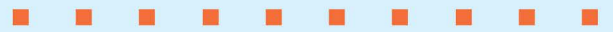




# LEADING PUBLIC PROTECTION



Strategic Action toward  
Quantum Change

## 2022 NCSBN ANNUAL MEETING

Aug. 17-19, 2022 | Business Book



**NCSBN**  
Leading Regulatory Excellence

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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 2022 Delegate Assembly

## Wednesday, Aug. 17, 2022

9:30–10:30 am

### Opening Ceremonies

- Introductions
- Announcements

### Opening Report

- Credentials Report

### Adoption of Standing Rules

### Adoption of Agenda

### Report of the Leadership Succession Committee

- Presentation of the 2022 Slate of Candidates
- Nominations from Floor

11:00–11:20 am

### President's Address

11:20–11:45 am

### CEO's Address

2:30–3:45 pm

### Candidate Forum

3:45–5:00 pm

### Committee Forums

## Thursday, Aug. 18, 2022

8:30–9:00 am

### Elections

9:30–9:45 pm

### Election Results

## Friday, Aug. 19, 2022

10:30–11:00 am

### Delegate Assembly

### Business

### Board of Directors' Recommendations

- Approve the proposed Strategic Initiatives for the years 2023-2025 and amendments to the narrative statements associated with NCSBN values.
- Approve the College of Registered Nurses of Saskatchewan (CRNS) as an Exam User Member of NCSBN.
- Approve the College of Registered Nurses of Alberta (CRNA) as an Exam User Member of NCSBN.

### NCLEX® Examination Committee Recommendations

- Approve the 2023 NCLEX-RN Test Plan.
- Approve the 2023 NCLEX-PN Test Plan

### 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

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## 1. Hybrid Meeting

The 2022 NCSBN Annual Meeting will be conducted in a hybrid format using a virtual meeting platform as well as onsite participation. The meeting will begin promptly at the hour announced and order must be maintained at all times. This hybrid meeting shall be considered the same as a fully in-person meeting of the Delegate Assembly. Everyone joining the meeting virtually must immediately mute their microphone and close their 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. Virtual Delegates will be provided an invitation to the meeting platform(s) and electronic voting platform.
- B. Per the NCSBN bylaws, delegates authorized to cast one vote will be allowed one vote only; delegates authorized to cast two votes will be allowed two votes only.
- C. A registered alternate may substitute for a delegate using the procedures below.
  - a. Onsite delegates must turn in their delegate badge to the Credentials Committee. Virtual delegates must email [meetingsregistration@ncsbn.org](mailto:meetingsregistration@ncsbn.org) indicating there will be a substitution. This must occur by 8:00 am Central on each day of the meeting.
  - b. Once a substitution is initiated, alternates will be provided with electronic voting platform login credentials, a delegate badge (if onsite) or an invitation to the meeting platform(s) (if virtual).
- D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

## 3. Meeting Conduct

- A. Meeting Conduct
  - a. All attendees shall be ready to conduct business at least five minutes before the scheduled meeting time.
  - b. All attendees have a right to be treated respectfully. There shall be no videotaping, audio recording, photographing, screenshots or captures of the sessions or the resulting digital feed without the written permission of NCSBN.
  - c. Onsite-specific Conduct
    - i. Delegates must wear badges and sit in the section reserved for them.
    - ii. All mobile devices shall be turned to a silent mode. An attendee must leave the meeting room to answer a call.
    - iii. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.

- d. Virtual-specific Conduct
  - i. Delegates must sign in using the provided link(s) and/or password(s).
  - ii. To facilitate a timely reporting of the presence or absence of a quorum, Delegates should sign into the digital meeting platform by:
    - 1. 8:00 am Central on Wednesday, Aug. 17, 2022
    - 2. 8:30 am Central on Thursday, Aug. 18, 2022
    - 3. 9:00 am Central on Friday, Aug. 19, 2022
  - iii. The voting strength of the Delegate Assembly will be determined by the number of Delegates registered by:
    - 1. 8:00 am Central on Wednesday, Aug. 17, 2022
    - 2. 8:30 am Central on Thursday, Aug. 18, 2022
    - 3. 9:00 am Central on Friday, Aug. 19, 2022
  - iv. 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. Agenda

- A. Business Agenda
  - a. 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
  - a. The Consent Agenda contains agenda items that do not recommend actions.
  - b. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
  - c. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
  - d. 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 submitted via a fillable form that can be accessed at <https://www.ncsbn.org/motions.htm> as well as on the meeting app and virtual platform. All motions, resolutions and amendments will be forwarded to the Delegate Assembly Chair and the Parliamentarian. All resolutions and non-procedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.
- C. The Resolutions Committee shall review motions and resolutions submitted before Thursday, Aug. 18, 2022 at 3:30 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.



