

Attachments

Attachment A:

[2020 Awards Brochure](#)

Meritorious Service Award

Adrian Guerrero, CPM, Board Staff, Kansas State Board of Nursing

Elaine Ellibee Award

Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, FAAN, Board Member, Ohio Board of Nursing

Exceptional Contribution Award

Mary A. Baroni, PhD, RN, Board Member, Washington State Nursing Care Quality Assurance Commission

Distinguished Achievement Award

David Swankin, Esq., President and CEO, Citizen Advocacy Center (CAC)

Executive Officer Recognition Award**Five Years**

- Peggy Benson, MSN, MSHA, NE-BC, Executive Officer, Alabama Board of Nursing
- Margaret Clifton, MS, RN-BC, CLNC, State Director, Rhode Island Board of Nurse Registration and Nursing Education
- Kim Esquibel, PhD, MSN, MPA, RN, Executive Director, Maine State Board of Nursing
- Laurie Janes, MSc, RN, Executive Director, Nurses Association of New Brunswick
- Carole Mercier, MSc, RN, ASC, Secretary General, Ordre des infirmières et infirmiers du Québec
- Phyllis Mitchell, MSN, RN, Executive Director, Vermont State Board of Nursing
- Stacey Pfenning, DNP, APRN, FNP, FAANP, Executive Director, North Dakota Board of Nursing
- Margaret Seseapasara, MS, RN, Executive Secretary, American Samoa Health Services Regulatory Board
- Lorena Silva, MSN-L, MBA, DNP, RN, Executive Director, Massachusetts Board of Registration in Nursing
- Sue Smith, MAOL, RN, CEO and Registrar, Nova Scotia College of Nursing
- Katherine Stansfield, MN, RN, CEO and Registrar, College of Registered Nurses of Manitoba

10 Years

- Joe Baker, Jr., Executive Director, Florida Board of Nursing
- Jim Cleghorn, MA, Executive Director, Georgia Board of Nursing
- Sue Tedford, MN, APRN, Executive Director, Arkansas State Board of Nursing
- Lee Ann N. Teshima, Executive Officer, Hawaii Board of Nursing

15 Years

- Betsy Houchen, JD, MS, RN, Executive Director, Ohio Board of Nursing

25 Years

- Joey Ridenour, MN, RN, FAAN, Executive Officer, Arizona State Board of Nursing
- Kathy Thomas, MN, RN, FAAN, Executive Director, Texas Board of Nursing

35 Years

- Elizabeth Lund, MSN, RN, Former Executive Director, Tennessee Board of Nursing


Fiscal Year 2020 (FY20) Highlights and Accomplishments

- Encouraged members to use the nomination portal and online application to support the writing and submission of Award Nominations.
- Designed the Awards Program webpage to share resources for developing a nomination.
- Created web-based resources for members to assist with submitting a nomination including a sample letter of support, sample narrative, FAQs and an overview of each award category.
- Published an article in In Focus to encourage members to participate in the Awards Program.
- Two Awards Committee members, who are executive officers, gave a presentation on the Awards Program at the Midyear Meeting executive officer networking session.
- Collaborated with Marketing & Communications to design a promotional postcard that was given to members who attended meetings at the NCSBN office during the nomination timeframe.
- Midyear Meeting attendees were given an award promotional postcard in their registration packets.
- Collaborated with the communications to promote the Awards Program by sending email announcements to the membership using a news release format. Each announcement included links to the nomination portal and Awards Program webpage.
- Identified executive officers who will be presented with the Executive Officer Recognition Award for years of service milestones.
- Reviewed all award nominations to ensure compliance with the blind review process.
- Managed the process to support the Awards Committee's blind review of all award nominations and selection of recipients.
- Reported to the BOD, the Awards Committee's selections for the 2020 award recipients at the May meeting.
- Sent notification to all 2020 award recipients and recipients of the Executive Officer Recognition Award.

Attachment A:
2020 Awards Brochure



2020 NCSBN
**Call for
Awards Nominations**



Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success.

2

We encourage all members to participate.

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NCSBN

Leading Regulatory Excellence

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

3

NCSBN Awards Program

The NCSBN awards are designed to recognize the outstanding achievements of the membership and celebrate significant contributions to nursing regulation. The NCSBN awards will be announced at the 2020 Annual Meeting.

Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee makes the final decision about all award recipients.
- Awards Committee members are not permitted to nominate award recipients, participate in the nomination process or write letters of support during their tenure on the Awards Committee.
- Awards Committee members recuse themselves from both the blind review and the final decisions for the award recipient(s) in categories where a member from their particular jurisdiction is nominated, or in cases where they feel that they cannot be objective about the nominee.
- Entries are evaluated using uniform guidelines for each award category.
- Awards may not necessarily be given in each category, specifically in cases where no nomination meets the specific criteria.
- Award recipients and nominators will be notified by May 15, 2020 and will be honored at the Annual Meeting.
- The Awards Committee can recommend that a nominee be given an award that is different from the award for which he/she was originally nominated. If this decision were made, the nominator will be contacted to determine if he/she is agreeable to having the nominee be given a different award.



CALL FOR AWARD NOMINATIONS

R. Louise McManus Award

R. Louise McManus (1896-1993) is widely recognized as a major figure in furthering the professionalism of nursing. She worked tirelessly to produce a standardized national approach to nursing licensure. As a patient advocate, she developed the Patient Bill of Rights adopted by the Joint Commission in Accreditation of Hospitals.

Eligibility

An individual who is a member

Description of Award

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

Criteria for Selection

- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS



Elaine Ellibee Award

Elaine Ellibee (1924-2012) chaired the special task force that ultimately led to the founding of NCSBN and served as its first president from 1978-1979. As a registered nurse, Ellibee contributed greatly to nursing education and leadership at the local, state and national levels. She strongly believed in the importance of public protection, superior patient care and continuing education for nursing leaders.

Eligibility

Current service as a member president or served as a member president within the past two years

Description of Award

The Elaine Ellibee Award is granted to a member who has served as a president and who has made significant contributions to NCSBN.

Criteria for Selection

- Demonstrated leadership at the local level as the president
- Demonstrated leadership in making significant contributions to NCSBN

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Regulatory Achievement Award

This award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Eligibility

A nursing regulatory body who is a member

Description of Award

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Criteria for Selection

- Active participation in NCSBN activities (include list of specific activities in the nomination narrative)
- Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members
- Demonstrated advancement of the NCSBN mission

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Meritorious Service Award

This award is presented to a board or staff member for positive impact and significant contributions to the purposes of NCSBN. The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Eligibility

An individual who is a member

Description of Award

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

Criteria for Selection

- Significant promotion of the mission and vision of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Exceptional Contribution Award

This award is given for significant contribution by a member who is not a president or executive officer and demonstrated support of NCSBN's mission.

Eligibility

A member who is not a president or executive officer

Description of Award

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

Criteria for Selection

- Significant contributions to NCSBN activities
- Demonstrated support of NCSBN's mission

Award Cycle

Annually as applicable

Number of Recipients

Unlimited



CALL FOR AWARD NOMINATIONS

Distinguished Achievement Award

This honor is given to individuals or organizations whose contributions or accomplishments have impacted NCSBN's mission and vision.

Eligibility

An individual or organization that is not a current member. No other award captures the significance of the contribution. May be given posthumously.

Criteria for Selection

- Accomplishment/achievement is supportive to NCSBN's mission and vision
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and vision

Award Cycle

Annually as applicable

Number of Recipients

Unlimited



BOARD OF DIRECTORS SELECTED

Founders Award

The founders of the National Council of State Boards of Nursing (NCSBN) exhibited courage and vision in 1977 when they voted to form a task force to study the reorganization of the ANA Council of State Boards of Nursing. This action resulted in NCSBN evolving as “an organization of stature, strengthening the images of boards of nursing as state government agencies concerned with protecting the public health, safety and welfare, and fostering within our profession an increased respect and recognition of this crucial role” (Mildred Schmidt, NCSBN president 1979–1981).

Description of Award

This prestigious award is given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.

Eligibility

The award is not eligible for nomination, it is given by the Board of Directors to an individual who has:

- Demonstrated courage and vision for innovation in regulation to enhance the health, safety and welfare of the public;
- Shown exemplary and sustained commitment to excellence in nursing regulation;
- Sponsored the development of significant regulatory policy at the national and international level;
- Evidenced a profound regard for the mission, vision and values of NCSBN;
- Fostered interprofessional regulatory collaboration nationally and internationally; and
- Facilitated the cogent and insightful advancement of evidence-based regulation.

Award Cycle

Determined by the Board of Directors

Number of Recipients

One



YEARS OF SERVICE

Executive Officer Recognition Award

The award is given in five-year increments to individuals serving in the Executive Officer role. No nomination is necessary for the Executive Officer Recognition Award as it is presented to Executive Officers based on his or her years of service in five-year increments.

Description of Award

The Executive Officer Recognition Award was established to recognize individuals who have made contributions to nursing regulation as an Executive Officer.

Award Cycle

Annually as applicable

Number of Recipients

As applicable

Past NCSBN Award Recipients

FOUNDERS AWARD

2018 Joyce M. Schowalter
2017 Thomas G. Abram
2015 Kathy Apple

R. LOUISE MCMANUS AWARD

2019 Elizabeth Lund
2018 Gloria Damgaard
2017 Mary Blubaugh
2016 Julia L. George
2015 Rula Harb
2014 Myra Broadway
2013 Betsy Houchen
2012 Sandra Evans
2011 Kathy Malloch
2009 Faith Fields
2008 Shirley Brekken
2007 Polly Johnson
2006 Laura Poe
2005 Barbara Morvant
2004 Joey Ridenour
2003 Sharon M. Weisenbeck
2002 Katherine Thomas
2001 Charlie Dickson
1999 Donna Dorsey
1998 Jennifer Bosma
Elaine Ellibee
Marcia M. Rachel
1997 Jean Caron
1996 Joan Bouchard
1995 Corinne F. Dorsey
1992 Renatta S. Loquist
1989 Marianna Bacigalupo
1986 Joyce Schowalter
1983 Mildred Schmidt

MERITORIOUS SERVICE AWARD

2019 Fred Knight
2017 Linda D. Burhans
2016 Lori Scheidt
2015 Elizabeth Lund
2014 Gloria Damgaard
2013 Constance Kalanek
2012 Debra Scott
2011 Julia George
2010 Ann L. O'Sullivan
2009 Sheila Exstrom
2008 Sandra Evans
2007 Mark Majek
2005 Marcia Hobbs
2004 Ruth Ann Terry
2001 Shirley Brekken
2000 Margaret Howard
1999 Katherine Thomas
1998 Helen P. Keefe
Gertrude Malone
1997 Sister Teresa Harris
Helen Kelley
1996 Tom O'Brien
1995 Gail M. McGill
1994 Billie Haynes
1993 Charlie Dickson
1991 Sharon M. Weisenbeck
1990 Sister Lucie Leonard
1988 Merlyn Mary Maillian
1987 Eileen Dvorak

REGULATORY ACHIEVEMENT AWARD

2019 Alabama Board of Nursing
2018 College of Nurses of Ontario
2017 Minnesota Board of Nursing
2016 West Virginia State Board of Examiners for Licensed Practical Nurses
2015 Washington State Nursing Care Quality Assurance Commission
2014 Nevada State Board of Nursing
2013 North Dakota Board of Nursing
2012 Missouri State Board of Nursing
2011 Virginia Board of Nursing
2010 Texas Board of Nursing
2009 Ohio Board of Nursing
2008 Kentucky Board of Nursing
2007 Massachusetts Board of Registration in Nursing
2006 Louisiana State Board of Nursing
2005 Idaho Board of Nursing
2003 North Carolina Board of Nursing
2002 West Virginia State Board of Examiners for Licensed Practical Nurses
2001 Alabama Board of Nursing

Past NCSBN Award Recipients (continued)

ELAINE ELLIBEE AWARD

2017 Valerie J. Fuller
2016 Susan Odom
2015 Deborah Haagenon
2013 Linda R. Rounds

EXCEPTIONAL CONTRIBUTION AWARD

2019 Ingeborg "Bibi" Schultz
2018 Lois Hoell
Suellyn Masek
2017 Nathan Goldman
Mindy Schaffner,
Catherine C. Woodard
2016 Rene Cronquist
Rhonda Taylor
2015 Janice Hooper
2014 Ann L. O'Sullivan
2013 Susan L. Woods
2012 Julia Gould
Sue Petula
2011 Judith Personett
Mary Beth Thomas
2010 Valerie Smith
Sue Tedford
2009 Nancy Murphy
2008 Lisa Emrich
Barbara Newman
Calvina Thomas
2007 Peggy Fishburn
2005 William Fred Knight
2004 Janette Pucci
2003 Sandra MacKenzie

2002 Cora Clay
2001 Julie Gould
Lori Scheidt
Ruth Lindgren

DISTINGUISHED ACHIEVEMENT AWARD

2018 Gregory Y. Harris
Deb Soholt
2015 Patricia "Tish" Smyer
2013 Lorinda Inman

The following awards are no longer presented:

EXCEPTIONAL LEADERSHIP AWARD

2011 Lisa Klenke
2010 Catherine Giessel
2007 Judith Hiner
2006 Karen Gilpin
2005 Robin Vogt
2004 Christine Alichnie
2003 Cookie Bible
2002 Richard Sheehan
2001 June Bell

NCSBN 30th ANNIVERSARY SPECIAL AWARD

2008 Joey Ridenour
Sharon Weisenbeck Malin
Mildred S. Schmidt

NCSBN SPECIAL AWARD

2008 Thomas G. Abram
2004 Robert Waters
2002 Patricia Benner

SILVER ACHIEVEMENT AWARD

2000 Nancy Wilson
1998 Joyce Schowalter

MEMBER BOARD AWARD

2000 Arkansas Board of Nursing
1998 Utah State Board of Nursing
1997 Nebraska Board of Nursing
1994 Alaska Board of Nursing
1993 Virginia Board of Nursing
1991 Wisconsin Board of Nursing
1990 Texas Board of Nurse Examiners
1988 Minnesota Board of Nursing
1987 Kentucky Board of Nursing

Nomination Procedure and Entry Format

Please carefully read the eligibility requirements and criteria listed for each award. Only entries that meet all the requirements and criteria will be considered. **Electronic submission of all nomination materials is required.**

- Entries must be submitted online at www.ncsbn.org/awards (NCSBN Passport account is required).
- All entries must be submitted no later than **Thursday, March 12, 2020**.
- Members may nominate themselves or others.
- Two letters of support are required, one of which must be from the executive officer or designee.
- If the executive officer or designee is the nominee or nominator then they cannot write a letter of support, rather the letter of support should be submitted from another member regulatory agency or from an external regulatory agency.
- Nominations for the Regulatory Achievement Award must include one letter of support from another member regulatory agency or from an external regulatory agency.
- Your narrative should be between 1,000–1,500 words total.

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**If you have questions about the Awards Program,
email awards@ncsbn.org.**

These awards are designed to celebrate significant contributions in nursing regulation. **Nominate those who have made an impact.**



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www.ncsbn.org

Report of the Finance Committee

Background

The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. It reviews and recommends a budget to the BOD, monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors and the annual independent audit of NCSBN financial statements. It recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Fiscal Year 2020 (FY20) Highlights and Accomplishments

- Reviewed and discussed with management and the organization's independent accountant, the NCSBN audited financial statements as of and for the fiscal year ended Sept. 30, 2019. With and without management present, the committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the BOD that the financial statements and the Report of the Auditors be accepted and provided to the membership.
- Reviewed and discussed with management and the organization's independent accountant, the auditor's report on the NCSBN 403(b) defined contribution retirement plan, for the year ended June 30, 2019. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the quarterly financial statements and supporting schedules; and made recommendations that the reports be accepted by the BOD.
- Reviewed and discussed the performance of NCSBN investments with NCSBN staff and the organization's investment consultant, AndCo Consulting, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.

Members

Adrian Guerrero, CPM
Kansas, Area II, Treasurer, Chair

John Etherington
Oregon, Area I

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

Shan Montgomery, MBA
Mississippi, Area III

Sue Painter, DNP, RN
West Virginia, Area II

David Saucedo
Texas, Area III

Diana Waterman, CPA, CA, MBA
Manitoba RN, Exam User

Staff

Robert Clayborne, MBA, CPA, CGMA
Chief Financial Officer

Meeting Dates

Dec. 2, 2019

Jan. 20, 2020 (Teleconference)

April 27, 2020 (Teleconference)

July 31, 2020

Attachments

Attachment A:

Report of the Independent Auditors FY19

Future Activities

- There are no recommendations to the BOD. The purpose of this report is for information only.
- At a future meeting (scheduled for July 31, 2020) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2020.

Attachment A:

Report of the Independent Auditors FY19

Independent Auditor's Report

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

We have audited the accompanying financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2019 and 2018 and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2019 and 2018 and the changes in its net assets, functional expenses, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 2 to the financial statements, NCSBN adopted the provisions of the Financial Accounting Standards Board's Accounting Standards Update No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, as of October 1, 2018, applied retrospectively to all years presented. Our opinion is not modified with respect to this matter.