- D. The Resolutions Committee will evaluate motions and resolutions 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.
- E. At the Resolutions Committee meeting, those proposing resolutions or motions will be asked to attend this meeting along with the Committee and key NCSBN Staff either onsite or virtually. 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](mailto:newbusiness@ncsbn.org) by Thursday, Aug. 18, 2022 at 3:30 pm.
- G. If a member of the Delegate Assembly wishes to introduce a non-procedural main motion or resolution after the deadline of Thursday, Aug. 18, 2022 at 3:30 pm, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the chair of the Resolutions Committee.
  - a. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with the established review criteria.
  - b. The member submitting such a motion or resolution shall provide text for display to all delegates in attendance.
  - c. A majority vote of the delegates shall be required to grant the request to introduce this item of business.
  - d. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

## 6. Debate at Business Meetings

- A. Order of Debate: Delegates (onsite and virtual) shall have the first right to speak. Non-delegate members and employees of U.S. members and exam user members, including members of the Board of Directors, followed by associate members, may speak only after all delegates have spoken.
- B. Onsite:
  - a. Any onsite person who wishes to speak shall go to a microphone. When recognized by the chair, the speaker shall state their name and nursing regulatory body or organization.
  - b. Onsite, a red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.
- C. Virtual:
  - a. Any virtual person who wishes to speak shall use the "raise your hand" icon in the digital meeting platform to indicate they wish to speak. An onsite NCSBN staff member will first indicate to the President that there is a virtual attendee who wishes to speak. The President will call on individuals to speak or type in question/comment in the order of "hands raised". When recognized by the Chair, speakers shall, open their microphone before stating their name and nursing regulatory body or organization or alternatively, the onsite NCSBN staff member will read the typed in statement out loud.

- b. Virtually, between speakers the delegate shall “raise their hand,” to interrupt business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. An onsite NCSBN staff member will first indicate to the President and Parliamentarian that a delegate has an interrupting motion. Any of these motions takes priority over regular debate.
- D. 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.
- E. A timekeeper will signal 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. Definitions:
  - a. **Cumulative Voting:** A system of voting whereby multiple votes allotted to a delegate are all cast for a single candidate.
  - b. **Majority Vote:** A majority vote means more than half of the total votes cast by registered delegates.
  - c. **Plurality Vote:** A plurality vote is the largest number of votes to be given to any candidate. A Slate of Candidates that were vetted by the Leadership Succession Committee at their April 2022 meeting will be presented in the Business Book.
- B. Members who indicate their intention to be nominated from the floor prior to Tuesday, Aug. 16, 2022 are required to submit their completed application form and must meet with the Leadership Succession Committee the day before the presentation of the slate of candidates to the Delegate Assembly.
  - a. Applicants will need to submit an application by Aug. 16, 2022 at 12 pm Central and meet with the Leadership Succession Committee on Aug. 16, 2022 between 4 and 5pm Central.
  - b. A motion to nominate someone from the floor must be made by a delegate.
  - c. After being acknowledged by the chair, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- C. Members who indicate their intention to be nominated from the floor after Tuesday, Aug. 16, 2022 are not precluded from running.
  - a. A motion to nominate someone from the floor must be made by a delegate.
  - b. After being acknowledged by the chair, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- D. From the floor candidates are added to the slate of candidates during the Presentation of the Slate of Candidates during the Delegate Assembly Opening Ceremony on Wednesday, Aug. 17, 2022.
- E. Candidates may begin campaigning only after they’ve been added to the Slate of Candidates and may do so via the following avenues:
  - a. The NCSBN Campaign webpage (not available for from the floor candidates),
  - b. Opt-in annual meeting attendee and delegate lists, provided two weeks prior to the election to slate candidates (provided to from the floor candidates once they’re added to the Slate).
- F. At Annual Meeting, slate candidates activities include candidate ribbon, candidate button, candidate application photo posted by NCSBN staff, introduction at welcome reception and candidate forum presentation.

- G. Slate candidates may converse with attendees and informally present their positions during Annual Meeting events outside of formal Delegate Assembly business sessions.
- H. Campaign activity shall not include: distribution of printed materials, gifts, favors or other inducements to vote.
- I. Use of social media for campaigning is prohibited.
- J. Electioneering for candidates is prohibited except during the candidate forum.
- K. The voting strength for the election shall be determined by those registered by:
  - a. 8:00 am Central on Wednesday, Aug. 17, 2022
  - b. 8:30 am Central on Thursday, Aug. 18, 2022
  - c. 9:00 am Central on Friday, Aug. 19, 2022
- L. Election for officers, directors, and members of the Leadership Succession Committee shall be held during the Delegate Assembly meeting on Thursday, Aug. 18, 2022.
- M. 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.
- N. 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.
- O. 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:
  - a. 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.
  - b. 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.
  - c. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the runoff 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.
  - d. 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.
  - e. 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 Forums:** The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the chair to speak after all delegates, non-delegate members and employees of member boards have spoken.
- B. **Open Forum:** Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

## Directions for Obtaining Continuing Education (CE) Contact Hours for the 2022 Delegate Assembly

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In an attempt to streamline the CE process, as well as to be environmentally responsible, we will award your CE certificates electronically.

1. Please follow these directions carefully if you'd like to receive your CE contact hours:
2. Check in using the iPads at the registration desk once per day. This is critical for obtaining CE contact hours. If you don't check in, you will not be eligible to receive the contact hours.
3. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
4. Once the evaluation has been completed, you will receive your electronic certificate of completion automatically. The deadline to complete the electronic evaluation is Sept. 16, 2022.

If you have any questions, email Qiana McIntosh at [qmcintosh@ncsbn.org](mailto:qmcintosh@ncsbn.org).

*Provider Number: ABNP1046, expiration date- July 2023*

Section II:  
**Committee Reports**

# Summary of Recommendations to the 2022 Delegate Assembly

## Board of Directors' (BOD) Recommendation:

### 1. Approve the proposed Strategic Initiatives for the years 2023–2025 and amendments to the narrative statements associated with NCSBN values.

**Rationale:**

The proposed strategic initiatives and changes to the values narrative statements have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2021. The proposed changes have been subject to consultation with members at the Midyear Meeting as well as an opportunity to submit written comment and are presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that 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.*

**Fiscal Impact:**

Consequences will be incorporated into fiscal year 2023–2025 (FY23-25) budgets.

### 2. Approve the College of Registered Nurses of Saskatchewan (CRNS) as an Exam User Member of NCSBN.

**Rationale:**

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. CRNS has made legislative changes to their mandate that focuses upon acting in the public interest.

**Fiscal Impact:**

Incorporated into the FY23 budget.

Funding for one member to attend Midyear and Annual Meeting estimate: \$3,000 annually

Use of the resource fund: up to \$3,000 per request.

### 3. Approve the College of Registered Nurses of Alberta (CRNA) as an Exam User Member of NCSBN.

**Rationale:**

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. CRNA has made legislative changes to their mandate that focuses upon acting in the public interest.

**Fiscal Impact:**

Incorporated into the FY23 budget.

Funding for one member to attend Midyear and Annual Meeting estimate: \$3,000 annually

Use of the resource fund: up to \$3,000 per request.

## Leadership Succession Committee (LSC) Recommendation:

### 4. Present the 2022 Slate of Candidates.

**Rationale:**

The LSC has prepared the 2022 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 FY23 budget.

## NCLEX® Examination Committee (NEC) Recommendation:

### 5. Approve the 2023 NCLEX-RN® Test Plan.

**Rationale:**

Following the analysis of survey results from the 2021 RN Practice Analysis, the draft NCLEX-RN test plan was developed and sent to NCSBN's nursing regulatory bodies (NRBs) for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2023 NCLEX-RN Test Plan will be presented at annual meeting for review and approval by the Delegate Assembly.

**Fiscal Impact:**

Incorporated into the FY22 budget.

### 6. Approve the 2023 NCLEX-PN® Test Plan.

**Rationale:**

Following the analysis of survey results from the 2021 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2023 NCLEX-PN Test Plan will be presented at annual meeting for review and approval by the Delegate Assembly.

**Fiscal Impact:**

Incorporated into the FY22 budget.

# Report of the Board of Directors (BOD)

## Highlights of Business Activities

Oct. 1, 2021 – May 31, 2022

### Strategic Plan 2023–2025

The BOD consulted with membership on several proposed changes that will set the direction for NCSBN's strategic work over the coming triennium. These proposals were discussed at this year's Midyear Meeting and the comments garnered along with the responses to a survey sent out following Midyear will influence the direction of the organization and the proposed changes that will be presented to the Delegate Assembly.

In reaching their conclusions, the BOD carefully considered the current articles of incorporation, bylaws, and the existing strategic initiatives alongside several other publications that the organization has developed over the past several years. By applying the key factors detailed above the BOD concluded that there was no need to make changes to the purpose, vision, mission and three of the existing strategic initiatives. The BOD did however identify a need to update strategic initiative 3 and the narrative associated with our existing values. In addition, BOD identified the need based on our experiences over the last three years to update the narrative and rationale associated with all four initiatives.

### Creating a Compact Nation:

Progress continues to be made with the adoption of the Nurse Licensure Compact (NLC) and the number of endorsing bodies have continued to increase. There are currently still active bills in six states, however it is highly unlikely they will pass this session. We are hoping for 2023 to have NLC bills filed in every remaining state. The APRN Compact was enacted in Utah, making it the third state to have it enacted. The APRN Compact needs to be enacted in seven states to become operational, and there is significant interest from at least five states in pursuing legislation next session.

### Next Generation NCLEX® (NGN)

The method of setting the passing standard on the NCLEX was expanded to work with polytomously scored items and item sets (i.e., clinical judgment case studies) which will be introduced with the changes related to NGN starting in April 2023. A wide range of outreach efforts to inform stakeholders of the research and development work has been provided. Webinars and video resources have been produced and an increasing number of scientific papers have been published and presented at prestigious conferences virtually and in scholarly journals.

Section II: **Committee Reports**

## Board Members

**Jay P. Douglas, MSM, RN, CSAC, FRE**

Virginia, Area III, President

**Phyllis Polk Johnson, MSN, RN, FNP-BC**

Mississippi, Area III, President-elect

**Adrian Guerrero, CPM**

Kansas, Area II, Treasurer

**Susan VanBeuge, DNP, APRN, FNP-BC, FAANP**

Nevada, Area I Director

**Lori Scheidt, MBA-HCM**

Missouri, Area II Director

**Karen C. Lyon, PhD, MBA, APRN, NEA-BC**

Louisiana, Area III Director

**Karen E. B. Evans, MSN, RN-BC, SD-CLTC, CLC**

Maryland, Area IV Director

**Cathy Borris-Hale, MHA, RN**

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

**Anne Coghlan, MScN, RN**

Ontario, Exam User Member, Director-at-Large  
(Term began: Aug. 19, 2021;  
Retired: March 31, 2022)

**Amy Fitzhugh, JD**

North Carolina, Area III, Director-at-Large  
(Term start: Aug. 19, 2021;  
Resigned: March 20, 2022)

**Mark Majek, MA, PHR, SHRM-CP**

Texas, Area III, Director-at-Large

## Staff

**David Benton, RGN, PhD, FFNF, FRCN, FAAN**

Chief Executive Officer

**Allex Hernandez, MA**

Senior Manager, Executive Office



## Recommendations to the Delegate Assembly:

### 1. Approve the proposed Strategic Initiatives for the years 2023–2025 and amendments to the narrative statements associated with NCSBN values.