December 9, 2019

National Council of State Boards of Nursing, Inc.**Statement of Financial Position****September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets		
Cash and cash equivalents	\$ 17,731,766	\$ 23,486,935
Cash held for others	1,217,243	900,355
Accounts receivable	625,487	858,068
Due from test vendor	9,786,408	9,208,349
Accrued investment income	458,691	462,427
Prepaid expenses	1,715,964	1,549,719
Investments	220,343,152	211,178,202
Intangible asset - Net	-	31,250
Property and equipment - Net	<u>1,555,864</u>	<u>1,801,019</u>
Total assets	<u>\$ 253,434,575</u>	<u>\$ 249,476,324</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$ 1,259,365	\$ 1,402,064
Due to test vendor	14,615,004	14,083,269
Accrued payroll, payroll taxes, and compensated absences	961,713	1,005,600
Deferred revenue	42,867	66,725
Grants payable	1,662,208	1,087,511
Deferred rent credits	610,919	824,363
Cash held for others	<u>1,217,243</u>	<u>900,355</u>
Total liabilities	20,369,319	19,369,887
Net Assets - Without donor restrictions	<u>233,065,256</u>	<u>230,106,437</u>
Total liabilities and net assets	<u>\$ 253,434,575</u>	<u>\$ 249,476,324</u>

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Activities

Years Ended September 30, 2019 and 2018

	2019	2018
Changes in Net Assets without Donor Restrictions		
Revenue:		
Examination fees	\$ 71,795,413	\$ 67,559,927
Other program services income	11,254,526	11,120,393
Net realized and unrealized gain on investments	4,238,507	11,414,199
Interest and dividend income - Net of investment expenses	5,165,485	5,062,427
Total revenue	92,453,931	95,156,946
Expenses:		
Program services:		
Nurse competence	60,803,369	59,247,957
Nurse practice and regulatory outcome	13,024,033	13,762,905
Information	10,472,780	10,370,811
Total program services	84,300,182	83,381,673
Support services - Management and general	5,194,930	4,758,961
Total expenses	89,495,112	88,140,634
Increase in Net Assets without Donor Restrictions	2,958,819	7,016,312
Net Assets without Donor Restrictions - Beginning of year	230,106,437	223,090,125
Net Assets without Donor Restrictions - End of year	\$ 233,065,256	\$ 230,106,437

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses

Year Ended September 30, 2019

	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total
Salaries	\$ 2,394,891	\$ 2,922,951	\$ 4,516,222	\$ 2,682,397	\$ 12,516,461
Fringe benefits	584,872	751,575	1,164,221	685,798	3,186,466
NCLEX processing costs	50,067,258	-	-	-	50,067,258
Other professional services fees	5,719,379	3,386,470	2,039,316	675,656	11,820,821
Supplies	5,074	10,235	-	56,634	71,943
Meetings and travel	429,579	3,054,878	100,246	577,394	4,162,097
Telephone and communications	19,240	38,551	211,240	512	269,543
Postage and shipping	69,223	116,928	1,682	11,564	199,397
Occupancy	994,457	243,136	171,244	85,458	1,494,295
Printing and publications	18,984	322,515	-	267	341,766
Library and membership	17,878	31,355	5,216	93,458	147,907
Equipment and maintenance	145,089	51,639	1,692,780	42,758	1,932,266
Depreciation and amortization	314,740	52,407	291,526	20,900	679,573
Other expenses	22,705	160,278	1,550	262,134	446,667
Grants	-	1,881,115	277,537	-	2,158,652
Total functional expenses	\$ 60,803,369	\$ 13,024,033	\$ 10,472,780	\$ 5,194,930	\$ 89,495,112

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses

Year Ended September 30, 2018

	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total
Salaries	\$ 3,349,799	\$ 2,759,852	\$ 3,550,265	\$ 2,381,384	\$ 12,041,300
Fringe benefits	924,190	736,974	939,950	656,084	3,257,198
NCLEX processing costs	48,628,372	-	-	-	48,628,372
Other professional services fees	4,463,684	3,763,884	2,686,792	567,093	11,481,453
Supplies	2,554	14,768	252	75,116	92,690
Meetings and travel	464,335	3,062,041	173,847	556,729	4,256,952
Telephone and communications	16,575	48,091	217,583	1,204	283,453
Postage and shipping	43,597	468,357	5,266	9,920	527,140
Occupancy	910,936	228,901	159,451	79,733	1,379,021
Printing and publications	31,304	1,117,338	2,526	1,189	1,152,357
Library and membership	7,490	15,958	300	91,141	114,889
Equipment and maintenance	8,753	71,072	1,459,613	16,064	1,555,502
Depreciation and amortization	339,309	43,880	941,168	16,534	1,340,891
Other expenses	45,059	169,483	72	306,770	521,384
Grants	12,000	1,262,306	233,726	-	1,508,032
Total functional expenses	\$ 59,247,957	\$ 13,762,905	\$ 10,370,811	\$ 4,758,961	\$ 88,140,634

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash Flows from Operating Activities		
Increase in net assets without donor restrictions	\$ 2,958,819	\$ 7,016,312
Adjustments to reconcile increase in net assets without donor restrictions to net cash and cash equivalents from operating activities:		
Depreciation and amortization	679,573	1,340,891
Net realized and unrealized gain on investments	(4,238,507)	(11,414,199)
Changes in operating assets and liabilities that provided (used) cash:		
Accounts receivable	232,581	394,496
Due from test vendor	(578,059)	(60,166)
Accrued investment income	3,736	(55,820)
Prepaid expenses	(166,245)	(504,192)
Accounts payable	(142,699)	(897,177)
Due to test vendor	531,735	(3,679,943)
Accrued payroll, payroll taxes, and compensated absences	(43,887)	157,977
Deferred revenue	(23,858)	16,553
Grants payable	574,697	65,012
Deferred rent credits	(213,444)	(155,692)
Net cash and cash equivalents used in operating activities	(425,558)	(7,775,948)
Cash Flows from Investing Activities		
Purchases of property and equipment	(403,168)	(1,028,163)
Purchase of investments	(43,196,608)	(93,444,350)
Proceeds from sales of investments	38,270,165	88,590,075
Net cash and cash equivalents used in investing activities	(5,329,611)	(5,882,438)
Net Decrease in Cash and Cash Equivalents	(5,755,169)	(13,658,386)
Cash and Cash Equivalents - Beginning of year	23,486,935	37,145,321
Cash and Cash Equivalents - End of year	\$ 17,731,766	\$ 23,486,935

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 1 - Nature of Business

National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of NCSBN 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 practices in the interest of protecting public health and welfare, including the development of licensing examinations in nursing.

The program services of NCSBN 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 with implementation of strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing healthcare 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 - Significant Accounting Policies

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis of Presentation

NCSBN is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Net assets are generally reported as net assets without donor restrictions, unless assets are received from donors with explicit stipulations that limit the use of the assets. NCSBN does not have any net assets with donor restrictions.

Adoption of New Accounting Pronouncement

As of October 1, 2018 and applied retrospectively to all periods presented, NCSBN adopted the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This standard requires net assets to be classified in two categories, net assets without donor restrictions and net assets with donor restrictions, rather than the three previous classifications. This standard also requires changes in the way certain information is aggregated and reported by NCSBN, including disclosures of quantitative and qualitative information about the liquidity and availability of resources and the presentation of expenses by both functional and natural classification. The standard also clarifies the definition of management and general and prohibits certain expenses from being allocated out of management and general. As a result of the adoption of this standard, investment income for the year ended September 30, 2018 has been reported net of investment management fees of \$426,940. These expenses were previously included in management and general expenses in the statement of activities.

Revenue Recognition

Revenue from National Council Licensure Examination (NCLEX) fees is recognized upon exam registration since NCSBN's earnings process is complete at that point. The NCLEX exam is primarily administered in the United States. Approximately 5 percent of examination fee revenue related to NCLEX in Canada for the years ended September 30, 2019 and 2018. NCSBN has an agreement with Pearson VUE to administer the examinations, and the obligation to provide the examination becomes Pearson VUE's responsibility upon registration.

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements****September 30, 2019 and 2018****Note 2 - Significant Accounting Policies (Continued)**

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and fee for sale of software application license, as well as royalty fees from the National Nurse Aide Assessment Program (NNAAP), Medication Aide Certification Examination (MACE), and Nurse Practicing Exam revenue. Revenue is recognized when earned. Member dues are recognized over the membership period. Licensure verification fees are earned when reports are requested. Publication sales are recognized when sold.

Cash Equivalents

NCSBN considers all investments with an original maturity of three months or less when purchased to be cash equivalents.

Cash Held for Others

Cash held for others represents cash held for one of its member boards. NCSBN serves as a fiscal agent for one of its member boards and pays program expenses on behalf of the member board. Cash held for others also includes cash held for the Interstate Commission of Nurse Licensure Compact Administrators (NLCA).

Accounts Receivable

Accounts receivable represent amounts owed to NCSBN for services dealing with board membership fees, meeting fees, online course revenue, and fee for sale of software application license, stated at contract amount. Based on management's review of outstanding receivable balances and historical collection information, management's best estimate is that all balances will be collected. Accordingly, NCSBN has not established an allowance for doubtful accounts.

Board-designated Net Assets

The board has designated \$100,000,000 in a long-term reserve for the purpose of supplementing future programmatic revenue. In addition, the board has designated \$25,000,000 for future capital expenditures. These designations are based on board actions, which can be altered or revoked at a future time by the board.

Investments

NCSBN assets are invested in various securities, including United States government securities, corporate debt instruments, and unit investment trust securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. NCSBN invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value and delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and those changes could materially affect the amounts reported in the financial statements.

Investments of NCSBN are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Investment income, including net realized and unrealized gains (losses), is reflected in the statement of activities as an increase (decrease) in net assets.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 2 - Significant Accounting Policies (Continued)

Due from Test Vendor

NCSBN has contracted with Pearson VUE to administer and deliver nurse licensure examinations. Pearson VUE uses a tier-based volume pricing schedule to determine its fee price to provide the examination. Base price fees before calculating discounts are paid to Pearson VUE for administered exams during the year. Volume discounts are accrued during the year. Due from test vendor represents amounts due from Pearson VUE for accrued volume discounts.

Property and Equipment

Property and equipment are recorded at cost. Major additions are capitalized, while replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed currently.

Intangible Asset

The intangible asset represents the purchase of the intellectual property rights for the nurse aid certification examination and the medication aid certification examination for the National Nurse Aide Assessment Program for \$1,250,000. The investment is carried at cost, and amortization is computed using the straight-line method over a 10-year period. Accumulated amortization as of September 30, 2019 and 2018 was \$1,250,000 and \$1,218,750, respectively. Amortization expense for the years ended September 30, 2019 and 2018 was \$31,250 and \$125,000, respectively.

Due to Test Vendor

NCSBN accrues a base price fee for each candidate for whom a completed candidate application to take NCLEX is processed by Pearson VUE. At the end of each month, NCSBN pays an amount equal to the base price multiplied by the number of candidates to whom the examinations were administered during the preceding month.

Due to test vendor includes accrued amounts totaling \$10,002,893 as of September 30, 2019 and \$9,667,284 as of September 30, 2018 for registered candidates who, as of year end, had not taken the exam. Also included is the amount payable to Pearson VUE for administered exams that had not been paid at the end of the year.

Deferred Revenue

Deferred revenue consisted of meeting and member fees totaling \$42,867 and \$66,725 as of September 30, 2019 and 2018, respectively.

Deferred Rent Credits

Deferred rent credits were established in conjunction with NCSBN's lease for its office space that was renewed on February 1, 2013. The landlord abated a portion of the monthly rent and agreed to reimburse NCSBN for tenant improvement costs. These amounts are amortized to reduce rent expense over the term of the lease period. NCSBN entered into a new lease with the same landlord effective October 1, 2017 and received rent abatement for a period of the year. This amount will be amortized to reduce rent expense over the term of the lease period.

Functional Allocation of Expenses

The costs of providing the program and support services have been reported on a functional basis in the statement of functional expenses. Costs are charged to program and support services on an actual basis when available. Additionally, the following indirect costs have been allocated between program and support services based on estimates determined by management:

- Certain occupancy, equipment and maintenance, and depreciation and amortization - By estimates of time, effort and production

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements****September 30, 2019 and 2018****Note 2 - Significant Accounting Policies (Continued)**

Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different amount.

Income Taxes

NCSBN is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including December 9, 2019, which is the date the financial statements were available to be issued.

Upcoming Accounting Pronouncements

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for NCSBN's year ending September 30, 2020. The ASU permits application of the new revenue recognition guidance using one of two retrospective application methods. NCSBN's primary revenue stream is not expected to be significantly impacted by the ASU.

The FASB issued ASU No. 2016-02, *Leases*, which will supersede the current lease requirements in ASC 840. The ASU requires lessees to recognize a right-to-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statement of operations. Currently, leases are classified as either capital or operating, with only capital leases recognized on the balance sheet. The reporting of lease-related expenses in the statements of operations and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for NCSBN's year ending September 30, 2022 and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The effect of applying the new lease guidance on the financial statements is expected to increase long-term assets and long-term liabilities on the statement of financial position. The effects on the results of operations are not expected to be significant, as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 3 - Cash Concentrations

The cash and cash equivalents balance as of September 30, 2019 and 2018 consisted of the following:

	2019	2018
JPMorgan Chase:		
Checking account	\$ 736,323	\$ 1,713,430
Savings account	4,358,467	87,079
Certificates of deposit	12,259,597	21,124,189
Credit card merchant accounts	376,719	561,920
Petty cash	660	317
	<u>\$ 17,731,766</u>	<u>\$ 23,486,935</u>
Total		

NCSBN maintains cash balances at various financial institutions. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about NCSBN's assets measured at fair value on a recurring basis at September 30, 2019 and 2018 and the valuation techniques used by NCSBN to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that NCSBN has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

NCSBN currently uses no Level 3 inputs.

Net asset value - Shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. NCSBN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

NCSBN's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the beginning of the reporting period. During the years ended September 30, 2019 and 2018, there were no such transfers.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 4 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Values as of September 30, 2019
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 33,747,835	\$ -	\$ 33,747,835
Treasury inflation-protected securities	-	8,340,153	-	8,340,153
Government agency obligations:				
Zero coupon bonds	-	317,547	-	317,547
U.S. agency fixed-rate notes and bonds	-	1,041,910	-	1,041,910
Federal Home Loan Mortgage Pool	-	1,216,801	-	1,216,801
Federal National Mortgage Association Pool	-	5,597,708	-	5,597,708
Government National Mortgage Association Pool	-	146,162	-	146,162
Government National Mortgage Association II	-	37,208	-	37,208
Other agency loan pool	-	7,315,967	-	7,315,967
Corporate bonds:				
Corporate bonds - Fixed	-	18,480,787	-	18,480,787
Corporate CMO	-	602,051	-	602,051
Corporate ABS	-	3,635,082	-	3,635,082
Collateralized loan obligation	-	19,252	-	19,252
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,885,088	-	-	3,885,088
Developed market institutional fund	10,618,004	-	-	10,618,004
Institutional index fund	56,947,277	-	-	56,947,277
Small-cap Index-Institutional Fund	25,245,938	-	-	25,245,938
American EuroPacific Growth Fund	5,314,731	-	-	5,314,731
Equities - Common stock	21,613,572	-	-	21,613,572
Total	<u>\$ 123,624,610</u>	<u>\$ 80,498,463</u>	<u>\$ -</u>	<u>204,123,073</u>
Investments measured at NAV - Real estate investment trust				<u>12,122,821</u>
Total investments at fair value				<u>\$ 216,245,894</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 4 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Values as of September 30, 2018
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 30,394,289	\$ -	\$ 30,394,289
Treasury inflation-protected securities	-	8,090,054	-	8,090,054
Government agency obligations:				
Zero coupon bonds	-	256,913	-	256,913
U.S. agency fixed-rate notes and bonds	-	1,366,618	-	1,366,618
Federal Home Loan Mortgage Pool	-	387,137	-	387,137
Federal National Mortgage Association Pool	-	5,715,504	-	5,715,504
Government National Mortgage Association Pool	-	195,192	-	195,192
Other agency loan pool	-	7,816,585	-	7,816,585
Corporate bonds:				
Corporate bonds - Fixed	-	14,795,178	-	14,795,178
Corporate CMO	-	1,041,645	-	1,041,645
Corporate ABS	-	4,940,471	-	4,940,471
Collateralized loan obligation	-	60,635	-	60,635
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,752,577	-	-	3,752,577
Developed market institutional fund	10,839,528	-	-	10,839,528
Institutional index fund	54,634,376	-	-	54,634,376
Small-cap Index-Institutional Fund	26,243,584	-	-	26,243,584
American EuroPacific Growth Fund	5,260,323	-	-	5,260,323
Equities - Common stock	20,821,678	-	-	20,821,678
Total	<u>\$ 121,552,066</u>	<u>\$ 75,060,221</u>	<u>\$ -</u>	<u>196,612,287</u>
Investments measured at NAV - Real estate investment trust				<u>11,417,371</u>
Total investments at fair value				<u>\$ 208,029,658</u>

Not included in the above table is \$4,097,258 and \$3,148,544 in money market accounts as of September 30, 2019 and 2018, respectively.

Level 1

Mutual funds and common stock - The estimated fair values for NCSBN's marketable mutual funds and common stock were based on quoted market prices in an active market.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 4 - Fair Value Measurements (Continued)

Level 2

U.S. Treasury notes and bonds, Treasury inflation-protected securities, government agency obligations, corporate bonds securities, and mutual funds are valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs, such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Investments in Entities that Calculate Net Asset Value per Share

The investment below is valued at net asset value, and there are no unfunded commitments as of September 30, 2019 and 2018:

	September 30, 2019	September 30, 2018	September 30, 2019	
	Fair Value	Fair Value	Redemption Frequency, if Eligible	Redemption Notice Period
Real estate investment (a)	\$ 12,122,821	\$ 11,417,371	Quarterly	90 days

(a) The real estate investment trust represents an ownership interest in a private equity fund. The real estate investment trust invests in a diversified portfolio primarily of institutional-quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8 percent to 10 percent total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund's independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at net asset value at the last day of the calendar quarter immediately preceding the redemption date.

Note 5 - Property and Equipment

The composition of property and equipment as of September 30, 2019 and 2018 is as follows:

	2019	2018	Depreciable Life - Years
Furniture and equipment	\$ 2,347,615	\$ 2,315,271	5-7
Course development costs	907,284	842,081	2-5
Computer equipment and software	23,167,608	22,914,117	3-7
Leasehold improvements	2,324,822	2,272,692	Useful life or life of lease
Total cost	28,747,329	28,344,161	
Less accumulated depreciation	27,191,465	26,543,142	
Net property and equipment	\$ 1,555,864	\$ 1,801,019	

Depreciation expense for 2019 and 2018 was \$648,323 and \$1,215,891, respectively. Amortization expense on the intangible asset is not included in the above amount.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 6 - Grants Payable

Grants payable represent nurse practice and regulatory outcome research grants that are generally available for periods of one to two years. NCSBN awarded 10 grants ranging in amounts from \$10,000 to \$300,000 and 5 grants ranging in amounts from \$30,000 to \$300,000 during the years ended September 30, 2019 and 2018, respectively.

The following summarizes the changes in grants payable as of September 30, 2019 and 2018:

	2019	2018
Grants awarded in the current year	\$ 1,357,979	\$ 815,956
Grants awarded in prior years	304,229	271,555
Total	<u>\$ 1,662,208</u>	<u>\$ 1,087,511</u>

Note 7 - Operating Leases

In 2011, NCSBN amended its current lease agreement for office space. The term of the lease was extended for the period beginning on February 1, 2013 and ending on April 30, 2022. NCSBN entered into a new lease agreement for additional office space effective October 1, 2017 through September 30, 2020. On May 15, 2019, NCSBN amended these previous lease agreements to extend the lease term for both office spaces through February 28, 2030. The amended agreement includes lease incentives, including a free rent period and a tenant improvement allowance. As of September 30, 2019, no expenses were incurred related to tenant improvement.