#### Rationale:

The proposed strategic initiatives and changes to the values narrative statements have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2021. The proposed changes have been subject to consultation with members at the Midyear Meeting as well as an opportunity to submit written comment and are presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that 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.*

#### Fiscal Impact:

Consequences will be incorporated into fiscal year 2023–2025 (FY23-25) budgets.

### 2. Approve the College of Registered Nurses of Saskatchewan (CRNS) as an Exam User Member of NCSBN.

#### Rationale:

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. CRNS has made legislative changes to their mandate that focuses upon acting in the public interest.

#### Fiscal Impact:

Incorporated into the FY23 budget.

Funding for one member to attend Midyear and Annual Meeting estimate: \$3,000 annually

Use of the resource fund: up to \$3,000 per request.

## Board Meeting Dates

**Aug. 24, 2021** (Board Meeting, Hybrid – Chicago/Virtual)

**Sept. 21–22, 2021** (Strategy Retreat, Hybrid – Lake Tahoe, NV/Virtual)

**Dec. 14–15, 2021** (Board Meeting, Hybrid – Chicago/Virtual)

**Feb. 8, 2022** (Board Meeting, Hybrid – Chicago/Virtual)

**May 10–11, 2022** (Board Meeting, Hybrid – Chicago/Virtual)

**July 12–13, 2022** (Board Meeting, Chicago)

## Attachments

Attachment A:

**2022 Strategic Plan Progress Report**

Attachment B:

**Proposed Strategic Initiatives for 2023–2025**

Attachment C:

**Proposed Amendments to NCSBN Values Narrative Statements**

Attachment D:

**College of Registered Nurses of Saskatchewan (CRNS) Exam User Member Application**

Attachment E:

**College of Registered Nurses of Alberta (CRNA) Exam User Member Application**

## References

**Proposed 2023 NCLEX-RN® Test Plan – Strikethrough Copy** (page 73)

**Proposed 2023 NCLEX-RN® Test Plan – Clean Copy** (page 83)

**Proposed 2023 NCLEX-PN® Test Plan – Strikethrough Copy** (page 94)

**Proposed 2023 NCLEX-PN® Test Plan – Clean Copy** (page 102)

### 3. Approve the College of Registered Nurses of Alberta (CRNA) as an Exam User Member of NCSBN.

**Rationale:**

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. CRNA has made legislative changes to their mandate that focuses upon acting in the public interest.

**Fiscal Impact:**

Incorporated into the FY23 budget.

Funding for one member to attend Midyear and Annual Meeting estimate: \$3,000 annually

Use of the resource fund: up to \$3,000 per request.

#### Leadership Succession Committee (LSC) Recommendation:

### 4. Present the 2022 Slate of Candidates.

**Rationale:**

The LSC has prepared the 2022 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 FY23 budget.

#### NCLEX® Examination Committee (NEC) Recommendation:

### 5. Approve the 2023 NCLEX-RN® Test Plan.

**Rationale:**

Following the analysis of survey results from the 2021 RN Practice Analysis, the draft NCLEX-RN test plan was developed and sent to NCSBN's nursing regulatory bodies (NRBs) for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2023 NCLEX-RN® Test Plan will be presented at annual meeting for review and approval by the Delegate Assembly.

**Fiscal Impact:**

Incorporated into the FY22 budget.

### 6. Approve the 2023 NCLEX-PN® Test Plan.

**Rationale:**

Following the analysis of survey results from the 2021 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2023 NCLEX-PN® Test Plan will be presented at annual meeting for review and approval by the Delegate Assembly.

**Fiscal Impact:**

Incorporated into the FY22 budget.

## FY22 Highlights and Accomplishments

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### Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- American Association of Colleges of Nursing (AACN) Academic Nursing Leadership Conference
- AACN Deans Annual Meeting
- American Organization for Nursing Leadership (AONL) 2022 Inspiring Leaders Conference
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- Federation of State Medical Boards Annual Meeting
- Florence Nightingale Foundation Event
- Opioid Regulatory Collaborative Meeting
- International Nurse Regulator Collaborative (INRC) Meeting
- National Association of Boards of Pharmacy (NABP) Annual Meeting
- Royal College of Nursing Fellows Meeting
- Tri-Council Meetings
- Tri-Regulators Meetings
- World Health Organization Technical Expert Group (TEG) on Health Practitioner Regulation Meetings

### Governance and Policy

- The BOD identified and appointed board liaisons to the various committees and mentors for those newly appointed board members.
- 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 and issues emerging from boards of nursing responding to COVID-19.
- 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 current purpose, mission, values and vision of the organization and to initiate the development of the strategic initiatives and objectives for the 2023 to 2025 triennium.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD set the initial FY23 board meeting and retreat dates.

### Finance

- The BOD approved the proposed budget for FY22.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY21.
- 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, 2021.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2021.
- The BOD reviewed the FY21 IRS 990 form.
- The BOD reviewed and discussed NCSBN's investment portfolio performance.

## Testing

- 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 MACE® examination programs.
- The BOD approved minor revisions to various NCLEX policies.
- The BOD was kept informed on progress related to NGN regarding scoring and test design.

## Information Technology (IT)

- The BOD reviewed and discussed the progress and updates on information exchange between Canadian regulatory bodies and member boards.
- The BOD reviewed and discussed NCSBN's participation in the HRSA funded Provider Bridge portal.
- Integrated Nursys e-Notify® with Provider Bridge system.
- The BOD reviewed and discussed the updates on the built of NCSBN modern data warehouse and data storage architecture which provides technical support structure for strategic initiative 3.
- The BOD reviewed and discussed the update on ORBS 3.0 and other related activities for the 12 ORBS® implemented NRBs.
- The BOD received a yearly report on the NCSBN data security program, compliance activities, audit results and cyber security roundtable for the NRBs.
- The BOD reviewed NCSBN continuing to leverage CLOUD technology and port and transfer applications from on-premises infrastructure to the Azure CLOUD infrastructure.
- The BOD reviewed and discussed the implementation of multifactor authentication for NCSBN members to access NCSBN Passport (gateway application for member for NCSBN systems and tools)
- The BOD reviewed and discussed FY22 and part of FY23 being utilized by the IT department to complete accumulated technical debt items by implementing requested enhancements, fixing defects, and applying security updates to the ORBS, Nursys® and Passport suites of applications.
- The BOD attended and discussed the successfully completed biennial NCSBN Information Technology & Operation Conference. More than 60 individuals were present in person and more than 80 individuals attended virtually.

## Nursing Regulation and Research

- The BOD reviewed and discussed the Annual Research Agenda.
- The BOD reviewed and discussed the results of the NCLEX Research Report.
- The BOD reviewed and discussed the Annual Environmental Assessment Report.
- The BOD reviewed two reports on the usage of NLC Support funds.
- The BOD reviewed and approved the Vermont NLC Grant Request.
- The BOD reviewed and approved the Ohio NLC Grant Request.

# Attachment A:

## NCSBN Strategic Plan

### Fiscal Year 2020-2022 (FY20-22)

#### Annual Strategic Plan Progress Report

#### October 2021 – May 2022

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The Annual Strategic Progress Report is a summary of the year's activities and accomplishments in the work toward achieving the organization's strategic initiatives. This summary provides feedback around both internal business processes and external outcomes in order to continuously improve strategic performance and results.

**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.

#### FY22 Accomplishments

- The thematic analysis of existing sunrise provisions was drafted and published as a supplement to the *Journal of Nursing Regulation (JNR)* in October 2021.
- For the sunset draft, themes were determined and additional development and reviews have occurred for a future publication in the *JNR*.

#### Future Activities

- The objective team has been drafting the thematic analysis of existing sunset provisions for a future article in the *JNR*.
- Once the sunset provision has been drafted and published, the team will begin drafting the literature review on occupational licensure within the U.S. and other countries.
- The project will continue as part of the strategic planning into FY23.
- Following the comprehensive review work planned for publication later this year, future work for the objective entails creating and piloting a tool derived from the research findings. This tool can then be used to promote efficiency and effectiveness for nursing regulatory excellence through the implementation of an accreditation process designed to fit the needs of regulators.

#### 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.

#### FY22 Accomplishments

- In November 2021, a draft for a new guiding regulatory philosophy was created after completing the literature review.

- This draft outlined regulatory principles and combines regulatory theories.
- In February 2022, the full project team met to workshop the drafted model and accompanying philosophies.
  - Consulted with staff to generate feedback on principles and workflow of the model.
- In April 2022, the project team met to discuss the model internally and make changes prior to meeting with the external team.
- Feedback from staff regarding the principles and workflow of the models was implemented.
- Changes to the graphics were accomplished by partnering with the Marketing & Advocacy department.

### Future Activities

- The project team plans to meet with the full team to discuss the final draft for the models and then present the project documents to the Board of Directors (BOD) in July.
- Marketing will continue with the expectation of completion by summer.
  - Marketing will continue following this deadline, but the project will be considered complete and moved into an operational state.
- A paper will be prepared for publication in *JNR* based upon the principles and framework.

### Objective 3:

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

### FY22 Accomplishments

- Phase I has been completed. The goal of Phase I was to create the underlying infrastructure for the data repository and load existing marketing data as a proof of concept.
  - The Microsoft Azure cloud environment for hosting the data repository was completed and passed a security audit.
  - NCSBN marketing's website analytics and social media data was loaded into the repository and reports, dashboards and visualizations were created

### Future Activities

- Phase II will begin the loading and analysis of data for Strategic Objective A3 and will continue as part of the new strategic plan.
  - Phase II is tentatively scheduled to begin in the July/August 2022 timeframe as NCSBN looks to secure data engineering resources as well as project resources from IT, Exams and Nursing Regulation.

### Strategic Initiative B:

**Champion regulatory solutions to address borderless health care delivery.**

### Objective 4:

Ensure an agile and accessible work force of advanced practice registered nurses (APRN) practicing to the full scope of their licensure via an APRN compact, building upon success of the Nurse Licensure Compact (NLC) and championed through diverse stakeholder collaborations.

## FY22 Accomplishments

In order to achieve this objective, NCSBN Policy staff are running two campaigns. One is to enable more states to be eligible for adopting the APRN Compact by enacting the elements of the APRN Consensus Model (Nursing America Campaign) and the other is adoption of the APRN Compact itself.

- In October 2021, the team acquired important endorsements for the APRN Compact from the National Rural Health Association and Asian American Pacific Islander Nurses Association.
- The NCSBN Policy and legislative team worked with the boards of nursing, state coalitions and legislators in Utah and Maryland during the 2022 legislative session to enact APRN Compact bills.
- In March 2022, Utah enacted the APRN Compact with Senate Bill (SB) 151 on March 5th, becoming the third state to enact the compact.
- Additional work continues with a focus on getting more states to meet the Consensus Model requirements in the APRN Compact. In April 2022, through the Nursing America Campaign, Kansas passed House Bill (HB) 279 on April 18th granting full practice authority, with no transition to practice included.