The following is a summary, by year, of future minimum lease payments required under the office leases as of September 30, 2019:

Years Ending September 30	Amount
2020	\$ 874,381
2021	788,476
2022	582,967
2023	812,055
2024	962,606
Thereafter	<u>5,581,350</u>
Total	<u>\$ 9,601,835</u>

Rent expense for the years ended September 30, 2019 and 2018 was \$842,910 and \$673,513, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2019 and 2018 were \$563,894 and \$613,830, respectively.

Note 8 - Retirement Plans

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8 percent of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled \$944,951 and \$923,156 for the years ended September 30, 2019 and 2018, respectively.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2019 and 2018

Note 9 - Liquidity and Availability of Resources

NCSBN regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The finance committee reviews and the board of directors annually assesses the adequacy of financial reserves as they relate to current and long-range spending plans. NCSBN's financial planning policy requires a total of \$100 million held as a long-term board-designated fund to supplement future programmatic revenue and \$25 million held as a board-designated fund to be spent on future capital expenditures.

As of September 30, 2019 and 2018, the following table shows the total financial assets held by NCSBN and the amounts of those financial assets could readily be made available within one year of the statement of financial position date to meet general expenditures:

Cash and cash equivalents	\$ 17,731,766	\$ 23,486,935
Cash held for others	1,217,243	900,355
Investments	220,343,152	211,178,202
Accounts receivable	625,487	858,068
Due from test vendor	9,786,408	9,208,349
Accrued investment income	458,691	462,427
	<u>250,162,747</u>	<u>246,094,336</u>
Financial assets - At year end		
Less those unavailable for general expenditures within one year due to:		
Cash held for others	1,217,243	900,355
Board designations	125,000,000	-
	<u>125,000,000</u>	<u>-</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 123,945,504</u>	<u>\$ 245,193,981</u>

Report of the Model Act and Rules Committee

Background

In 2018, the Board of Directors (BOD) decided to transition the Standards Development Committee to the Model Act and Rules Committee. The Model Act and Rules Committee completed its second year of work.

Fiscal Year 2020 (FY20) Highlights and Accomplishments

- The charge of this committee is to: *Perform ongoing review, revision and development of the Model Act and Rules to reflect the current regulatory environment and to remove any other language that does not support public safety such as default on student loans.*

Progress to date:

- Completed initial charge to review and revise the Model Act and Rules (pre-pandemic content). The committee included broad enabling powers in the Model Act and detailed processes and tasks were moved to the Model Rules taking into consideration deregulation trends and anti-trust concerns.
- Review and discussion of major changes of the revised Model Act and Rules during the Midyear Meeting with further commentary collected from participants during the Area Meetings.
- Survey sent to executive officers to solicit further comments and reaction to major changes of the revised Model Act and Rules.
- In light of the changes in health care delivery during the COVID-19 pandemic, the BOD decided to extend the committee's work for an additional year. The committee will continue to review the Model Act and Rules to ensure its alignment with evidence based regulation, promoting public protection and an evolving nursing regulatory environment, particularly considering the impact the COVID-19 pandemic has had on nursing.

Members

Amy Fitzhugh, JD

North Carolina, Area III, Chair

Peggy Benson, MSN, MSHA, NE-BC

Alabama, Area III

Ruby Jason, MSN, RN, NEA-BC

Oregon, Area I

Dusty Johnston, JD

Texas, Area III

Linda Kmetz, PhD, RN

Pennsylvania, Area IV

Linda Young, MS, RN, FRE, BC

South Dakota, Area II

Elizabeth Lund, MSN, RN

Tennessee, Area III, Board Liaison

Staff

Maryann Alexander, PhD, RN, FAAN

Chief Officer, Nursing Regulation

Rebecca Fotsch, JD

Director, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Nicole Livanos, JD, MA

Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Meeting Dates

Oct. 29–30, 2019

Dec. 11–12, 2019

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Strategic Initiative C1:

Support the boards of nursing (BONs) in identifying and achieving policy

and legislative change that drives and advances the attainment of the organization's vision and mission.

Strategic Initiative C2:

Promote standardization and the use of evidence-based criteria and decision making when supporting BONs in the achievement of regulatory excellence.

Report of the NCLEX® Examination Committee (NEC)

Special Notice regarding the COVID-19 Impact

As with nearly all other aspects of daily life, the COVID-19 pandemic has prompted changes to how NCSBN is continuing work on the NCLEX-RN® and NCLEX-PN® exams. While nearly all of the work required to support the smooth and continuous support of exam development, publication, and analysis has been possible to accomplish by staff working remotely, one component that was placed on hiatus as of March 13, 2020, was the hosting of onsite item development panels such as Item Writing, Item Review, and Exam Review. Due to prior contingency planning and the ample size of the NCLEX-RN and NCLEX-PN master pools, we have nonetheless been able to support the ongoing preparation and publication of exams without disruption. However, you will read in the sections that follow about several adjustments that have been made to ensure the safety of our staff and volunteers.

Additionally, with the approval of the NCSBN Board of Directors and the cooperation of Pearson VUE, we found it necessary to make several adjustments to the exams themselves for the April 2020 and July 2020 quarters. To provide for maximum safety of test center staff and NCLEX candidates while supporting the addition of critically needed nurses into the workforce, the following modifications were enacted for the period of March 25 through Sept. 30, 2020:

- Reduction of maximum length exam to 130 items (RN and PN)
- Removal of experimental pools (RN and PN)
- Removal of Next Generation NCLEX® (NGN) Special Research Section (RN only)
- Reduction of testing time to four hours (RN and PN)

At this time, it is unknown whether these changes will extend into the October 2020 quarter or beyond. However, we have contingency plans in place should they need to extend beyond September 30.

In addition to modifications to the NCLEX-RN and NCLEX-PN exams themselves, the COVID-19 pandemic also necessitated changes to our plans around the triennial Practice Analysis and Test Plan work already in progress. In the case of NCLEX-RN, we were originally scheduled to begin significant data collection in spring 2020. However, the pandemic introduced two barriers to proceeding as planned—

- Availability of respondents based on heightened need for health care workers
- Skewing of data based on preponderance of COVID-related job functions

Members

NCLEX® Examination Committee

Betsy Houchen, JD, MS, RN

Ohio, Area II, Chair

Barbara Blozen, EdD, MA, RN, BC, CNL

New Jersey, Area IV

Cynthia Johansen, MAL, MSc

British Columbia RN, Exam User Member

Claire MacDonald, DNP, MSN, RN

Massachusetts, Area IV

Kimberly Miller, RN, MC

Minnesota, Area II

Sue Petula, PhD, MSN, RN, NEA-BC, FRE

Pennsylvania, Area IV

Danette Schloeder, MSN, RNC-OB, C-EFM

Alaska, Area I

Deborah Swartz, MSN, RN

Vermont, Area IV

Crystal Tillman, DNP, RN, CPNP

North Carolina, Area III

Carol Timmings, MEd, RN

Ontario, Exam User Member

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAAANP

Maine, Area IV, Board Liaison

NCLEX® Item Review Subcommittee

Janzie Allmacher, MSN, RN, CEN, ACNS-BC

Virgin Islands, Area IV

Meedie L. Bardonille, RN, PCCN-K

District of Columbia, Area IV

Tracey Blalock, MSN, MBA, RN, NEA-BC

Georgia, Area III

Tammy Bryant, MSN, RN

Georgia, Area III

Jennifer Burns, DNP, MJ, MSN

Wyoming, Area I

As these response data are foundational to the validity of the Practice Analysis and Test Plan, hence the examination itself, the NCLEX Examination Committee met on June 5, 2020, and made the decision to delay the completion of the NCLEX-RN Practice Analysis and the publication of the NCLEX-RN Test Plan by one year. Therefore, the next NCLEX-RN Test Plan will take effect on April 1, 2023, rather than April 1, 2022, as originally scheduled.

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory bodies' (NRBs) need for examinations. In order to accomplish this, the committee ensures the NCLEX-RN and NCLEX-PN examination process meets policies, procedures and standards utilized by the program and/or exceeds guidelines proposed by the testing and measurement profession. The NEC recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the NCLEX® Item Review Subcommittee (NIRSC), which plays a critical role in the item development and review processes. Individual NEC members act as chairs of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

Fiscal Year 2020 (FY20) Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY20:

FY20 Charge:

- 1. Advise the BOD on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory body's need for examinations;**
- 2. Report on Next Generation NCLEX prototype items that use technology enhanced item types focused on measuring clinical decision making/judgment; and**
- 3. Narrow the risk of NCLEX misconduct candidates; reduce the number of result score holds.**

Ann Michele Coughlin, MSN, MBA, RN
Pennsylvania, Area IV

Sandra Culpepper, LPN
Mississippi, Area III

Allison Edwards, DrPH, MS, CNE
Texas, Area III

Mariclaire E. England, MA, RN, PHN
Minnesota, Area II

Becky Gladis, LPN
Minnesota, Area II

Ruth Ann Go, MEd, RN
North Carolina, Area III

Catherine Hample, MSN, MBAHCA, MHA, RN, CCRN
Alaska, Area I

Anne Heyen, DNP, RN, CNE
Missouri, Area II

Georgina R. Howard, MPA, MSN, RN-BC, NE-BC
New York, Area IV

Nancy Irland, DNP, RN, CNM
Oregon, Area I

Angela MacDonald, DNP-PHNL, RN
Massachusetts, Area IV

Elise McDermott, MSN, RN
Texas, Area III

June McLachlan, DNP, FNP, PHN, RN
Minnesota, Area II

Tammie Napoleon, DNP, APRN-RX, PPCNP-BC
Hawaii, Area I

Jacci Reznicek, EdD, MSN, RN, ANP-BC
Nebraska, Area II

Darlene (Yolonda) Schulz, LPN
Montana, Area I

Pamela Trantham, MSN, RN, CI
North Carolina, Area III

Tammy Vaughn, MSN, RN, CNE
Arkansas, Area III

Technical Advisory Committee (TAC)

The TAC is composed of NCSBN psychometric staff, along with a selected group of leading experts in the testing and measurement field. The committee reviews and conducts psychometric research to provide empirical support for the use of the NCLEX as a valid measurement of initial nursing licensure, as well as to investigate possible future enhancements to the examination program.

Two new research projects were completed in FY20, which were related to both NCLEX and the Next Generation NCLEX (NGN).

- Investigating Unidimensionality in Sparse Data from the NCLEX Computerized Adaptive Tests.
- Computerized Adaptive Testing for Testlet-based Innovative Items.

NCSBN Examinations Department Internship Program

In 2020, NCSBN sponsored its eighth summer internship program for advanced doctoral students in educational measurement and related fields. The internship lasted eight weeks in June and July 2020 and was awarded to one advanced-level measurement graduate student. The selected intern participated in research under the guidance of NCSBN psychometrics staff and acquired practical experience working on licensure and certification exams. In addition, the intern worked on research projects that were presented to Examinations staff at the conclusion of the internship.

The goal of this internship is to provide practical experience with operational computerized adaptive testing (CAT) programs to measurement students. The intern worked with testing professionals to learn how the NCLEX exams are developed and administered, gained knowledge of CAT subjects, and discussed current measurement topics. In addition, the intern conducted research projects directly pertaining to issues encountered in operational CAT programs and NGN.

Registered Nurse (RN) and Practical Nurse (PN) Continuous Practice Analysis Studies

NCSBN began administering the 2020 RN and PN Continuous Practice Analysis online survey instruments in May 2020. Two forms of the electronic survey instrument were administered to both RN and PN samples.

The two survey forms contained demographic questions and job task statements relevant to entry-level nursing practice. Invitations were sent via email and reminder emails were sent to non-responders in the first, second and fourth weeks of the administration period. Newly licensed RNs and PNs, defined as individuals who have passed the

Staff*

Philip Dickison, PhD, RN

Chief Operating Officer

Joe Betts, PhD

Director, Measurement & Testing, Examinations

Jason Schwartz

Director, Test Development, Examinations

Thy Cao

Operations Coordinator I, Examinations

Jacklyn Currier

Operations Manager, Examinations

*Note: Other NCSBN Examinations staff may also present or attend depending on agenda.

Meeting Dates

Oct. 7–8, 2019 (NCLEX® Examination Committee Business Meeting)

Jan. 9–10, 2020 (NCLEX® Examination Committee Business Meeting)

Jan. 22–24, 2020 (NCLEX® Item Review Subcommittee Meeting)

March 17–19, 2020 (NCLEX® Item Review Subcommittee Meeting)

April 14, 2020 (NCLEX® Examination Committee Business Meeting by Webex)

Aug. 3, 2020 (NCLEX® Examination Committee by WebEx)

Sept. 9–10, 20 (NCLEX® Item Review Subcommittee Meeting)

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

NCLEX-RN or NCLEX-PN 12 months or fewer prior to the survey data collection, were included in the survey sample. The duration of each data collection period was eight weeks. After the eight weeks of survey administration, datasets from each survey form were combined and demographic frequency analyses, as well as average rating analyses were completed. Results were comparable to previous practice analysis studies.

NCLEX-PN® Standard Setting Workshop

Every three years, NCSBN conducts a practice analysis for entry-level PN licensure. Based on the practice analysis, NCSBN makes appropriate changes to the NCLEX-PN Test Plan if necessary and establishes a new passing standard based on the new test plan. These steps help ensure that the NCLEX-PN continues to reflect current nursing practice and that nurses who pass the NCLEX-PN examination will continue to meet minimal levels of nursing competence.

A panel of subject matter experts (SMEs) convened in Chicago from Sept. 4-6, 2019 to conduct a criterion-referenced NCLEX-PN® Standard Setting Workshop. The SME panel was composed of nurses who represent all four NCSBN geographic areas and practice in a variety of settings. In December 2019, the NCSBN BOD recommended that the NCLEX-PN passing standard remain unchanged at -0.18 logit. The 2020 NCLEX-PN Passing Standard became effective April 1, 2020 along with the 2020 NCLEX-PN Test Plan.

RN Practice Analysis and Knowledge Skills and Ability (KSA) Study

The triennial NCLEX-RN Practice Analysis and KSA studies are currently underway. In November 2019, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level RN activity statements that form the basis of the *2020 NCLEX-RN Practice Analysis* and subsequent development of the *2022 NCLEX-RN Test Plan*. Launched in spring 2020, the NCLEX-RN Practice Analysis survey requested feedback from newly licensed nurses regarding the importance and frequency of the activity statements as it relates to client safety and decreasing client complications.

Simultaneously, the development and subsequent launch of the NCLEX-RN KSA survey occurred. In December 2019, a separate SME panel met to develop a list of knowledge statements relevant to entry-level RN practice. The KSA survey requested newly licensed nurses, as well as educators and supervisors who work with entry-level nurses, to respond as it related to the importance of the knowledge statements in the delivery of entry-level RN care. Results obtained from the KSA study will be used to inform item development for the *2022 NCLEX-RN Test Plan*.

NCLEX® Alternate Item Types

The committee consistently reviews the present and future of the NCLEX with an eye toward innovations that would maintain the examination's premier status in licensure.

NCLEX® Test Center Enhancements

Pearson VUE had planned to open three new Pearson Professional Centers (PPCs) in the U.S. and Canada in 2020. In addition, Pearson VUE had planned to expand the number of seats at seven test centers during 2020. At the time this document went to press, these plans were subject to change based the state of the COVID-19 crisis.

Strategic Objective D1:

Enhance precision of the measurement of NCLEX candidates through the use of state-of-the-art technologies and unfolding scoring models.

Strategic Objective D2:

Investigate use of NCSBN's exam resources to support the work of the regulatory boards and educational institutions.

Attachments

Attachment A:

[Annual Report of Pearson VUE for the NCLEX®](#)

Evaluated and Monitored NCLEX® Examination Policies

The committee reviews the NCSBN BOD and NEC examination-related policies annually and updates them as necessary.

Oversee Critical Aspects of Examination Development

Conducted NEC and NIRSC Sessions

Members of the NEC continue to chair NIRSC meetings to ensure consistency regarding the way NCLEX items are reviewed before becoming operational. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items; and (2) provided direction regarding RN and PN multiple-choice and alternate format items.

Assistance from the subcommittee continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. Currently, the number of volunteers serving on the subcommittee is 23, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs at each meeting and is offered as needed on a quarterly basis.

Item Production

Under the direction of NCSBN Examinations staff and following guidelines established with the NEC, RN and PN pretest items were written and reviewed by NCLEX Item Development Panels. NCLEX Item Development Panels' productivity can be seen in Tables 1 and 2. Items that use alternate formats (i.e., any format other than multiple-choice) have been developed and deployed in item pools. Information about items using alternate formats has been made available to NRBs and candidates in the NCLEX Candidate Bulletin, candidate tutorial and on the NCSBN website.

NCSBN Item Development Sessions Held

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 12 – March 13	4	45	1,579	6	2,970
April 13 – March 14	6	60	2,047	7	4,306
April 14 – March 15	4	40	1,266	4	2,700
April 15 – March 16	3	39	1,688	4	2,500
April 16 – March 17	5	49	2,250	4	3,024
April 17 – March 18	4	39	1,785	4	3,615
April 18 – March 19	5	49	2,253	3	2,275
April 19 – March 20	8	77	2,498	7	5,938

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 12 – March 13	6	70	2,570	12	5,481
April 13 – March 14	6	57	1,861	6	4,343
April 14 – March 15	4	38	1,367	4	2,700
April 15 – March 16	4	40	1,159	4	1,875

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 16 – March 17	4	39	1,821	4	2,308
April 17 – March 18	4	40	1,926	4	2,431
April 18 – March 19	4	38	1,592	4	1,723
April 19 – March 20	2	20	711	3	3,979

The test development staff continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

Item Sensitivity Review

NCLEX Pretest Item Sensitivity Review procedures are designed to ensure all test items are fair across our testing population and do not include language that would disadvantage test-takers based on age, gender, region, ethnicity, or cultural background. Review panels are composed of members who represent the diversity of NCLEX candidates. Prior to pretesting, items are reviewed by sensitivity panels and any items identified by the group are referred to the NEC for final disposition. During this reporting period, sensitivity review panels were held prior to the deployment of each new quarterly experimental pool up to and including the April 2020 quarter. However, due to COVID-19 restrictions, no sensitivity panel was held for the July 2020 quarter and the decision was made to suppress the experimental pools for both the April 2020 and July 2020 exam deployments.

Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions. The test development staff continues to oversee each panel. Overall, panelists have rated item development sessions favorably.

Operational NCLEX® Item Pools

NCSBN Examinations staff balanced the configuration of RN and PN operational item pools. The process of configuring operational item pools involves a few critical variables outlined in the NCLEX test plan; however, the quality control checks performed afterward are based upon both content and psychometric variables. The resulting operational item pools were evaluated extensively regarding these variables and were found to be within operational specifications.

To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized regarding the distribution of items by test plan content area. 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 drawn from previous NCLEX item pool deployments. These conclusions were reinforced by replicating the analyses using actual candidate data. The committee will continue to track performance of the NCLEX through these and other psychometric reports and analyses.