## Future Activities

- The team will continue to elicit endorsements from a variety of nursing leaders and stakeholders.
- The team will be focusing on establishing the 2023 APRN Compact cohort over the summer months.
- In early 2023, we will be hosting a press conference in Washington, D.C., on workforce issues and there will be a heavy focus placed on the APRN Compact and its role in solving workforce issues.
- Work on the Nursing America Campaign continues with North Carolina preparing for the introduction of an APRN bill in a late 2022 session.
- This work will continue as a part of the next strategic cycle.

## 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.

## FY22 Accomplishments

- The objective team presented to the BOD during the October 2021 retreat. Based on analysis of the survey and multiple group discussions, it was determined that as standardization is achieved for the documented areas, membership will automatically move towards modernization of licensure processes and process efficiencies will be realized. That in turn will improve public protection and safety.
- The objective team presented a recommendations report to the BOD during the December 2021 BOD Meeting, including:
  - The goal is to make the nurse licensure process efficient, enhance patient safety and public protection, and continue to move the membership in the direction of continuous modernization of the licensure process in the U.S.
  - It was determined that there is a need for a legislative review of state laws and rules of those states where gaps and concerns have been identified per the survey. Next steps can then be explored.
- In March 2022, the project closed noting that future discussions needed to take place first about the license reform objective in order to determine the next steps.
- The work completed in relation to the Strategic Objective 5 will help in supporting the next strategic plan's objectives.

## Future Activities

- Once additional discussions have taken place about the license reform objective, the next project can be developed and will be part of the next strategic plan.

## Objective 6:

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

## FY22 Accomplishments

Work on this project was performed in multiple phases:

- Phase I: An extensive literature review of the telehealth literature
- Phase II: A research project to determine the extent of telehealth services being provided internationally and the adherence to regulatory requirements. This was conducted through a document analysis as well as an international survey of telehealth companies
- Phase III: Global Telehealth Think Tank Pre-survey: to prepare for the think tank, a survey was administered to regulators around the world to help capture their beliefs and concerns about telehealth regulation.
- Phase IV: The Global Telehealth Think Tank was held on May 4, 2022, to develop guiding principles of international telehealth.
- Phase V: Guiding Principles Consensus Survey: The Guiding Principles that emerged from the survey were distributed to regulators for their comments and feedback.

## Future Activities

- Phase VI: A final set of guiding principles will be distributed, and further discussions related to implementation will be conducted.
- The project's work will continue operationally but will close out as a strategic objective.

## 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 increase the capacity and capability of our members and engage regulators worldwide to enrich learning experiences and increase impact.

## FY22 Accomplishments

International Center for Regulatory Scholarship (ICRS) work began in October 2021 which included:

- The ICRS website was revised to provide more comprehensive information.
- By February 2022, the team completed the migration of Learning Extension Courses from Absorb to Canvas (learning delivery platforms).
  - The ICRS Inbox saw a server migration to a new service to maintain our communications in alignment with NCSBN's best practices and current policies.
  - Seven new courses were added to the certificate program curriculum with additional Foundations courses.



- April 2022 – The Inaugural Advanced Leadership Institute was held at the beginning of the month and was a remarkable success, with positive feedback received from attendees.
- A request for proposal (RFP) was sent to deans and directors across the country to establish academic partnerships.
- A team of staff and executive officers is being formed to provide input on a new continuing education course that will replace several Learning Extension courses for respondents.
- A new fellowship program to acknowledge outstanding achievements in regulation was announced at the Midyear Meeting and is in the process of being developed.

### Future Activities

- The project team will be reviewing the RFPs and deciding on academic partnerships between the ICRS and university programs.
- Additional courses such as one on substance use disorder will be added to the curriculum.
- Marketing to regulators worldwide.
- While the project's work will continue in increasing courses and the program, this work will not be a part of the new strategic plan.

### Objective 8:

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

### FY22 Accomplishments

- The first step was to develop core job descriptions. Eleven essential NRB roles were identified for this project.
- NRBs as well as the knowledge networks were contacted and asked to submit job descriptions for each of the identified roles.
- A task force of NCSBN members and staff that signed up to work on the project through Trello examined and discussed the roles, however, the roles are so diverse from board to board it was difficult to achieve consensus. Thus, core elements of each job were identified and basic job descriptions outlined. They are now ready to be distributed to the membership for feedback. From these job descriptions, core competencies will be identified and incorporated into the ICRS assessment tool.
- These job descriptions and competencies will also be used in a model that promotes diversity in the workplace. This portion of the project is not yet complete.

### Future Activities

- The team is working within the newly formed Leadership Capacity Development and Member Engagement department to continue work on this project.
- As this initiative continues to merge within the ICRS (C7), this project's work will continue but will not be part of the new strategic plan.

**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.

### FY22 Accomplishments

- Shared Next Generation NCLEX® (NGN) information and resources with the public via the NCSBN website
- Developed an item writing graphic user interface (GUI)
- Launched the Item Authoring App
- Imported traditional NCLEX® items to Exam Developer content management system for NGN formatting
- Pearson VUE completed the Scoring and Item Selection Algorithms, Candidate Simulator, Stat Extract Development, and the Client Result Processing and Item Level Data
- Friends and Family (F&F) registration information sent to NRBs in the U.S., Canada and Australia
- Pearson VUE testing centers updated with latest testing software (TSS) to accommodate new NGN items
- F&F exam items finalized and submitted to Pearson VUE for publishing
- Communication plan created for Student Beta rollout

### Future Activities

- Launch F&F, the Member Review of the NGN
  - The purpose of this review is to provide NRBs the opportunity to interact with the latest item types like the exam candidates will take in April 2023.
  - The review took place May 9–27, 2022.
- Launch Student Beta Testing of the NGN
  - The purpose of the Student Beta Testing of NGN is to pilot the functionality of the updated exam software and latest item types in a live testing environment.
  - Testing will take place Sept. 6–30, 2022.
- Create and launch Practice NGN Exam
- Create and launch NGN Tutorial
- Prepare and launch NGN April 2023 communications

### 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.

### FY22 Accomplishments

- December 2021 - The BOD requested broader input on the business model and anticipated usage of the core nursing exam.
- During the December 2021 BOD meeting, Phil Dickison introduced the concept of the new international exam.