NRB Review of Items

NRBs are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, representatives may refer items to the NEC for review for one of the following reasons: not entry-level practice, not consistent with the nursing practice act/administrative rules or for other reasons. In October 2019, the committee reviewed the items referred from the April 2019 NRB Review. The committee provided direction on the resolution of each referred item. The NEC encourages each NRB to take advantage of the semi-annual opportunities to review NCLEX items.

The April 2019 review consisted of 17 NRBs (nine U.S. and eight Canadian). The November 2019 review consisted of 18 NRBs (10 U.S. and eight Canadian). For the May 2020 review, there were nine NRBs (five U.S. and four Canadian) scheduled to participate. However, due to COVID-19 restrictions, the May 2020 NRB reviews have been postponed until the next NRB review window.

Item-related Case Reports

Electronically filed case reports may be submitted at PPCs when candidates question item content. NCSBN staff continues to investigate each case and report their findings to the NEC for decisions related to retention of the item.

Examination Administration

Procedures for Candidate Tracking: Candidate Matching Algorithm

The committee continued to observe the status and effectiveness of the candidate-matching algorithm. On a semi-annual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months.

Security Related to Publication and Administration of the NCLEX®

The NEC continues to proactively examine security and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security. NCSBN and its testing vendor, Pearson VUE, provide mechanisms and opportunities for individuals to inform NCSBN about possible examination eligibility and administration violations. In addition, NCSBN works directly with two third-party security firms to conduct extensive open source web patrol services. Patrolling consists of monitoring websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain proprietary examination material/information and/or provide an environment for any possible threats to the examination.

NCSBN also executed a secret shopper program to audit the PPCs where the NCLEX is administered. This program provides NCSBN staff with firsthand candidate experience throughout the entire testing process, including at the PPC, and illuminates the strengths and weaknesses of the PPC examination delivery channel security to ensure NCSBN's established procedural/security measures are being consistently followed. NCSBN, Pearson VUE and the NEC are committed to vigilance in ensuring the security of the NCLEX.

Compliance with the 30/45-Day Scheduling Rule for Domestic PPCs

The NEC supervises compliance with the 30/45-day scheduling rule. For the period of Jan. 1, 2019 to Dec. 31, 2019, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites exceed 80% capacity levels.

Responded to NRB Inquiries Regarding NCLEX® Administration

As part of its activities, the committee and the NCSBN Examinations department staff responded to NRB questions and concerns regarding administration of the NCLEX. More specific information regarding the performance of the NCLEX test service provider, Pearson VUE, can be found in the Annual Report of Pearson VUE for the NCLEX, available in Attachment A of this report.

Administered NCLEX® at International Sites

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in NRB jurisdictions. See Attachment A of this report for the 2019 candidate volumes and pass rates for the international testing centers.

Next Generation NCLEX® (NGN)

Research is ongoing for the NGN project. The Special Research Section, which started in July 2017, is collecting data on new item types that could expand or enhance the measurement of entry-level nursing competence, including clinical judgment. To date, an average of 85% NCLEX-RN candidates participated in the Special Research Section. In order to further outreach efforts with NGN, NCSBN has developed a series of Newsletters and Talks to share NGN research with members, nursing educators and the public.

Educate Stakeholders

NCLEX® Presentations and Publications

Active involvement with measurement and regulatory organizations not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to move ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of the testing industry.

NCSBN Examinations staff published an article in the *Journal of Applied Testing Technology* titled, “Building a Method for Writing Clinical Judgment Items for Entry-Level Nursing Exams.” The Journal disseminates research related to technological applications and advances in educational and psychological measurement and increases dialogue and improve psychometric practice in applied settings.

NCSBN Examinations staff had 10 paper presentations accepted for professional presentation at the 2020 American Educational Research Association (AERA) and National Council of Measurement in Education (NCME) Annual Meetings in San Francisco, three presentations accepted for the Association of Test Publishers (ATP), and two paper presentations at the Association for Psychological Science (APS). These international conferences are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations. However, due to the COVID-19 pandemic, these conferences have either been canceled or postponed until the pandemic has passed.

NCSBN Examinations staff has had four professional paper presentations accepted for presentation at the 2020 International Test Commission (ITC) conference in Belval, Luxembourg, entitled “Scaling clinical judgment items: Dimensionality & IRT considerations,” “Comparing unfolding medical case studies to their independent single-item counterparts: An empirical study,” “Enhancing fidelity with technology: Measuring clinical judgment” and “Establishing polytomous scoring models for multiple response items.” The ITC is an association of national psychological associations, test commissions, publishers and other organizations committed to promoting effective testing and assessment policies and to the proper development, evaluation and uses of educational and psychological instruments.

However, due to the COVID-19 pandemic, these conferences have either been canceled or postponed until the pandemic has passed.

To ensure that NCSBN membership has continued involvement in the NCLEX program, and is informed of test development practice, the Examinations department hosted four informational webinars for NRBs.

As part of the department's outreach activities, Examinations test development staff conducted 14 sponsored NCLEX Regional Workshops. Regional Workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. NCLEX Regional Workshops were held between April 1, 2019 and March 31, 2020 in the following jurisdictions: District of Columbia (which included: American Association College of Nursing's Board of Directors and Organizational Leadership Network Program, respectively), California, Georgia, Illinois, Indiana, Kentucky (which included two organizations: Organization for Associate Degree Nursing Convention, and Kentucky Board of Nursing), Maryland (which included two organizations: College of Southern Maryland, and National League of Nursing Education Summit), Nebraska, Nevada, Ohio and Wisconsin. These opportunities assist NCSBN's Examinations department in educating stakeholders about the examination, as well as recruit for NCSBN item development panels.

Additionally, test development staff also conducted six in-person presentations on the NGN project from April 1, 2019, through and March 31, 2020, in the following jurisdictions: Alabama, Florida, Georgia, Kansas, Mississippi and Oregon. Five webinars were provided by staff on NGN: Iowa (two provided for Iowa Board of Nursing), Oklahoma, South Carolina, and one open enrollment session for educators. Several other presentations originally scheduled for March, April or May 2020 have been postponed by the event organizers due to the COVID-19 crisis.

NCLEX® Manuals

The NCLEX® Member Board Manual (for U.S. and Australian NRBs) and the NCLEX® Administration Manual (for Canadian NRBs) contain policies and procedures related to the development and administration of the NCLEX. Once a year, NCSBN updates the NCLEX Manuals to reflect any changes to policies and procedures. Ad hoc changes are also made to the manuals when necessary.

NCLEX® Candidate Bulletin and NCLEX Information Flyer

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic format. The NCLEX Information Flyer provides a brief snapshot of the NCLEX candidate process, rules and identification requirements and is available in an electronic format.

NCLEX® Conference

Historically, the Examinations staff has coordinated and hosted an NCLEX® Conference in order to provide NRBs, educators and other stakeholders an opportunity to learn about the NCLEX program and NGN. The 2020 NCLEX® Conference is scheduled for Sept. 14 and 15, 2020 as a virtual conference.

NCLEX® Program Reports

NCSBN Examinations staff oversees production of the NCLEX® Program Reports as delivered by the vendor. Program reports can be ordered, paid for and downloaded via a web-based system that permits program directors and staff to receive reports quickly and in a more portable, electronic format. The web-based system also allows subscribers to distribute the reports via email to people who need them most – the faculty and staff that design curriculum and teach students. Subscribers may also copy and paste relevant data, including tables and charts, into their own reports and presentations. This is particularly beneficial if the program uses these reports to supplement the academic accreditation process. NCLEX® Program Report subscriptions are offered on quarterly, semi-annual and annual bases. In addition, supplemental report data in comma-separated values (CSV) format is an optional offering to accompany NCLEX Program Report subscriptions.

NCLEX® Unofficial Quick Results Service

The member boards, through NCSBN, offer candidates the opportunity to obtain their “unofficial results” (official results are only available from the NRBs) through the NCLEX® Quick Results Service. A candidate may go online to access their unofficial result two business days after completing their examination. Currently, 54 U.S. NRBs participate in offering this service to their candidates. In 2019, approximately 164,581 candidates utilized this service.

Future Activities

- Continue to oversee all administrative, test development and psychometric aspects of the NCLEX program.
- Evaluate all aspects of the NCLEX program and initiate additional quality assurance processes as needed.
- Evaluate NCLEX informational initiatives such as the NCLEX® Conference, NCLEX® Regional Workshops and other presentations.
- Continue research to support the launch of the NGN.
- Communicate updates regarding the NGN project including research outcomes, as well as implications for students, educators, regulators and health care organizations.
- Evaluate ongoing international testing.
- Host the 2020 NCLEX® Conference (Sept. 14 and 15, 2020).

Attachment A:

Annual Report of Pearson VUE for the National Council Licensure Examinations

National Council of State Boards of Nursing (NCSBN®)

National Council Licensure Examination (NCLEX®)

Jan. 1, 2019–Dec. 31, 2019

Prepared by:

Pearson VUE

March 5, 2019

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Scope of Work

Under direction from National Council of State Boards of Nursing (NCSBN), Pearson VUE prepares an annual report for the NCLEX-RN® and NCLEX-PN® examinations.

Executive Summary

This report represents information gained during Pearson VUE's 16th full year of providing test delivery services for the National Council Licensure Examination (NCLEX®) program to NCSBN. This report summarizes the activities of the past year.

This report was prepared by Sarah DuCharme, Ellen Guirl, Hong Qian and Shu-chuan Kao, with input from other team members.

Pearson VUE Organizational Changes

Several staffing changes occurred during the Jan. 1–Dec. 31, 2019 reporting period.

June:

- Natalie Jorion, PhD, resigned her position as a NCLEX Psychometrician.

July:

- In July 2019, Kelly McMunn resigned her position as NCLEX Content Developer.
- In July 2019, Shrujal Soni resigned his position as a NCLEX Systems Engineer.

August:

- In August 2019, Zhourui (Ryan) Ni resigned his position as a NCLEX Assistant Statistical Analyst.

October:

- Alan Hoogenboom, previously the Application Developer, Psychometric and Research Services, NCLEX, with Pearson VUE, was hired by NCSBN as the Application Developer for the Research, Examinations department.

- Latrice Johnson, previously the Manager, Content Development, NCLEX, with Pearson VUE was hired by NCSBN as the Test Development Manager for the Examinations department.
- Margaret Smith, previously the Senior Data Analyst with Pearson VUE, was hired by NCSBN as the Data Governance Analyst for the Examinations department.
- Gayle Cochran-Swidler, previously a Senior Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate II for the Examinations department.
- Michelle Glass, previously a Senior Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate II for the Examinations department.
- Ellen Guirl, previously a Test Editor, NCLEX, with Pearson VUE, was hired by NCSBN as the Editor for the Examinations department.
- William Muntean, previously a Senior Psychometrician, Psychometrics and Research Services, NCLEX, with Pearson VUE, was hired by NCSBN as a Lead Psychometrician for the Research, Examinations department.
- Lisa Suvanto, previously a Senior Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate II for the Examinations department.

November:

- Emily Petersen, previously a Senior Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate II for the Examinations department.
- José Martínez Rodríguez, previously the Manager, Content Development, NCLEX, with Pearson VUE, was hired by NCSBN as a Test Development Manager for the Examinations department.
- Julie Stasko, previously the Principal Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as the RN Test Development Lead for the Examinations department.
- Jing-Ru Xu, previously a Psychometrician, Psychometrics and Research Services, NCLEX, with Pearson VUE, was hired by NCSBN as a Psychometrician I, Measurement and Testing, for the Examinations department.

December:

- Joe Betts, previously the Director, Psychometrics and Research Services, NCLEX, with Pearson VUE, was hired by NCSBN as the Director, Measurement & Testing for the Examinations department.
- Shu-chuan Kao, previously the Manager, Psychometrics and Research Services, NCLEX, was hired by NCSBN as the Manager, Measurement & Testing for the Examinations department.
- Brittany Houston, previously a Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate I for the Examinations department.
- Nicole Yadav, previously a Content Developer, NCLEX, with Pearson VUE, was hired by NCSBN as a RN Test Development Associate I for the Examinations department.
- Jason Schwartz, previously the Vice President, Testing Services, NCLEX, was hired by NCSBN as the Director, Test Development for the Examinations department.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. Pearson VUE is continuing to develop multiple-choice items as well as items in alternate formats, such as multiple-response items, drag-and-drop ordered-response items, graphics items, and chart/exhibit items. In addition, Pearson VUE is focusing on newer prototypes for formats related to Next Generation NCLEX exploratory research and development. Pearson VUE continues to focus on producing both the traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet its contractual obligations.

NCLEX Examinations Operations

There was no change in the passing standard for the NCLEX-RN/PN examinations.

Measurement and Research

The Technical Advisory Committee (TAC) met twice during 2019.

The TAC met at the NCSBN offices on March 22, 2019. In attendance were TAC members Ying Cheng, Gage Kingsbury, Mark Reckase, Steve Wise, and April Zenisky; TAC Nursing Consultant Janice Hooper; NCSBN staff Doyoung Kim, Danielle Lee, Wei Xu, and Hong Qian; NCSBN Consultant Betty Bergstrom and Pearson VUE staff Natalie Jorion, William Muntean, Jason Schwartz and Joe Betts.

The TAC received updates on the following ongoing projects:

- Next Generation NCLEX (NGN) Multi-year Research Plan and NGN Validity Framework, Hong Qian and Natalie Jorion
- NGN Item Development using Task Model, Jason Schwartz
- Scoring Task Model Items using Super-polytomous Model, Joe Betts
- Exploring NGN Item Scaling using Constrained Graded Response Model (CGRM), William Muntean
- NGN Test Design, Joe Betts.

The TAC also discussed research directions and generated research ideas:

- Investigating Unidimensionality in Sparse Data from the NCLEX Computerized Adaptive Tests, Okan Bulut.

The TAC met at the NCSBN offices on Aug. 23, 2019. In attendance were TAC members Ying Cheng, Mark Reckase, Steve Wise; TAC Nursing Consultant Janice Hooper; TAC Guest Okan Bulut; NCSBN staff Doyoung Kim, Danielle Lee, Wei Xu, and Hong Qian; NCSBN summer intern Ye Ma; NCSBN Consultant Betty Bergstrom, and Pearson VUE staff William Muntean, Shu-chuan Kao, Jing-Ru Xu, and Joe Betts.

The TAC received updates on the following ongoing projects:

- Investigating Unidimensionality in Sparse Data from the NCLEX Computerized Adaptive Tests, Okan Bulut
- NGN Research Overview, Joe Betts
- A Comparison of NCLEX Pretest Multiple Response Item Information: Dichotomous Scoring vs. Polytomous Scoring, Doyoung Kim
- Independent vs. Super-polytomous Scoring, William Muntean
- NGN Test Design, Ye Ma

The next TAC meeting will be held at the NCSBN offices in Chicago as soon as precautionary measures are lifted on travel, in response to the COVID-19 pandemic.

Pearson VUE Meetings with National Council of State Boards of Nursing

- Jan. 7–8, 2019 NCLEX Examination Committee Business Meeting
- Jan. 15, 2019 NGN Steering Committee Meeting
- Jan. 29, 2019 NGN Steering Committee Meeting
- Feb. 19, 2019 NGN Steering Committee Meeting
- March 12, 2019 NGN Steering Committee Meeting
- March 27–28, 2019 2019 NCSBN Midyear Meeting
- April 11, 2019 NCLEX Examination Committee Business Meeting

- April 16, 2019 NGN Steering Committee Meeting
- May 28, 2019 NGN Steering Committee Meeting
- June 10, 2019 NCLEX Examination Committee Business Meeting (Conference Call)
- June 18, 2019 NGN Steering Committee Meeting
- July 11, 2019 NGN Steering Committee Meeting
- Aug. 13, 2019 NGN Steering Committee Meeting
- Aug. 21–23, 2019 NCSBN Annual Meeting
- Sept. 10, 2019 NGN Steering Committee Meeting
- Oct. 7–8, 2019 NCLEX Examination Committee Business Meeting
- Oct. 22, 2019 NGN Steering Committee Meeting

Recurring Meetings and Conference Calls

- Jason Schwartz and Jennifer Gallagher met in person biweekly in addition to conducting calls and other meetings on an as-needed basis.
- Marianne Griffin and Jacklyn Currier met biweekly regarding NCLEX operational matters.
- Phil Dickison and Tony Zara met regularly by phone and in person.
- Joe Betts and Doyoung Kim met regularly to discuss research issues.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff were held periodically as needed.
- Jason Schwartz, Joe Betts, Marianne Griffin, and Tony Zara met regularly with Phil Dickison, Jen Gallagher, Gretchen Schlesinger, and Doyoung Kim to plan aspects of the 2020 transition of test development and measurement work from Pearson VUE to NCSBN.
- Other visits and conference calls were conducted on an as-needed basis.

Summary of NCLEX Examination Results for the 2019 Calendar Year

Longitudinal summary statistics are provided in Tables 1 to 11. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time.

Compared to 2018, the 2019 overall candidate volumes were higher for both the NCLEX-RN examination (about 6.82%) and the NCLEX-PN examination (about 1.12%). The RN passing rate for the overall group was 0.32 percentage points lower for 2019 than for 2018, and the passing rate for the reference group was 0.11 percentage points lower for this period compared to 2018. The PN overall passing rate was higher by 0.28 percentage points from 2018, and the PN reference group passing rate was 0.29 percentage points lower than in 2018. These passing rates are consistent with expected variations in passing rates and are heavily influenced by demographic characteristics of the candidate populations and by changes in testing patterns from year to year.

The following points are candidate highlights of the 2019 testing year for the NCLEX-RN examination:

- Overall, 252,306 NCLEX-RN examination candidates tested in 2019, as compared to 236,203 during the 2018 testing year. This represented an increase of approximately 6.82%.
- The candidate population reflected 171,385 first-time, U.S.-educated candidates who tested during 2019, as compared to 163,229 for the 2018 testing year, which represented an increase of approximately 5.00%.
- The overall passing rate was 72.80% in 2019, compared to 73.12% in 2018. The passing rate for the reference group was 88.18% in 2019, as compared to 88.29% in 2018.
- In 2019, approximately 49.13% of the total group and 53.70% of the reference group ended their tests after

a minimum of 75 items were administered. These figures were slightly higher than in the 2018 testing year, in which 47.97% of the total group and 52.69% of the reference group took minimum-length exams.

- The percentage of maximum-length test takers was 14.24% for the total group and 12.56% for the reference group in 2019. These figures were slightly lower than last year's figures of 14.60% for the total group and 12.97% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2019 testing period was 2.60 hours for the overall group and 2.24 hours for the reference group (slightly shorter than last year's average times of 2.62 hours and 2.29 hours, respectively).
- A total of 55.83% of the candidates chose to take a break during their examinations in 2019 (compared to 56.64% last year).
- Overall, 3.53% of the total group and 1.36% of the reference group ran out of time before completing the test in 2019. These percentages were higher for the total group and lower for the reference group than the corresponding percentages for candidates during the 2018 testing year (3.46% and 1.51%, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2019 testing period indicated patterns that were similar to those observed for the 2018 testing period. These results provided continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following points are candidate highlights of the 2019 testing year for the NCLEX-PN examination:

- Overall, 63,762 NCLEX-PN candidates tested in 2019, as compared to 63,057 PN candidates during the 2018 testing year. This represented an increase of approximately 1.12%.
- The candidate population reflected 48,233 first-time, U.S.-educated candidates who tested in 2019, as compared to 47,051 for the 2018 testing year, which represented an increase of approximately 2.51%.
- The overall passing rate was 73.72% in 2019 compared to 73.44% in 2018. The passing rate for the reference group was 85.63% in 2019, as compared to 85.92% in 2018.
- In 2019, approximately 51.59% of the total group and 56.23% of the reference group ended their tests after a minimum of 85 items were administered. These figures were slightly higher than those from the 2018 testing year, in which 50.22% of the total group and 55.05% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 17.97% for the total group and 15.25% for the reference group in 2019. These figures were slightly lower than last year's figures of 18.71% for the total group and 16.06% for the reference group.
- The average time needed to take the NCLEX-PN examination during the 2019 testing period was 2.43 hours for the overall group and 2.22 hours for the reference group (slightly shorter than last year's average times of 2.41 and 2.18 hours, respectively).
- A total of 57.28% of the candidates chose to take a break during their examinations in 2019 (compared to 56.42% last year).
- Overall, 2.79% of the total group and 1.46% of the reference group ran out of time before completing the test in 2019. These percentages were close to last year's figures of 2.79% for the total group and 1.45% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2019 testing period indicated patterns that were similar to those observed for the 2018 testing period. These results provided continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

The NCLEX-RN examination has been used as the Registered Nurse licensing examination throughout Canada, except for the province of Quebec, since Jan. 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2019 testing year for Canadian candidates taking the English version of the

NCLEX-RN examination:

- Overall, 14,411 RN candidates tested in 2019, as compared to 13,913 RN candidates during the 2018 testing year. This represented an increase of approximately 3.58%.
- The candidate population reflected 9,809 first-time, Canadian-educated candidates who tested in 2019, as compared to 9,493 for the 2018 testing year, which represented an increase of approximately 3.33%.
- The overall passing rate was 74.58% in 2019 as compared to 74.61% in 2018. The first-time, Canadian-educated group passing rate was 85.57% in 2019, as compared to 85.58% in 2018.
- In 2019, 48.45% of the total group and 54.53% of the first-time, Canadian-educated group who ended their tests after a minimum of 75 items were administered. These figures were slightly higher than those from the 2018 testing year, in which 47.96% of the total group and 54.36% of the reference group took minimum-length exams.
- In 2019, the percentage of maximum-length test takers was 15.02% for the total group and 12.35% for the first-time, Canadian-educated group. These figures were close to the first-time, Canadian-educated group than last year's percentages, which were 15.09% for the total group and 12.34 % for the first-time, Canadian-educated group.
- The average time needed to take the NCLEX-RN examination during the 2019 testing period was 2.58 hours for the overall group and 2.25 hours for the first-time, Canadian-educated group. These times were slightly shorter for the total group and identical for the first-time, Canadian-educated group as compared to 2018 times of 2.62 and 2.30 hours, respectively.
- A total of 55.42% of the candidates chose to take a break during their examinations in 2019, as compared to 56.17% in 2018.
- Overall, 2.84% of the total group and 1.22% of the first-time, Canadian-educated group ran out of time before completing the test in 2019. These percentages were slightly lower than the 2018 figure of 3.10% for the total group and were lower than the 2018 figure of 1.51% for the first-time, Canadian-educated group.
- In general, the NCLEX-RN Canadian English examination summary statistics for the 2019 testing period indicated patterns that were similar to those observed for the 2018 testing period. These results provided continued evidence that the administration of the NCLEX-RN English examination is psychometrically sound.
- 98.94% of the Canadian examinations were taken in English.

Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2019 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2019	
	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	65,417	47,031	73,126	53,944	75,895	54,449	37,868	15,961	252,306	171,385
Percent Passing	76.43	89.94	75.58	89.27	76.34	88.23	54.07	79.14	72.80	88.18
Avg. # Items Taken	121.04	114.46	122.66	116.75	120.47	114.60	134.20	126.52	123.31	116.35
% Taking Min # Items	49.36	53.72	51.11	55.07	50.20	54.25	42.77	47.09	49.13	53.70
% Taking Max # Items	12.99	11.51	14.96	13.38	13.41	11.85	16.71	15.29	14.24	12.56
Avg. Test Time (hours)	2.57	2.25	2.45	2.13	2.48	2.21	3.15	2.67	2.60	2.24
% Taking Break	54.97	45.72	51.02	41.37	53.46	44.99	71.37	57.97	55.83	45.26
% Timing Out	3.48	1.32	2.61	0.89	2.63	1.20	7.23	3.62	3.53	1.36

Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	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	57,902	42,700	71,061	53,197	71,464	51,842	35,776	15,490	236,203	163,229
Percent Passing	75.18	89.25	76.46	89.78	77.19	89.18	55.01	77.60	73.12	88.29
Avg. # Items Taken	125.15	118.27	122.45	116.17	122.90	117.35	131.73	124.25	124.65	117.86
% Taking Min # Items	48.13	52.50	50.20	54.75	48.27	52.14	42.66	47.96	47.97	52.69
% Taking Max # Items	15.08	13.25	14.23	12.80	13.75	12.38	16.24	14.74	14.60	12.97
Avg. Test Time (hours)	2.62	2.32	2.47	2.15	2.57	2.31	3.01	2.58	2.62	2.29
% Taking Break	56.12	47.50	51.16	41.86	56.19	48.27	69.27	57.08	56.64	46.82
% Timing Out	3.47	1.58	2.83	1.00	3.10	1.62	5.44	2.69	3.46	1.51

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2019 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2019	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.09	0.20	0.09	0.20	0.08	0.19	0.08	N/A	N/A
Avg. Item Time (secs.)	75.53	27.49	71.87	26.59	73.25	25.50	83.71	30.55	N/A	N/A
Pretest Item Statistics										
# of Items ¹	355		486		419		149		1,409	
Avg. Sample Size	693		691		718		710		702	
Mean Point-Biserial	0.09		0.10		0.10		0.15		0.10	
Mean P value	0.60		0.65		0.57		0.61		0.61	
Mean Item Difficulty	-0.26		-0.52		0.01		-0.32		-0.28	
SD Item Difficulty	2.06		2.00		2.02		1.61		1.98	
Total Number Flagged	120		147		131		27		425	
Percent Items Flagged	33.80		30.25		31.26		18.12		30.16	

¹ Data do not include research and retest items.

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.09	0.20	0.09	0.19	0.08	0.19	0.08	N/A	N/A
Avg. Item Time (secs.)	75.78	26.09	72.50	24.25	74.75	27.46	81.09	27.79	N/A	N/A
Pretest Item Statistics										
# of Items ²	847		1,109		982		348		3,286	
Avg. Sample Size	654		583		779		649		667	
Mean Point-Biserial	0.10		0.09		0.09		0.15		0.10	
Mean P value	0.63		0.65		0.60		0.61		0.63	

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Mean Item Difficulty	-0.32		-0.56		-0.26		-0.31		-0.38	
SD Item Difficulty	1.75		2.00		2.02		1.63		1.90	
Total Number Flagged	212		380		327		67		986	
Percent Items Flagged	25.03		34.27		33.30		19.25		30.01	

2 Data do not include research and retest items.

Table 5. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2019 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2019	
	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated
Number Testing	14,683	11,095	14,325	10,186	20,814	17,050	13,940	9,902	63,762	48,233
Percent Passing	72.01	84.71	73.28	86.73	77.31	86.81	70.60	83.49	73.72	85.63
Avg. # Items Taken	123.80	118.87	117.52	111.12	115.20	111.42	119.61	115.02	118.67	113.81
% Taking Min # Items	47.68	52.08	52.40	58.64	54.04	57.79	51.21	55.73	51.59	56.23
% Taking Max # Items	21.50	18.84	17.06	13.37	15.49	13.52	18.89	16.16	17.97	15.25
Avg. Test Time (hours)	2.52	2.31	2.44	2.19	2.30	2.14	2.49	2.29	2.43	2.22
% Taking Break	59.82	52.68	58.27	48.34	52.40	46.21	60.86	53.06	57.28	49.55
% Timing Out	3.54	1.87	2.98	1.42	2.14	1.14	2.77	1.58	2.79	1.46

Table 6. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated
Number Testing	14,446	10,732	14,688	10,434	20,084	16,284	13,839	9,601	63,057	47,051
Percent Passing	74.03	86.76	71.68	86.53	75.91	86.08	71.12	84.03	73.44	85.92
Avg. # Items Taken	118.43	113.67	119.60	112.98	119.72	116.35	122.29	116.60	119.96	115.04
% Taking Min # Items	51.07	55.89	50.56	57.26	51.30	54.40	47.40	52.81	50.22	55.05
% Taking Max # Items	16.89	14.38	18.24	14.63	19.35	17.51	20.20	17.05	18.71	16.06
Avg. Test Time (hours)	2.41	2.17	2.46	2.18	2.31	2.14	2.52	2.28	2.41	2.18
% Taking Break	56.11	47.09	57.39	47.21	52.69	46.53	61.12	52.20	56.42	47.97
% Timing Out	2.85	1.43	3.32	1.73	2.04	1.06	3.24	1.82	2.79	1.45

4 Data do not include research and retest items.

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2019 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2019	
	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	0.22	0.09	0.21	0.08	N/A	N/A
Avg. Item Time (secs.)	72.47	26.72	71.72	24.38	70.51	22.57	73.11	26.83	N/A	N/A
Pretest Item Statistics										
# of Items ³	197		188		292		180		857	
Avg. Sample Size	630		586		647		738		649	
Mean Point-Biserial	0.13		0.12		0.12		0.11		0.12	
Mean P value	0.57		0.58		0.55		0.54		0.56	
Mean Item Difficulty	-0.29		-0.25		-0.01		-0.03		-0.13	
SD Item Difficulty	1.95		1.90		1.64		1.84		1.81	
Total Number Flagged	54		56		55		43		208	
Percent Items Flagged	27.41		29.79		18.84		23.89		24.27	

³ Data do not include research and retest items.

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.08	0.21	0.08	0.21	0.08	0.21	0.09	N/A	N/A
Avg. Item Time (secs.)	72.98	24.97	72.27	25.29	68.98	23.00	72.52	25.45	N/A	N/A
Pretest Item Statistics										
# of Items ⁴	532		510		745		338		2,125	
Avg. Sample Size	504		511		546		652		544	
Mean Point-Biserial	0.13		0.12		0.11		0.12		0.12	
Mean P value	0.61		0.55		0.56		0.55		0.57	
Mean Item Difficulty	-0.37		-0.02		-0.10		-0.12		-0.15	
SD Item Difficulty	1.57		1.58		1.81		1.93		1.71	
Total Number Flagged	100		93		199		107		499	
Percent Items Flagged	18.80		18.24		26.71		31.66		23.48	

⁴ Data do not include research and retest items.

Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2019 Testing Year

Jurisdiction	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Total	
	English	French	English	French	English	French	English	French	English	French
Alberta	452	0	592	0	405	0	261	0	1,710	0
British Columbia	475	0	662	0	539	0	392	0	2,068	0
Manitoba	51	0	179	0	143	0	157	0	530	0

Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2019 Testing Year

Jurisdiction	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Total	
	English	French	English	French	English	French	English	French	English	French
New Brunswick	47	26	121	27	104	44	56	18	328	115
Newfoundland and Labrador	10	0	125	0	92	0	34	0	261	0
Northwest Territories and Nunavut	1	0	18	1	4	1	4	0	27	2
Nova Scotia	64	0	281	0	300	0	162	0	807	0
Ontario	1,301	8	1,815	6	3,148	16	1,560	9	7,824	39
Prince Edward Island	16	0	58	0	12	0	14	0	100	0
Saskatchewan	133	0	249	0	250	0	124	0	756	0
Total	2,550	34	4,100	34	4,997	61	2,764	27	14,411	156

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2019 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2019	
	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated
Number Testing	2,550	1,515	4,100	3,013	4,997	3,857	2,764	1,424	14,411	9,809
Percent Passing	73.25	85.74	77.02	87.65	78.37	85.01	65.34	82.51	74.58	85.57
Avg. # Items Taken	124.76	112.67	120.59	113.60	121.18	115.83	136.56	121.69	124.60	115.51
% Taking Min # Items	48.04	55.91	53.83	58.95	48.69	52.27	40.41	49.86	48.45	54.53
% Taking Max # Items	14.78	11.02	14.95	13.01	13.45	11.88	18.16	13.62	15.02	12.35
Avg. Test Time (hours)	2.69	2.29	2.41	2.11	2.43	2.23	3.02	2.57	2.58	2.25
% Taking Break	58.94	47.19	49.24	39.79	51.77	45.19	67.91	57.16	55.42	45.58
% Timing Out	3.65	1.85	2.07	0.80	1.66	0.83	5.36	2.53	2.84	1.22

Table 11. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2018 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2018	
	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated
Number Testing	2,523	1,434	3,800	2,725	4,885	3,886	2,705	1,448	13,913	9,493
Percent Passing	70.31	84.8	76.08	88.33	80.98	86.82	65.03	77.83	74.61	85.58
Avg. # Items Taken	133.28	120.56	123.13	112.69	120.05	115.31	130.23	120.97	125.27	116.21
% Taking Min # Items	42.61	52.16	50.92	58.57	49.46	52.88	46.06	52.62	47.96	54.36
% Taking Max # Items	18.39	13.95	14.68	11.6	12.88	11.66	16.60	13.95	15.09	12.34
Avg. Test Time (hours)	2.87	2.45	2.51	2.15	2.47	2.29	2.81	2.46	2.62	2.30
% Taking Break	63.69	50.91	51.47	40.92	52.45	46.83	62.48	52.62	56.17	46.63
% Timing Out	4.32	2.16	2.74	0.84	2.21	1.39	4.10	2.42	3.10	1.51

International Testing Update

Pearson VUE has a total of 285 Pearson Professional Centers (PPCs) in the United States and 58 PPCs internationally in Australia, Canada, England, Hong Kong, India, Japan, Mexico, Philippines, South Africa and Taiwan. One of these 58 international PPCs is located in Puerto Rico, a part of the United States classified as international for testing purposes only. Therefore, the total number of test centers globally is 343.

Represented in the following tables are international volume by member board, country of education, test center, and pass/fail rate, respectively.

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2019 – Dec. 31, 2019^{5, 6}

Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Alabama	13	0	0	0	0	0	0	0	0	13	0	0
Alaska	4	0	0	1	0	0	0	0	3	0	0	0
Arizona	33	4	0	5	0	3	1	0	13	0	0	7
California PN	4	0	0	0	0	0	1	0	2	0	0	1
California RN	68	4	0	10	1	4	4	1	36	2	1	5
Colorado	440	1	0	2	8	146	0	0	216	20	0	47
Connecticut	83	0	0	2	0	32	1	0	32	12	0	4
Delaware	6	0	0	0	0	4	0	0	2	0	0	0
District of Columbia	17	0	0	6	0	4	0	0	4	0	0	3
Florida	278	0	8	24	5	42	3	2	171	3	0	20
Georgia	13	0	0	3	0	2	0	1	4	0	0	3
Hawaii	50	0	4	8	1	2	4	0	30	0	0	1
Idaho	10	0	0	3	0	2	0	0	2	0	0	3
Illinois	4,038	13	1	116	41	684	5	9	3,097	0	9	63
Indiana	3	0	0	1	0	0	1	0	0	0	0	1
Kentucky	4	0	0	1	0	0	0	0	0	0	0	3
Maine	3	0	0	0	0	0	1	0	2	0	0	0
Maryland	9	1	0	1	0	0	0	0	4	1	0	2
Massachusetts	35	1	0	8	2	8	0	0	13	1	0	2
Michigan	29	0	0	14	0	1	2	0	6	0	0	6
Minnesota	160	3	0	87	1	12	2	0	45	0	1	9
Missouri	20	0	0	1	0	0	1	1	2	13	0	2
Montana	45	1	0	5	1	8	0	0	27	0	1	2
Nevada	48	2	0	4	0	1	0	0	37	0	0	4
New Jersey	5	0	0	0	0	0	0	0	0	4	0	1
New Mexico	1,101	6	0	35	12	332	1	1	681	3	5	25
New York	3,706	30	0	208	189	211	720	6	1,796	138	284	124
North Carolina	17	0	0	2	0	0	0	0	9	3	0	3
North Dakota	2	0	0	2	0	0	0	0	0	0	0	0
Northern Mariana Islands	2,919	7	0	124	40	195	7	0	2,507	0	10	29
Ohio	5	0	0	2	0	0	0	0	2	1	0	0
Oregon	10	1	0	3	0	0	1	0	3	1	0	1
Pennsylvania	17	0	0	7	0	2	0	1	4	1	1	1
South Carolina	1	0	0	0	0	0	0	0	0	0	0	1
Tennessee	2	1	0	0	0	0	0	0	1	0	0	0
Texas	3,628	18	2	62	28	608	7	2	2,772	1	7	121
Vermont	4	1	0	2	0	0	0	0	0	0	0	1
Virgin Islands	7	0	0	0	0	0	0	0	0	7	0	0
Virginia	20	2	0	3	0	1	2	0	6	3	0	3
Washington	149	9	0	98	0	4	1	0	29	0	1	7
West Virginia-RN	2	0	0	0	0	0	1	0	0	0	1	0
Wisconsin	3	0	1	0	0	0	0	0	2	0	0	0
Total	17,011	105	16	850	329	2,308	766	24	11,560	227	321	505