- The Examinations Department developed product assumptions and preliminary startup costs and timelines. Given this analysis they concluded that the creation of a new international exam is operationally feasible using existing NCSBN items.
- January 2022 – Project was put on hold through April 2022.
  - A final decision on the next steps will be made after the April 2022 INRC meeting

### Future Activities

- The next phase of the project is the identification of a business lead and a business plan.
- Next steps are estimated to occur January 2023 or later; Examinations team to meet with identified business lead

### Objective 11:

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

### FY22 Accomplishments

- Objective 11 was suspended as it was assessed that NGN may provide a means of modernizing the regulatory approach to continuing competence.

# Attachment B: Proposed Strategic Initiatives for 2023-2025



## Proposed NCSBN 2023-2025 Strategic Plan

Strategic Initiative	Narrative	Rationale
<p><b>A</b></p> <p>Promote agile regulatory systems for relevance and responsiveness to change.</p>	<p>NCSBN's purpose, vision, and mission all focus on the pursuit of excellence in public protection through supporting and empowering its members with the necessary research to take evidence-informed decisions and action. Recognizing the fast pace of change occurring in the health sector environment as well as demands from governments to reform occupational licensure, NCSBN needs to be on the cutting edge of change and evolution of contemporary regulatory systems. Leveraging the expertise of NCSBN's membership, and acknowledging we cover more than 27% of jurisdictions in the world, we need to be a thought leader, fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed regulation. NCSBN must build on its global reach, critically distilling best practices and promoting these for the benefit of public protection worldwide thereby maximizing the adoption of contemporary regulatory processes for the benefit of all jurisdictions and all those the profession serve.</p>	<ul style="list-style-type: none"> <li>• The COVID-19 Pandemic has accelerated the pace of change and the need for reform.</li> <li>• Increased demands for occupational licensure modernization that is responsive to changing needs, proportionate to risk of public harm and optimized to minimize regulatory barriers to service provision.</li> <li>• NCSBN produced and has built upon the Regulation 2030 roadmap offering clarity over the trends to be addressed, and these need to be pursued if public safety is to be assured.</li> <li>• Changing population demographics, health care needs, artificial intelligence, technology, diversity, equity and inclusion, as well as increasing numbers and severity of chaotic events, all demand regulators work together in new ways.</li> </ul>
<p><b>B</b></p> <p>Champion regulatory solutions to address borderless health care delivery.</p>	<p>NCSBN maintains its leadership in the development of solutions to support borderless health care through its work on the nurse licensure compacts and the technological infrastructure to coordinate licensure information across jurisdictions. The use of technology, education, increased consulting, and service delivery across borders requires an enhanced focus on this critical regulatory challenge to the provision of safe and equitable patient care. Being cognizant of the legislative process, keeping an eye on current and emerging issues, responding quickly to crises, as well as being knowledgeable of where and how regulators can get involved will help accelerate the achievement of safe, effective and efficient regulatory solutions within and across jurisdictional borders fit for our complex, dynamic, digital age.</p>	<ul style="list-style-type: none"> <li>• Maldistribution and shortages of workers combined with increased frequency of unpredictable demands due to natural and man-made disasters.</li> <li>• Increased interest in trade agreements and the use of remote health care delivery.</li> <li>• Need for agreed principles or global standards for articulated nursing licensure and telehealth practice.</li> <li>• Increased demands for access to equitable, affordable safe services within and across disciplines.</li> <li>• Increased mobility of nurses and new models of nurse led services.</li> </ul>
<p><b>C</b></p> <p>Strengthen the capacity, capability, diversity and engagement of regulatory leadership.</p>	<p>NCSBN's success in achieving its vision, mission, and objectives is directly proportionate to the active engagement and leadership of our members, partners, and government. NCSBN is committed to developing programs and services that support nurse regulatory body performance and facilitate sharing of best practice, mentoring of talent, and diffusion of expertise within and across professions. This initiative builds a global community of regulators concentrating on:</p> <ul style="list-style-type: none"> <li>• Addressing the specific needs of executive officers, staff, board members and partners.</li> <li>• Embracing and responding to generational changes in regulation and the policy environment.</li> <li>• Leveraging the role of the regulator in complex interdependent systems that collectively secure public safety and minimize barriers to necessary change.</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid turnover of leadership in regulatory boards has resulted in loss of corporate memory.</li> <li>• Equip members with the skills necessary and information to bring about regulatory reform and optimize the contribution of regulators to the occupational licensure policy landscape.</li> <li>• Increase pipeline of potential candidates for staff and governance roles. Specific and targeted education toward competencies required to be an efficient, effective and progressive regulator.</li> <li>• Provide tools to members in challenging regulatory, highly-scrutinized environments.</li> </ul>
<p><b>D</b></p> <p>Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.</p>	<p>NCSBN provides state-of-the-art competency assessments that are psychometrically sound, secure, and legally defensible, but in today's world they also need to provide fidelity. Maintaining the industry benchmark for consistency and value, and defining future development and application, requires a team effort. Areas of focus include launching our enhanced precision next generation measurement exam. Additionally, COVID-19 has taught us many lessons about the strengths and weaknesses of our current exam access and delivery system. Accordingly there is a need to work on optimizing approval processes and delivery of the NCLEX® to candidates using technology. As career pathways change the way competence is assessed, maintained, and articulated across a career, it also needs to evolve if the workforce is to remain fit for the future.</p>	<ul style="list-style-type: none"> <li>• Technology will continue to increase in power capability, connectivity, and fidelity.</li> <li>• Interoperability, data security, emerging technology, and big data analytics will feature more prominently in proportionate risk-based regulatory systems that will draw upon and interface with real-time service delivery.</li> <li>• Initial and continuing competence requirements to facilitate redesign of services and support equitable public safety will remain a priority.</li> <li>• There will be an increased need for mechanisms to calibrate the differentiated and overlapping competence of nursing across and within jurisdictions as well as in relation to shared competencies with other disciplines.</li> </ul>