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2019 – Dec. 31, 2019⁷

Country of Education	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Albania	2	0	0	2	0	0	0	0	0	0	0	0
Antigua and Barbuda	2	0	0	0	0	0	0	1	0	0	0	1
Armenia	1	0	0	0	0	0	0	0	0	0	0	1
Australia	28	26	0	1	1	0	0	0	0	0	0	0
Brazil	21	0	15	5	0	0	0	0	0	0	0	1
Cameroon	1	0	0	1	0	0	0	0	0	0	0	0
Canada	158	1	0	154	0	0	0	0	1	0	1	1
China	94	0	0	2	83	0	3	0	1	0	4	1
Colombia	1	0	0	0	0	0	0	1	0	0	0	0
Costa Rica	1	0	0	0	0	0	0	1	0	0	0	0
Denmark	1	0	0	0	0	0	0	0	0	0	0	1
Dominica	2	0	0	0	0	0	0	0	0	0	0	2
Egypt	11	0	0	0	0	10	0	0	0	0	0	1
Ethiopia	4	0	0	0	0	4	0	0	0	0	0	0
Fiji	1	0	0	0	0	1	0	0	0	0	0	0
Finland	6	0	0	0	0	0	0	0	0	0	0	6
France	2	0	0	0	0	0	0	0	0	0	0	2
Gambia	3	0	0	0	0	0	0	0	3	0	0	0
Germany	9	1	0	0	0	0	0	0	0	0	0	8
Ghana	67	0	0	0	0	57	0	0	7	0	0	3
Guyana	2	0	0	0	0	0	0	0	0	0	0	2
Hong Kong	13	0	0	1	12	0	0	0	0	0	0	0
India	682	3	0	131	0	526	0	0	0	0	0	22
Iran	5	0	0	0	0	5	0	0	0	0	0	0
Ireland	6	0	0	0	0	0	0	0	0	0	0	6
Israel	9	1	0	0	0	0	0	0	0	0	0	8
Italy	1	0	0	0	0	0	0	0	0	0	0	1
Jamaica	18	0	1	8	0	0	0	6	0	0	0	3
Japan	6	0	0	0	0	0	6	0	0	0	0	0
Jordan	142	0	0	4	3	126	0	0	4	0	0	5
Kazakhstan	2	0	0	2	0	0	0	0	0	0	0	0
Kenya	541	1	0	2	0	517	0	0	18	0	0	3
Korea, North	1	0	0	0	0	0	0	0	0	0	1	0
Korea, South	966	5	0	23	61	2	703	0	11	0	146	15
Kuwait	1	0	0	0	0	1	0	0	0	0	0	0
Lebanon	22	0	0	1	0	17	0	0	1	0	0	3
Malawi	8	0	0	0	0	8	0	0	0	0	0	0
Malaysia	9	0	0	0	3	0	0	0	5	0	1	0
Namibia	1	0	0	0	0	1	0	0	0	0	0	0
Nepal	148	2	0	4	0	139	3	0	0	0	0	0
New Zealand	9	6	0	0	0	1	1	0	0	0	0	1
Niger	1	0	0	0	0	1	0	0	0	0	0	0
Nigeria	581	0	0	18	0	15	0	0	482	0	0	66

⁵ Only member boards with international test center candidate data are represented.
⁶ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2019 – Dec. 31, 2019⁷

Country of Education	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
North Mariana Islands	1	0	0	0	0	0	1	0	0	0	0	0
Pakistan	21	0	0	1	0	0	1	0	18	0	0	1
Palau	1	0	0	0	0	0	0	0	0	0	1	0
Palestine, State of	7	0	0	0	0	7	0	0	0	0	0	0
Philippines	12,661	51	0	432	141	737	24	5	10,996	0	38	237
Portugal	3	1	0	0	0	0	0	0	1	0	0	1
Puerto Rico	228	0	0	0	0	0	0	0	0	224	1	3
Romania	4	0	0	0	0	0	1	0	0	0	0	3
Saint Kitts and Nevis	1	0	0	0	0	0	0	1	0	0	0	0
Saint Lucia	4	0	0	1	0	0	0	0	0	0	1	2
Saudi Arabia	14	0	0	0	0	6	1	0	4	0	0	3
Singapore	7	1	0	0	3	0	0	0	3	0	0	0
South Africa	23	3	0	1	0	15	0	0	0	0	0	4
Spain	5	0	0	0	0	0	0	0	0	0	0	5
Sri Lanka	2	0	0	0	0	2	0	0	0	0	0	0
St. Vincent and Grenadines	4	0	0	2	0	0	0	0	0	0	0	2
Sudan	2	0	0	0	0	2	0	0	0	0	0	0
Sweden	3	0	0	0	0	0	0	0	0	0	0	3
Taiwan, China	108	0	0	0	0	0	0	0	0	0	108	0
Tanzania	4	0	0	0	0	4	0	0	0	0	0	0
Thailand	42	0	0	1	22	0	1	0	1	0	15	2
Trinidad and Tobago	8	0	0	1	0	0	0	6	0	0	0	1
Uganda	15	0	0	0	0	15	0	0	0	0	0	0
Ukraine	2	0	0	2	0	0	0	0	0	0	0	0
United Arab Emirates	12	0	0	0	0	11	0	0	1	0	0	0
United Kingdom	60	1	0	0	0	0	0	0	0	0	0	59
United States	100	1	0	50	0	4	21	3	3	1	4	13
Virgin Islands, US	2	0	0	0	0	0	0	0	0	2	0	0
Zambia	5	0	0	0	0	5	0	0	0	0	0	0
Zimbabwe	73	1	0	0	0	69	0	0	0	0	0	3
Total	17,011	105	16	850	329	2,308	766	24	11,560	227	321	505

⁷ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2019 – Dec. 31, 2019⁸

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
81599	Adelaide	Australia	5	0	0	0	0	0	0	2	1	1	0	1	0
81597	Box Hill	Australia	12	1	2	0	3	1	0	2	1	1	1	0	0
81600	Brisbane	Australia	12	1	1	1	0	0	0	2	0	3	2	0	2
67712	Melbourne	Australia	21	3	2	0	1	0	1	1	1	3	3	3	3
81598	Parramatta	Australia	17	2	3	1	1	0	3	1	2	2	1	1	0
81601	Perth	Australia	4	0	0	0	0	0	1	0	0	0	1	1	1
50482	Sydney	Australia	34	2	5	0	3	4	4	4	3	1	3	3	2
50483	Sao Paulo	Brazil	16	0	0	1	1	1	2	2	3	1	2	1	2
50486	Burnaby	Canada	46	4	2	6	3	5	4	3	4	3	3	3	6
69827	Calgary	Canada	55	2	4	4	6	7	5	1	4	4	5	5	8
78699	Calgary	Canada	25	3	3	2	3	1	1	2	0	2	3	1	4
63110	Edmonton	Canada	39	6	3	1	1	4	1	3	4	3	4	2	7
78698	Edmonton	Canada	41	2	3	5	3	2	2	4	6	6	5	3	0
69829	Halifax	Canada	7	1	0	0	1	2	2	0	0	0	0	0	1
78710	Halifax	Canada	9	1	1	2	0	0	1	2	1	0	0	0	1
69818	Hamilton	Canada	32	0	2	3	1	4	2	3	4	2	3	3	5
69826	London	Canada	32	2	2	4	0	3	5	3	3	1	4	4	1
50485	Montreal	Canada	80	5	4	2	5	1	8	13	4	9	8	10	11
69832	Nanaimo	Canada	1	0	0	0	0	0	1	0	0	0	0	0	0

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2019 – Dec. 31, 2019⁸

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
57935	Ottawa	Canada	28	3	2	2	3	0	3	2	0	0	4	3	6
78711	Ottawa	Canada	8	1	2	1	0	1	0	0	1	0	0	1	1
78697	Regina	Canada	21	0	1	3	1	2	1	1	3	4	3	1	1
69830	Saskatoon	Canada	20	0	2	4	2	4	0	1	0	2	4	1	0
78703	St. John's	Canada	1	1	0	0	0	0	0	0	0	0	0	0	0
69825	Surrey	Canada	61	3	5	1	5	9	5	8	7	6	5	3	4
50484	Toronto	Canada	46	1	5	5	2	5	3	2	2	3	5	6	7
57936	Toronto	Canada	74	1	8	10	5	6	9	4	8	3	8	4	8
78704	Toronto	Canada	58	7	4	9	7	4	3	6	4	2	4	3	5
78705	Toronto	Canada	47	8	2	3	3	3	4	5	4	5	6	2	2
78700	Vancouver	Canada	33	4	1	2	3	2	3	1	1	4	2	4	6
78701	Victoria	Canada	14	0	1	0	1	1	2	3	1	3	1	1	0
69828	Winnipeg	Canada	42	2	3	2	8	6	4	6	2	2	2	4	1
78702	Winnipeg	Canada	30	2	2	2	2	4	0	5	0	3	2	1	7
50493	Hong Kong	Hong Kong	329	31	27	43	40	26	41	28	30	21	16	16	10
81606	Ahmedabad	India	73	1	0	3	1	3	7	6	3	8	17	12	12
81608	Amritsar	India	13	1	0	3	0	0	0	0	2	0	1	4	2
50497	Bangalore	India	151	10	12	15	11	6	11	9	8	21	14	16	18
81602	Bangalore	India	140	6	12	10	11	7	9	12	16	10	10	19	18
81603	Chandigarh	India	21	2	0	0	0	2	0	5	0	5	4	3	0
50498	Chennai	India	94	6	5	8	5	7	4	3	3	12	7	13	21
81607	Gurugram	India	22	0	1	1	1	0	1	0	2	1	4	3	8
50496	Hyderabad	India	25	1	0	4	3	2	2	2	1	0	4	2	4
81604	Hyderabad	India	9	2	1	0	1	0	0	0	3	0	0	1	1
81610	Jalandhar	India	11	3	2	0	0	0	0	1	0	1	0	1	3
50494	Mumbai	India	1,027	66	75	100	75	87	61	87	88	78	76	133	101
50495	New Delhi	India	681	42	40	46	52	40	45	49	80	73	64	79	71
76935	Noida	India	23	2	1	7	0	1	2	1	1	2	0	4	2
81605	Pune	India	11	0	1	0	0	1	1	1	3	1	2	1	0
81609	Surat	India	7	0	0	1	0	1	1	2	0	1	0	0	1
50500	Chiyoda-ku	Japan	161	14	12	28	17	13	21	8	14	10	8	6	10
57585	Osaka-shi	Japan	598	45	48	73	53	61	60	47	44	44	49	41	33
84078	Shinjuku	Japan	7	0	0	0	0	0	0	0	0	0	0	5	2
50503	Mexico City	Mexico	24	4	1	1	3	2	0	1	4	3	5	0	0
54555	Manila	Philippines	11,560	809	672	1,003	787	994	1,000	921	981	1,021	1,162	1,099	1,111
47108	Guaynabo	Puerto Rico	227	19	27	15	8	23	14	17	20	15	18	28	23
50506	Taipei City	Taiwan, China	321	29	24	21	27	20	26	14	20	30	38	41	31
50140	London	United Kingdom	505	41	30	39	34	50	35	50	42	32	53	49	50
Total			17,011	1,202	1,066	1,497	1,203	1,428	1,421	1,356	1,439	1,468	1,646	1,651	1,634

⁸ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2019 – Dec. 31, 2019⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
81599	Adelaide	Australia	5	4	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
81597	Box Hill	Australia	12	6	1/1 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
81600	Brisbane	Australia	12	5	1/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	3/2 (66.67%)	2/1 (50.00%)	0/0 (0.00%)	2/0 (0.00%)
67712	Melbourne	Australia	21	6	3/1 (33.33%)	2/1 (50.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	3/2 (66.67%)	3/0 (0.00%)	3/0 (0.00%)	3/1 (33.33%)
81598	Parramatta	Australia	17	7	2/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	3/1 (33.33%)	1/1 (100.00%)	2/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)
81601	Perth	Australia	4	3	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)
50482	Sydney	Australia	34	11	2/1 (50.00%)	5/3 (60.00%)	0/0 (0.00%)	3/1 (33.33%)	4/3 (75.00%)	4/1 (25.00%)	4/1 (25.00%)	3/0 (0.00%)	1/0 (0.00%)	3/0 (0.00%)	3/0 (0.00%)	2/1 (50.00%)

Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2019 – Dec. 31, 2019⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered /Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50483	Sao Paulo	Brazil	16	8	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	3/1 (33.33%)	1/1 (100.00%)	2/2 (100.00%)	1/0 (0.00%)	2/1 (50.00%)
50486	Burnaby	Canada	46	23	4/2 (50.00%)	2/2 (100.00%)	6/4 (66.67%)	3/1 (33.33%)	5/1 (20.00%)	4/3 (75.00%)	3/3 (100.00%)	4/2 (50.00%)	3/1 (33.33%)	3/3 (100.00%)	3/0 (0.00%)	6/3 (50.00%)
69827	Calgary	Canada	55	20	2/1 (50.00%)	4/0 (0.00%)	4/1 (25.00%)	6/2 (33.33%)	7/3 (42.86%)	5/3 (60.00%)	1/0 (0.00%)	4/1 (25.00%)	4/1 (25.00%)	5/3 (60.00%)	5/2 (40.00%)	8/3 (37.50%)
78699	Calgary	Canada	25	14	3/2 (66.67%)	3/1 (33.33%)	2/1 (50.00%)	3/2 (66.67%)	1/0 (0.00%)	1/1 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	2/1 (50.00%)	3/1 (33.33%)	1/1 (100.00%)	4/3 (75.00%)
63110	Edmonton	Canada	39	20	6/3 (50.00%)	3/1 (33.33%)	1/0 (0.00%)	1/1 (100.00%)	4/2 (50.00%)	1/0 (0.00%)	3/2 (66.67%)	4/3 (75.00%)	3/3 (100.00%)	4/2 (50.00%)	2/0 (0.00%)	7/3 (42.86%)
78698	Edmonton	Canada	41	25	2/1 (50.00%)	3/2 (66.67%)	5/4 (80.00%)	3/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	4/2 (50.00%)	6/3 (83.33%)	6/5 (83.33%)	5/3 (60.00%)	3/3 (100.00%)	0/0 (0.00%)
69829	Halifax	Canada	7	3	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
78710	Halifax	Canada	9	4	1/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
69818	Hamilton	Canada	32	14	0/0 (0.00%)	2/2 (100.00%)	3/0 (0.00%)	1/1 (100.00%)	4/3 (75.00%)	2/1 (50.00%)	3/1 (33.33%)	4/1 (25.00%)	2/1 (50.00%)	3/0 (0.00%)	3/1 (33.33%)	5/3 (60.00%)
69826	London	Canada	32	16	2/1 (50.00%)	2/2 (100.00%)	4/2 (50.00%)	0/0 (0.00%)	3/1 (33.33%)	5/3 (60.00%)	3/2 (66.67%)	3/1 (33.33%)	1/0 (0.00%)	4/1 (25.00%)	4/3 (75.00%)	1/0 (0.00%)
50485	Montreal	Canada	80	27	5/1 (20.00%)	4/2 (50.00%)	2/1 (50.00%)	5/2 (40.00%)	1/0 (0.00%)	8/2 (25.00%)	13/6 (46.15%)	4/2 (50.00%)	9/4 (44.44%)	8/1 (12.50%)	10/2 (20.00%)	11/4 (36.36%)
69832	Nanaimo	Canada	1	0	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
57935	Ottawa	Canada	28	12	3/0 (0.00%)	2/1 (50.00%)	2/2 (100.00%)	3/0 (0.00%)	0/0 (0.00%)	3/1 (33.33%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	3/0 (0.00%)	6/5 (83.33%)
78711	Ottawa	Canada	8	7	1/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)
78697	Regina	Canada	21	5	0/0 (0.00%)	1/0 (0.00%)	3/0 (0.00%)	1/0 (0.00%)	2/2 (100.00%)	1/0 (0.00%)	1/0 (0.00%)	3/1 (33.33%)	4/2 (50.00%)	3/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)
69830	Saskatoon	Canada	20	7	0/0 (0.00%)	2/2 (100.00%)	4/1 (25.00%)	2/1 (50.00%)	4/1 (25.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	4/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
78703	St. John's	Canada	1	1	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
69825	Surrey	Canada	61	28	3/1 (33.33%)	5/3 (60.00%)	1/1 (100.00%)	5/2 (40.00%)	9/4 (44.44%)	5/3 (60.00%)	8/5 (62.50%)	7/4 (57.14%)	6/2 (33.33%)	5/1 (20.00%)	3/1 (33.33%)	4/1 (25.00%)
50484	Toronto	Canada	46	21	1/0 (0.00%)	5/2 (40.00%)	5/2 (40.00%)	2/0 (0.00%)	5/4 (80.00%)	3/3 (100.00%)	2/2 (100.00%)	2/1 (50.00%)	3/1 (33.33%)	5/2 (40.00%)	6/2 (33.33%)	7/2 (28.57%)
57936	Toronto	Canada	74	34	1/0 (0.00%)	8/4 (50.00%)	10/5 (50.00%)	5/4 (80.00%)	6/1 (16.67%)	9/5 (55.56%)	4/1 (25.00%)	8/6 (75.00%)	3/1 (33.33%)	8/2 (25.00%)	4/3 (75.00%)	8/2 (25.00%)
78704	Toronto	Canada	58	26	7/2 (28.57%)	4/2 (50.00%)	9/4 (44.44%)	7/4 (57.14%)	4/2 (50.00%)	3/3 (100.00%)	6/4 (66.67%)	4/1 (25.00%)	2/1 (50.00%)	4/2 (50.00%)	3/1 (33.33%)	5/0 (0.00%)
78705	Toronto	Canada	47	17	8/2 (25.00%)	2/0 (0.00%)	3/2 (66.67%)	3/0 (0.00%)	3/1 (33.33%)	4/1 (25.00%)	5/3 (60.00%)	4/1 (25.00%)	5/2 (40.00%)	6/3 (50.00%)	2/1 (50.00%)	2/1 (50.00%)
78700	Vancouver	Canada	33	22	4/3 (75.00%)	1/0 (0.00%)	2/2 (100.00%)	3/2 (66.67%)	2/1 (50.00%)	3/2 (66.67%)	1/1 (100.00%)	1/1 (100.00%)	4/2 (50.00%)	2/1 (50.00%)	4/3 (75.00%)	6/4 (66.67%)
78701	Victoria	Canada	14	8	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	2/1 (50.00%)	3/1 (33.33%)	1/0 (0.00%)	3/2 (66.67%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)
69828	Winnipeg	Canada	42	22	2/1 (50.00%)	3/1 (33.33%)	2/1 (50.00%)	8/8 (100.00%)	6/1 (16.67%)	4/3 (75.00%)	6/3 (50.00%)	2/2 (100.00%)	2/0 (0.00%)	2/1 (50.00%)	4/1 (25.00%)	1/0 (0.00%)
78702	Winnipeg	Canada	30	17	2/1 (50.00%)	2/1 (50.00%)	2/2 (100.00%)	2/1 (50.00%)	4/2 (50.00%)	0/0 (0.00%)	5/3 (60.00%)	0/0 (0.00%)	3/2 (66.67%)	2/0 (0.00%)	1/1 (100.00%)	7/4 (57.14%)
50493	Hong Kong	Hong Kong	329	160	31/14 (45.16%)	27/18 (66.67%)	43/23 (53.49%)	40/21 (52.50%)	26/11 (42.31%)	41/16 (39.02%)	28/13 (46.43%)	30/9 (30.00%)	21/12 (57.14%)	16/10 (62.50%)	16/9 (56.25%)	10/4 (40.00%)
81606	Ahmedabad	India	73	29	1/0 (0.00%)	0/0 (0.00%)	3/0 (0.00%)	1/1 (100.00%)	3/1 (33.33%)	7/5 (71.43%)	6/3 (50.00%)	3/2 (66.67%)	8/3 (37.50%)	17/7 (41.18%)	12/3 (25.00%)	12/4 (33.33%)
81608	Amritsar	India	13	3	1/0 (0.00%)	0/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	4/0 (0.00%)	2/1 (50.00%)
50497	Bangalore	India	151	75	10/8 (80.00%)	12/6 (50.00%)	15/6 (40.00%)	11/4 (36.36%)	6/3 (50.00%)	11/2 (18.18%)	9/6 (66.67%)	8/6 (75.00%)	21/14 (66.67%)	14/7 (50.00%)	16/7 (43.75%)	18/6 (33.33%)
81602	Bangalore	India	140	62	6/2 (33.33%)	12/4 (33.33%)	10/5 (50.00%)	11/2 (18.18%)	7/2 (28.57%)	9/4 (44.44%)	12/8 (66.67%)	16/10 (62.50%)	10/7 (70.00%)	10/4 (40.00%)	19/8 (42.11%)	18/6 (33.33%)
81603	Chandigarh	India	21	8	2/2 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	5/2 (40.00%)	0/0 (0.00%)	5/2 (40.00%)	4/0 (0.00%)	3/0 (0.00%)	0/0 (0.00%)
50498	Chennai	India	94	39	6/4 (66.67%)	5/1 (20.00%)	8/2 (25.00%)	5/2 (40.00%)	7/2 (28.57%)	4/3 (75.00%)	3/0 (0.00%)	3/2 (66.67%)	12/4 (33.33%)	7/3 (42.86%)	13/8 (61.54%)	21/8 (38.10%)

Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2019 – Dec. 31, 2019⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
81607	Gurugram	India	22	13	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	4/3 (75.00%)	3/1 (33.33%)	8/4 (50.00%)
50496	Hyderabad	India	25	9	1/1 (100.00%)	0/0 (0.00%)	4/3 (75.00%)	3/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	2/1 (50.00%)	1/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	2/0 (0.00%)	4/0 (0.00%)
81604	Hyderabad	India	9	6	2/2 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	3/3 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)
81610	Jalandhar	India	11	5	3/2 (66.67%)	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	3/0 (0.00%)
50494	Mumbai	India	1,027	606	66/38 (57.58%)	75/39 (52.00%)	100/68 (68.00%)	75/45 (60.00%)	87/48 (55.17%)	61/37 (60.66%)	87/61 (70.11%)	88/46 (52.27%)	78/51 (65.38%)	76/43 (56.58%)	133/74 (55.64%)	101/56 (55.45%)
50495	New Delhi	India	681	403	42/23 (54.76%)	40/25 (62.50%)	46/25 (54.35%)	52/27 (51.92%)	40/24 (60.00%)	45/29 (64.44%)	49/28 (57.14%)	80/51 (63.75%)	73/50 (68.49%)	64/37 (57.81%)	79/46 (58.23%)	71/38 (53.52%)
76935	Noida	India	23	14	2/2 (100.00%)	1/0 (0.00%)	7/5 (71.43%)	0/0 (0.00%)	1/1 (100.00%)	2/1 (50.00%)	1/0 (0.00%)	1/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	4/3 (75.00%)	2/0 (0.00%)
81605	Pune	India	11	3	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	1/1 (100.00%)	3/1 (33.33%)	1/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
81609	Surat	India	7	1	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
50500	Chiyoda-ku	Japan	161	86	14/9 (64.29%)	12/6 (50.00%)	28/20 (71.43%)	17/11 (64.71%)	13/8 (61.54%)	21/11 (52.38%)	8/3 (37.50%)	14/4 (28.57%)	10/6 (60.00%)	8/2 (25.00%)	6/3 (50.00%)	10/3 (30.00%)
57585	Osaka-shi	Japan	598	313	45/19 (42.22%)	48/24 (50.00%)	73/46 (63.01%)	53/26 (49.06%)	61/39 (63.93%)	60/32 (53.33%)	47/24 (51.06%)	44/24 (54.55%)	44/21 (47.73%)	49/24 (48.98%)	41/18 (43.90%)	33/16 (48.48%)
84078	Shinjuku	Japan	7	4	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	5/3 (60.00%)	2/1 (50.00%)
50503	Mexico City	Mexico	24	14	4/3 (75.00%)	1/0 (0.00%)	1/0 (0.00%)	3/2 (66.67%)	2/1 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	4/3 (75.00%)	3/2 (66.67%)	5/2 (40.00%)	0/0 (0.00%)	0/0 (0.00%)
54555	Manila	Philippines	11,560	5,636	809/417 (51.55%)	672/344 (51.19%)	1003/517 (51.55%)	787/383 (48.67%)	994/504 (50.70%)	1000/496 (49.60%)	921/472 (51.25%)	981/491 (50.05%)	1021/564 (55.24%)	1162/525 (45.18%)	1099/458 (41.67%)	1111/465 (41.85%)
47108	Guaynabo	Puerto Rico	227	52	19/5 (26.32%)	27/6 (22.22%)	15/3 (20.00%)	8/3 (37.50%)	23/5 (21.74%)	14/2 (14.29%)	17/4 (23.53%)	20/5 (25.00%)	15/3 (20.00%)	18/5 (27.78%)	28/4 (14.29%)	23/7 (30.43%)
50506	Taipei City	Taiwan, China	321	141	29/14 (48.28%)	24/13 (54.17%)	21/12 (57.14%)	27/8 (29.63%)	20/5 (25.00%)	26/13 (50.00%)	14/7 (50.00%)	20/9 (45.00%)	30/12 (40.00%)	38/16 (42.11%)	41/20 (48.78%)	31/12 (38.71%)
50140	London	United Kingdom	505	282	41/27 (65.85%)	30/14 (46.67%)	39/24 (61.54%)	34/20 (58.82%)	50/34 (68.00%)	35/19 (54.29%)	50/30 (60.00%)	42/16 (38.10%)	32/20 (62.50%)	53/27 (50.94%)	49/26 (53.06%)	50/25 (50.00%)
81599	Adelaide	Australia	5	4	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
Total			17,011	8,407	1,202/617 (51.33%)	1,066/541 (50.75%)	1,497/800 (53.44%)	1,203/593 (49.29%)	1,428/728 (50.98%)	1,421/712 (50.11%)	1,356/714 (52.65%)	1,439/718 (49.90%)	1,468/816 (55.59%)	1,646/747 (45.38%)	1,651/722 (43.73%)	1,634/699 (42.78%)

⁹ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Special Notice regarding the COVID-19 Impact

As with nearly all other aspects of daily life, the COVID-19 pandemic has prompted changes to how NCSBN is continuing work on the NNAAP and MACE exams. While nearly all of the work required to support the smooth and continuous support of exam development, publication, and analysis has been possible to accomplish by staff working remotely, one component that was placed on hold as of March 13, 2020, was the hosting of onsite panels and workshops, most notably the 2020 NNAAP Written Exam Standard Setting. Due to prior contingency planning and the size of the existing item banks, we have nonetheless been able to support the ongoing preparation and publication of exams without disruption. However, you will read in the sections that follow about several adjustments that have been made to ensure the safety of our staff and volunteers.

Background

In August 2008, NCSBN acquired exclusive ownership of the intellectual property for the NNAAP and MACE programs. NNAAP is a two-part examination consisting of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or an oral examination.

NNAAP has been administered to more than 2.5 million candidates and is the leading nurse aide assessment instrument in the U.S. MACE is a national examination that NCSBN developed for U.S. state nursing regulatory bodies (NRBs) and other medication aide oversight agencies, which became effective Jan. 1, 2010. MACE helps to evaluate the competence of unlicensed individuals allowed to administer medications to clients in long-term care settings.

Pearson VUE is the exclusive test administrator for NNAAP and MACE and continues to be responsible for all delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and registered nurse evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification,

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Meeting Dates

Oct. 9–10, 2019

NNAAP® Job Analysis Panel

Feb. 24–25, 2020

CNA Job Analysis Task Force Panel #1

Feb. 26–27, 2020

CNA Job Analysis Task Force Panel #2

Feb. 28, 2020

CNA Job Analysis Task Force Panel #3

recertification and reciprocity management, as well as public access registry verifications through the Internet.

NNAAP is consistent with the training requirements for nurse aides/nursing assistants (NAs) delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987, 1989. This act states that anyone working as an NA must complete a competency evaluation program. The competency evaluation program must be state-approved, consist of a minimum of 75 hours of training and include 16 hours of supervised clinical training.

The nursing Model Act and Model Rules, developed by NCSBN and its members, along with the Medication Assistant-Certified (MA-C) Model Curriculum, are two resources used to develop content for MACE. Subject matter experts (SMEs) are selected to participate in item writing and review workshops, using criteria delineated in the above stated resources. MACE is designed to assess entry-level competence of unlicensed direct care providers who have been approved by their state/jurisdiction to administer medications in long-term care settings (“medication aides”).

NCSBN continues to serve as the premier organization that advances regulatory excellence for public protection. States participating in these examination programs, through NCSBN, will continue to provide support to licensed health care professionals who need more qualified staff at the bedside to assist in the delivery of safe, competent care.

Fiscal Year 2020 (FY20) Highlights and Accomplishments

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for FY20:

- Facilitated NNAAP Job Analysis panel in October 2019;
- Published the NNAAP Job Analysis Study report on the NCSBN website;
- In January 2020, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in these test forms. Successful pretest items will be added to the operational pool;
- Facilitated the CNA Job Analysis Task Force panels in February 2020; and
- Prepared for but were unable to facilitate the NNAAP Written Exam Standard Setting in April 2020 due to COVID-19 restrictions.

Program Highlights and Test Development Activities

NNAAP® Job Analysis Study

NCSBN is responsible for assuring that the NNAAP examination is reflective of the activities nurse aides/nursing assistants currently perform at the entry-level. The NNAAP Job Analysis Study was conducted in October 2019. NCSBN collected and reviewed background information on the nurse aide/nursing assistant position. An in-person SME panel will be convened Oct. 9–10, 2020 to develop a list of activities performed by entry-level nurse aides on the job.

CNA Job Analysis Task Force

The week of Feb. 24–28, 2020, three separate panels of CNAs convened in person to develop a list of activities performed by entry-level nurse aides on the job and the KSAs required to perform those activities. In addition, the third panel of CNAs reviewed and considered changes to the NNAAP Content Outline. Based on the review of the

Meeting Dates, continued

POSTPONED

NNAAP® Written Exam Standard-setting Panel originally scheduled for **April 9–10, 2020**

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

prior two panels, the CNAs recommended minor changes to the NNAAP Content Outline. The revised NNAAP Content Outline will be published on the NCSBN website in 2020 and will go into effect January 2021. The NNAAP Job Analysis Study will be published on the NCSBN website in 2020.

NNAAP® Item Linkage

All items in the item bank were reviewed internally to ensure each item linked to a specific activity from the list of NA Activity Statements that resulted from the NNAAP Job Analysis and CNA Task Force panels. This exercise confirms the content validity of each item because it associates each item with an activity performed by entry-level NAs on the job. The linkage also confirms that items are coded consistently and appropriately in accordance with the NNAAP Content Outline.

NNAAP® Written Exam Standard Setting

On April 9–10, 2020, the Examinations department had planned to host a standard-setting meeting to determine the passing standard of the NNAAP written examination. A panel of SMEs representing all four NCSBN geographic regions would have been asked to provide ratings to exam items based on the probability of a minimally qualified candidate answering the item correctly. The ratings would have informed the recommended cut score for the exam. The method used in this standard setting would have been the criterion-referenced modified Angoff method. However, due to COVID-19 restrictions, the standard setting was postponed. At the time this report was prepared a new date was not yet determined.

Future Activities

- Publish the NNAAP Job Analysis Study report on the NCSBN website.
- Publish the CNA Job Analysis Task Force report on the NCSBN website.
- Publish the NNAAP Content Outline on the NCSBN website.
- Reschedule the NNAAP Written Exam Standard Setting originally scheduled for April 2020.
- Share information with the public about NNAAP and MACE.
- Develop new test items and test forms and maintain item pools for NNAAP and MACE.
- Perform appropriate item response and statistical analyses of items for NNAAP and MACE.
- Build test forms for written and oral examinations for NNAAP.
- Continue to increase the bank of items for NNAAP and MACE.
- Enhance the quality of NNAAP and MACE.

Summary of NNAAP Examination Results for Calendar Year 2019 – Pass Rates by State

Across all jurisdictions, the pass rates for NNAAP were 88% for the written or oral examinations and 76% for the skills evaluation. The table below provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass rates for forms administered in 2019. The number in parentheses represents the number of candidates taking the examination. The overall pass rate provides information on the completion of all requirements for NA certification. A candidate must pass both the written or oral examination and skills evaluation to obtain an overall pass.

Table 1: Pass Rates by Jurisdiction in 2019

* Number of candidates is in parentheses.

Table 1: Pass Rates by Jurisdiction in 2019							
Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	1st Time Takers	Repeaters	Total	1st Time Takers	Repeaters	Total	
Alaska	96% (580)	52% (42)	93% (622)	88% (580)	87% (77)	88% (657)	91% (620)
Alabama	85% (776)	55% (85)	82% (861)	82% (777)	82% (90)	82% (867)	80% (829)
California	89% (15,626)	72% (3,836)	86% (19,462)	92% (15,713)	86% (3,440)	91% (19,153)	88% (18,519)
Colorado	95% (5,383)	73% (584)	93% (5,967)	82% (5,439)	76% (1,243)	81% (6,682)	88% (5,948)
District of Columbia	85% (231)	74% (66)	83% (297)	79% (229)	66% (70)	76% (299)	72% (295)
Georgia	91% (7,529)	72% (1,005)	89% (8,534)	79% (7,722)	72% (1,567)	78% (9,289)	84% (8,356)
Guam	91% (87)	60% (5)	89% (92)	86% (86)	86% (7)	86% (93)	87% (89)
Maryland	91% (2,635)	72% (275)	90% (2,910)	86% (2,645)	78% (357)	85% (3,002)	86% (2,847)
Minnesota	94% (5,164)	81% (1,049)	92% (6,213)	74% (5,164)	73% (2,095)	74% (7,259)	87% (6,079)
Mississippi	84% (1,884)	79% (520)	83% (2,404)	65% (2,181)	64% (848)	65% (3,029)	69% (2,656)
New Hampshire	94% (16)	100% (1)	94% (17)	100% (16)		100% (16)	100% (16)
North Carolina	96% (13,104)	89% (1,957)	95% (15,061)	76% (13,356)	73% (4,253)	75% (17,609)	85% (15,289)
Northern Mariana Islands	56% (9)		56% (9)	56% (9)	0% (1)	50% (10)	33% (9)
Pennsylvania	94% (5,976)	71% (822)	91% (6,798)	76% (6,075)	74% (1,700)	75% (7,775)	86% (6,687)
Rhode Island	80% (1,499)	62% (478)	76% (1,977)	54% (1,525)	59% (730)	56% (2,255)	69% (1,699)
South Carolina	93% (3,538)	81% (438)	92% (3,976)	78% (3,592)	70% (901)	76% (4,493)	84% (3,954)
Texas	86% (15,928)	65% (3,595)	82% (19,523)	73% (16,453)	68% (4,680)	72% (21,133)	77% (18,672)
Virgin Islands	60% (5)		60% (5)	40% (5)		40% (5)	40% (5)

Table 1: Pass Rates by Jurisdiction in 2019

Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	1st Time Takers	Repeaters	Total	1st Time Takers	Repeaters	Total	
Virginia	92% (5,368)	58% (863)	87% (6,231)	69% (5,428)	60% (1,967)	67% (7,395)	78% (6,214)
Washington	93% (7,747)	63% (1,037)	89% (8,784)	72% (7,857)	64% (2,618)	70% (10,475)	82% (8,843)
Total	91% (93,085)	72% (16,658)	88% (109,743)	78% (94,852)	71% (26,644)	76% (121,496)	83% (107,626)

Section III:
NCSBN Resources

Orientation Manual for Delegate Assembly (DA) 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 DA participants as well as the Board of Directors (BOD) 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 (BONs) 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 BONs, 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 freestanding 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 DA 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 (NCSBN).

Organizational Mission, Strategic Initiatives and Outcomes

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

NCSBN currently has four strategic initiatives for Fiscal Year 2020–2022 (FY20–22):

- A. Promote agile regulatory systems for relevance and responsiveness to change.
- B. Champion regulatory solutions to address borderless health care delivery.
- C. Expand the active engagement and leadership potential of all members.
- D. Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which performance measures 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 BOD evaluates the accomplishment of strategic initiatives and objectives, and the directives of the DA.

Organizational Structure and Function

MEMBERSHIP

There are currently three categories of NCSBN Membership: U.S. member, exam user member (EUM) and associate member. NCSBN U.S. Member status is extended to those nursing regulatory bodies (NRBs*) 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 59 U.S. members, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. NRBs may become an NCSBN member upon approval of the DA and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination. Revisions to the bylaws by the membership in 2007 also allow for advanced practice nurse boards to become NCSBN Members.

U.S. members maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. U.S. members also receive information services, public policy analyses and research services. U.S. members that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

Revisions to the NCSBN Bylaws in 2017 created a new category of NCSBN Membership, the exam user members (EUM). EUMs are authorized nursing regulatory bodies from other countries that have an organizational mandate exclusively related to the regulation of the profession and protection of the public. Additionally, EUMs must execute a contract for using the prelicensure exam developed by NCSBN, must pay an annual membership fee and be approved for membership by the DA. EUMs maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations, as well as voting privileges at the annual DA. EUMs also receive information services, public policy analyses and research services. EUMs that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

*Nursing Regulatory Bodies is a new umbrella term for boards of nursing and regulatory bodies in the U.S. and internationally.

NCSBN has three exam user members:

- British Columbia College of Nursing Professionals
- College of Nurses of Ontario
- College of Registered Nurses of Manitoba

Associate members are authorized nursing regulatory bodies from other countries that must pay an annual membership fee and be approved for membership by the DA.

NCSBN has 27 associate members:

- Association of New Brunswick Licensed Practical Nurses
- Association of Registered Nurses of Newfoundland and Labrador
- Bermuda Nursing and Midwifery Council
- College and Association of Registered Nurses of Alberta
- College of Licensed Practical Nurses of Alberta
- College of Licensed Practical Nurses of Manitoba
- College of Licensed Practical Nurses of Newfoundland and Labrador
- College of Licensed Practical Nurses of Prince Edward Island
- College of Registered Nurses of Prince Edward Island
- College of Registered Psychiatric Nurses of Alberta
- College of Registered Psychiatric Nurses of Manitoba
- Kazakhstan – National Center for Independent Examination (NCIE), Republican Center for Health Development
- Nova Scotia College of Nursing
- Nurses Association of New Brunswick
- Nursing and Midwifery Board of Australia
- Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Council of New South Wales
- Nursing Council of New Zealand
- Ordre des infirmières et infirmiers du Québec
- Puerto Rico Board of Nursing
- Registered Nurses Association of the Northwest Territories and Nunavut
- Registered Psychiatric Nurses Association of Saskatchewan
- Saskatchewan Association of Licensed Practical Nurses
- Saskatchewan Registered Nurses' Association
- Singapore Nursing Board
- Spanish General Council of Nursing
- Yukon Registered Nurses Association

AREAS

NCSBN's U.S. Members are divided into four geographic areas. The purpose of this division is to enable members of each area to share common concerns regarding regulatory issues. U.S. member delegates elect area directors from their respective Areas through a majority vote of the DA.

DELEGATE ASSEMBLY

The DA is the membership body of NCSBN and is comprised of delegates who are designated by the U.S. members and EUMs. Each U.S. member has two votes and may name two delegates and alternates. Each EUM has one vote and may name one delegate and alternate. The DA meets at NCSBN's Annual Meeting, traditionally held in August. Special sessions can be called under certain circumstances.

At the Annual Meeting, delegates elect officers and directors of the BOD, as well as members of the Leadership Succession Committee (LSC) by majority and plurality vote respectively. They also receive and respond to reports from officers and committees. 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 DA adopts the mission statement, strategic initiatives of NCSBN, approves all new NCSBN memberships, the substance of all Terms and Conditions of NCSBN Membership between NCSBN and the membership, adopts test plans to be used for the development of the NCLEX®, and establishes the fee for the NCLEX.

OFFICERS AND DIRECTORS

NCSBN officers include the president, president-elect and treasurer. Directors consist of four area directors and four directors-at-large. Members or staff of U.S. members may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest. Members or staff of EUMs are only eligible for the office of director-at-large, 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. The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election due to a vacancy. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs.

The president, president-elect and treasurer are elected for terms of two years or until their successors are elected. The president-elect and the directors-at-large are elected in even-numbered years. The treasurer and area directors are elected in odd-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Four directors-at-large will be elected for terms of two years or until their successors are elected.

Officers and directors are elected by ballot during the annual session of the DA. U.S. member 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 president-elect fills a vacancy in the office of president. BOD appointees fill other officer vacancies until the next Annual Meeting and a successor is elected.

BOD

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the DA. The BOD authorizes the signing of contracts, including those between NCSBN and its U.S. members and EUMs. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant U.S. members, EUMs and associate members and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX test service, 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 BOD

All BOD meetings are typically held in Chicago, with the exception of the post-Annual Meeting BOD meeting that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed and/or digitally distributed to BOD 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 website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion forms are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

COMMUNICATIONS WITH THE BOD

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly or as needed with the president regarding major activities and confers as needed with the treasurer about financial matters.

LSC

The LSC consists of seven members. Any board member or employee of a U.S. member or EUM is eligible to serve as a member of the LSC. Four individuals from U.S. members are elected, one from each area, and are elected for two-year terms. Even-numbered area members are elected in even-numbered years and odd-numbered area members are elected in odd-numbered years. Members are elected by ballot with a plurality vote. The BOD appoints three at-large members, one of whom shall have served on the BOD. The terms of the appointed members shall be staggered so that at least one is appointed each year. At large members can be appointed from U.S. members or EUMs. A committee member shall serve no more than two consecutive terms in the same position on the committee, excluding time served by appointment and/or election due to a vacancy. A member elected or appointed to the LSC may not be nominated or apply for an officer or director position during the term for which that member was elected or appointed.

The LSC's function is to present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC. The LSC's report shall be read at the first session of the DA, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

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 BOD. At the present time, NCSBN has two standing committees: NCLEX® Examinations and Finance. Subcommittees, such as the NCLEX® Item Review Subcommittee, may assist standing committees.

In addition to standing committees, special committees are appointed by the BOD for a defined term to address special issues and concerns. 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 BOD. While committee membership is extended to all current members and staff of U.S. members, associate members, and

EUMs, associate members may not serve on the Bylaws, Finance or NCLEX® Examination Committees. The BOD may appoint persons external to the membership to special committees but at no time shall the number of external participants exceed the number of participants from the membership.

In the appointment process, every effort is made to match the expertise of each individual with the charge of the committee. 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 to provide specialized expertise. A BOD liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of BOD liaison, committee chair 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 BOD 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

NCLEX® EXAMINATIONS COMMITTEE (NEC)

The NEC is comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN NRB. Additionally, two Canadian regulators serve as ex-officio members to the NEC. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the NEC 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 DA and suggests enhancements, based on research that is important to the development of licensure examinations.

The NEC advises the BOD on matters related to the NCLEX process, including psychometrics, item development, test security, administration and quality assurance. Other duties may include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of information about the examinations for U.S. members, EUMs and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and candidate statistics as well as develops NCLEX prototypes that use technology enhanced item types focused on measuring clinical decision making/judgment.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to U.S. members and EUMs. 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. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examinations.

NCSBN's practice analysis uses several methods to describe the practice of newly licensed nurses: (1) document reviews; (2) daily logs of newly licensed nurses; (3) subject matter experts' knowledge; and (4) a large scale survey. A number of steps are necessary to perform an analysis of newly licensed nurse practice. A panel of subject matter experts is assembled, a list of nurse activities is created and incorporated into a survey that is sent to a randomly drawn sample of newly licensed nurses, and data is collected and analyzed. The outcome of the practice analysis

is a description of those tasks that are most important for safe and effective practice. The practice analysis conducted by NCSBN is used to validate that the activities listed in the survey are representative of the work newly licensed nurses perform in their practice settings.

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 of content areas for each administration of the exam, and specifies the percentages of questions that will be allotted to each content area. The instructions for item writers may take the form of activity statements or a detailed subset of knowledge, skills and abilities (KSA) 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 practice 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 receive a passing score and which receive a failing score. 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 estimated success rates on individual exam items. 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 BOD 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 is comprised of at least four members and the treasurer, who serves as the chair. The committee reviews the annual budget, monitors NCSBN investments, and facilitates the annual independent audit. The committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to member needs. It also reviews financial status on a quarterly basis.

NCSBN Staff

NCSBN staff members are hired by the chief executive officer. Their primary role is to implement the DA's and BOD's policy directives and provide assistance to committees.

General Delegate Assembly Information

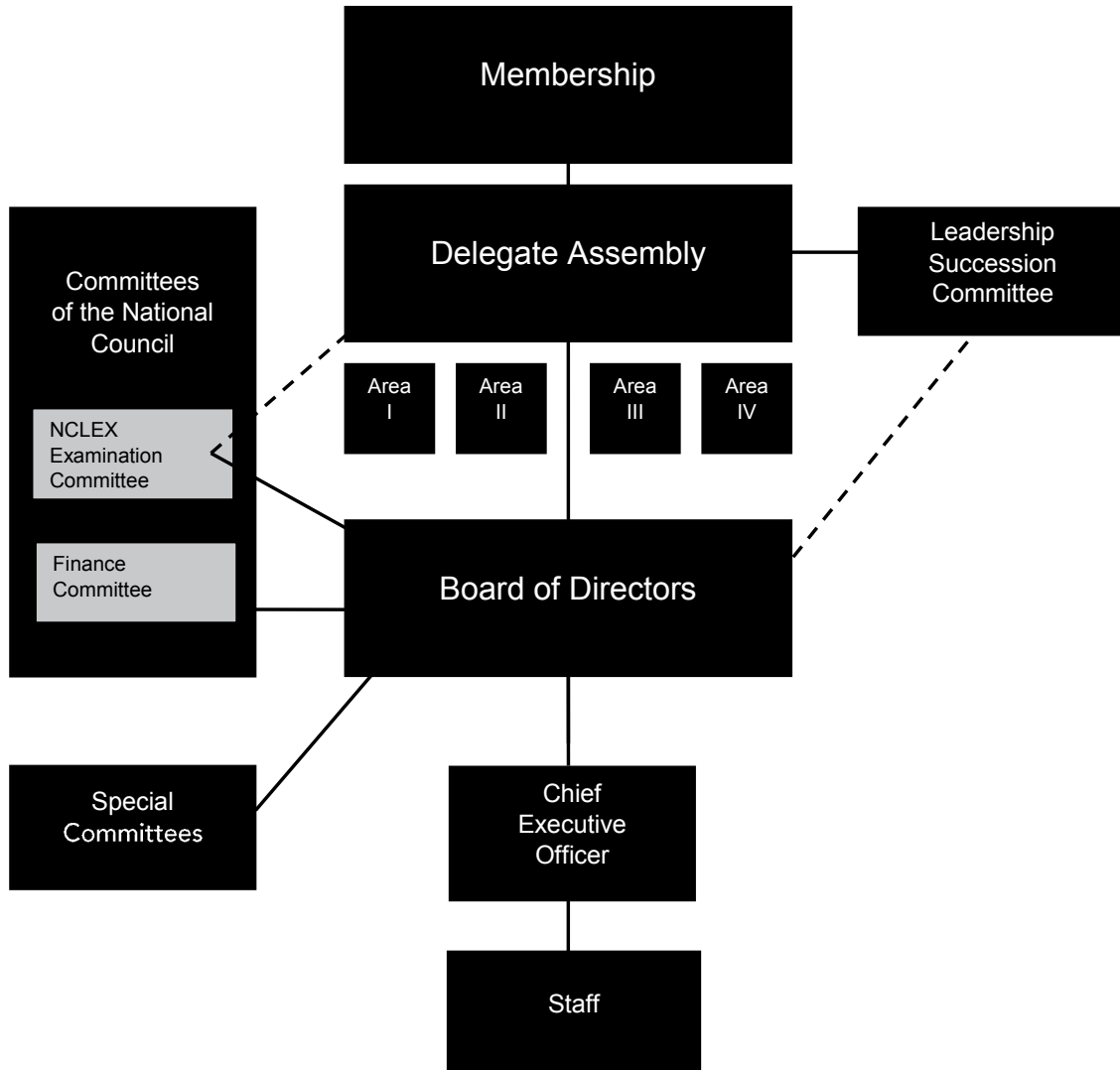
The business agenda of the DA is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, U.S. members and EUMs are sent the recommendations to be considered by the DA. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring DA action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

Prior to the annual session of the DA, the president appoints the Credentials, Resolutions, and Elections Committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and ushers.

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 DA and immediately preceding the election of officers and the LSC. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee receives, edits, and evaluates all resolutions 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 DA.

The parliamentarian keeps minutes of the DA. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the chief executive officer who serves as corporate secretary.

NCSBN Organizational Chart



The dotted line of authority from the NCLEX® Examination Committee (NEC) to the Delegate Assembly represents the charge of the NEC to recommend test plans to the Delegate Assembly.

The dotted line of authority from the Board of Directors (BOD) to the Leadership Succession Committee (LSC) represents the BOD's authority to make appointments to the LSC per the NCSBN Bylaws.

NCSBN Bylaws



NCSBN Bylaws

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
Amended - 08/07/03
Revisions adopted - 08/08/07
Amended - 8/13/10
Amended - 08/16/13
Amended - 08/15/14
Amended - 5/11/16
Revisions adopted - 08/19/16
Amended - 8/18/17

Article I

■ Name

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

Article II

■ Purpose and Functions

Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which jurisdictional 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 that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN'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 NCSBN 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. Definitions.

- a) Jurisdictional Board of Nursing. A jurisdictional board of nursing is the agency empowered to license and regulate nursing practice in any country, state, province, territory or political subdivision of the country.
- b) Member Board. A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Exam User Member. An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

- d) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction, which is approved by the Delegate Assembly.

Proviso: *The amended member definitions in Article III, Section 1 shall become effective on the day and upon the adjournment of the 2017 Annual Meeting at which these amendments to the Bylaws were adopted by the Delegate Assembly. The Board of Directors may receive applications for the new and redefined categories of membership or application for movement from one category to another as soon as the new Bylaws become effective.*

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board or Exam User Member, a jurisdictional board of nursing that regulates registered nurses and/or practical/vocational nurses must use applicable NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s). Member Boards must additionally agree to comply with:

- a) all applicable terms and conditions for the use of Nursys®; and
- b) participation in Nursys® which includes discipline and licensure.

Proviso: *Regarding amendments to member qualifications in Article III, Section 2 adopted by the Delegate Assembly at the 2017 Annual Meeting: all current Member Boards shall continue as a Member Board for five (5) years from the adoption of this amendment by which time all Member Boards must fully meet these requirements to remain a Member Board, otherwise they will be re-categorized as an Exam User Member.*

Section 3. Admission. A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board, Exam User Member, or Associate Member upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered 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 engagement on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board, Exam User Member, and Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board and Exam User Member 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 or Exam User Member 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 whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, 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 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 and no more than one (1) delegate designated by each Exam User Member as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board or Exam User Member may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards and Exam User Members shall be eligible to serve as delegates until their term or their employment with a Member Board or Exam User Member ends. A NCSBN officer or director may not represent a Member Board or Exam User Member 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. Each Exam User Member shall be entitled to one vote to be cast by the designated delegate. There shall be no proxy or absentee voting at the Annual Meeting.
- b) *Special Meetings.* A Member Board and Exam User Member 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 and Exam User Members a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board and Exam User Member may authorize the corporate secretary of the NCSBN or a delegate of another Member Board or Exam User Member to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN 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 NCSBN memberships; approve the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards and Exam User Members; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The NCSBN 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 all members 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 NCSBN.

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 and Exam User Member 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 Exam User Members 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 NCSBN shall be a president, a president-elect and a treasurer.

Section 2. *Directors.* The directors of the NCSBN shall consist of four directors-at-large and a director from each Area.

Section 3. *Eligibility.*

- a) Board Members or employees of Member Boards shall be eligible to be elected or appointed as NCSBN officers and directors and they may continue to serve in such capacity 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.
- b) Board Members or employees of Exam User Members shall be eligible to be elected or appointed as a director-at-large, and they may continue to serve in such capacity until their term or their employment with an Exam User Member ends. Members of an Exam User Member who become permanent employees of an Exam User Member will continue their eligibility to serve.
- c) An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

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

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.* Officers and directors 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, on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.
- e) *Voting.*
 - (i.) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
 - (ii.) Cumulative voting for individual candidates is not permitted.
 - (iii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.

- f) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

Section 6. *Terms of Office.*

- a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected or upon appointment in accordance with Section 8 of this Article.
- d) The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

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, territorial, provincial, 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 NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer 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) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- b) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- c) In the event of a simultaneous vacancy in both the offices of the president and the president-elect, which occurs prior to or on February 1st in any given year, the Board of Directors shall take the following action:
 - i. The Board of Directors shall notify all Member Boards and Exam User Members of the simultaneous vacancies within five (5) business days of the occurrence.
 - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
 - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
 - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
 - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.

- vi. The office of president-elect shall remain vacant until the next Annual Meeting.
- vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1st in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
- e) The Board of Directors shall fill vacancies in the office of the treasurer and directors 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.
- f) Serving as an officer or director under the provisions set forth in Section 8 of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as an officer or director under the provisions of Section 8 of this Article shall be excluded from the determination of the term served in office under Section 6 of this Article.

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 NCSBN.

Section 10. Responsibilities of the President-elect. The president-elect shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president.

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 NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN 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 and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold an annual meeting and may schedule other regular meetings 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. *Quorum and Voting.* The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

Section 5. *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 or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 6. *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

■ Leadership Succession Committee

Section 1. *Leadership Succession Committee*

- a) *Composition.* The Leadership Succession Committee shall be comprised of seven committee members. One member shall be elected from each of the areas by the Delegate Assembly and the remaining members shall be appointed by the Board of Directors, one of whom shall have served on the Board of Directors.
- b) *Term.* The term of office shall be two years. Odd numbered area members shall be elected in each odd numbered year and even numbered area members shall be elected in each even numbered year. The terms of the appointed members shall be staggered so that at least one is appointed each year. A committee member shall serve no more than two consecutive terms in the same position on the committee excluding time served by appointment and/or election pursuant to Section 1e of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected or appointed.
- c) *Selection.* The area members shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee 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 area representatives on the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a of this Article. A vacancy occurring in the board-appointed members shall be filled by the Board of Directors. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. 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. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
- g) *Eligibility.* Any board member or employee of a Member Board or Exam User Member is eligible to serve as a member of the Leadership Succession Committee.

Proviso: Leadership Succession Committee (LSC) Members shall be elected and appointed in the years 2018-2020 in accordance with the following schedule:

Positions	2017 Election	2018 Election	2019 Election	2020 Election
Area 1 Member	-	X (one-year term)	X (two-year term)	-
Area 2 Member	-	X (two-year term)	-	X (two-year term)
Area 3 Member	-	X (one-year term)	X (two-year term)	-
Area 4 Member	-	X (two-year term)	-	X (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (one-year term)	Appointed by BOD (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-

LSC member Election and Appointment Schedule:

X – Indicates the year in which a position will be elected.

Appointed by BOD – Indicates the year in which a position will be appointed

Article VIII

■ Meetings

Section 1. Participation.

- a) *Delegate Assembly Session.*
 - (i) *NCSBN Members.* All categories of NCSBN members 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.* NCSBN, 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 all categories of NCSBN members.
- 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 NCSBN 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

■ Chief Executive Officer

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

Section 2. *Authority.* The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN 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 Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

Article X

■ Committees

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

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine committee 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 NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' and Exam User Members' need for examinations. The Examination Committee shall 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 committee members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN 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 from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include 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 designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. All categories of NCSBN members shall have full voting rights as committee members.
- 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.

Article XI

■ Finance

Section 1. *Audit.* The financial records of the NCSBN 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 NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

Article XIV

■ Amendment of Bylaws

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards and Exam User Members 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.

Section 2. *Bylaws Committee.* A Bylaws committee may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

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 NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

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

Secondly, any assets held by the NCSBN 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 the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A

majority 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 NCSBN 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.



Save the Date
2021 NCSBN Annual Meeting
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For more information about upcoming events, visit ncsbn.org/events



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