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

**Vision**  
Leading regulatory excellence worldwide.

**Values**  
Collaboration | Excellence | Innovation | Integrity | Transparency

## Attachment C: Proposed Amendments to NCSBN Values Narrative Statements

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**Collaboration:** Forging solutions through respect, diversity, **inclusion**, and collective strength of all stakeholders

**Excellence:** Striving to be and do **our best in rapidly changing environments**

**Innovation:** Embracing change as an opportunity to better **organize** endeavors **for all** and **turn new** ideas into action

**Integrity:** Doing the right thing for the right reasons through honest, open and ethical dialogue

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

# Attachment D: College of Registered Nurses of Saskatchewan (CRNS) Exam User Member Application



## NCSBN Exam User Member Application

### Organization Information

Full Legal Name of Organization <b>College of Registered Nurses of Saskatchewan</b>	
Chief Staff Person <b>Cindy Smith</b>	Credentials <b>RN, MN</b>
Email Address <b>csmith@crns.ca</b>	Direct Phone Number <b>306-359-4235</b>

Organization Mailing Address <b>2066 Retallack Street</b>			
City <b>Regina</b>	State <b>Saskatchewan</b>	Country <b>Canada</b>	Postal Code <b>S4T 7X5</b>
Organization Physical Address (if same as mailing address, enter "N/A")			
City	State	Country	Postal Code
Organization Main Phone Number <b>306-359-4200</b>	Organization Email Address <b>info@crns.ca</b>	Website <b>crns.ca</b>	

### Organization Description

- List all the professions the organization regulates:  
**Registered Nurses, Nurse Practitioners**
- List the number of persons regulated (by profession):  
**RN- 12,472**  
**NP- 285**
- Describe the authority under which the organization regulates:  
**The Registered Nurses Act, 1988**

4. Include the organization's mission statement in the space below:

To protect the public through regulatory excellence

5. Is this a membership organization?

no

6. List the date the organization was founded:

1917 as the SRNA. Transitioned to the CRNS October 2021

7. Does the jurisdiction currently use a prelicensure exam developed by NCSBN?

Yes

No

7a. If yes, list the specific exam(s) the jurisdiction uses:

RN

7b. If yes, how long has the jurisdiction used the exam(s)?

since 2015

8. Is the organizational mandate exclusively related to the regulation of the profession and protection of the public?

Yes

9. Describe why the organization wants to be an NCSBN Exam User Member:

We have been an Associate member since we were operating with a dual mandate, as a member association and regulatory body. We have transitioned to a single mandate of regulation and protection of the public only.

10. Is the organization incorporated?

Yes

No

10a. If yes, check one of the following:

For-profit

Nonprofit

11. List the number of staff working within the organization:

36

12. How many members are on the organization's governing board?

9 RNs, 3 Public Reps

13. If the organization is not determined to be eligible for Exam User Membership, would it be interested in applying for Associate Membership?

we already are an Associate Member

**Upon completion submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of the organization's Bylaws as an attachment.**

***By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual exam user membership fee of \$750 USD may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.***

Cindy Smith

Digitally signed by Cindy Smith  
Date: 2022.01.10 18:55:28  
-08'00'

Executive Director

January 10, 2022

Signature

Title

Date



# Attachment E: College of Registered Nurses of Alberta (CRNA) Exam User Member Application



## NCSBN Exam User Member Application

### Organization Information

Full Legal Name of Organization College of Registered Nurses of Alberta	
Chief Staff Person Andrew Douglas	Credentials Director, Executive Office
Email Address adouglas@nurses.ab.ca	Direct Phone Number 780-719-5010

Organization Mailing Address 11120 178 Street NW			
City Edmonton	State AB	Country Canada	Postal Code T5S1P2
Organization Physical Address (if same as mailing address, enter "N/A") N/A			
City	State	Country	Postal Code
Organization Main Phone Number 1.800.252.9392	Organization Email Address crna@nurses.ab.ca	Website nurses.ab.ca	

### Organization Description

- List all the professions the organization regulates:  
Registered nurses (RNs), Nurse practitioners (NPs), Certified graduate nurses (CGNs), Graduate nurses (GNs) and Graduate nurse practitioners (GNPs).

Note: GNs and GNPs are provisional registrants according to the Registered Nurses Profession Regulation.

- List the number of persons regulated (by profession):  
38,157 as of March 1, 2022

- Describe the authority under which the organization regulates:

Health Professions Act (HPA): The Act governs the practice of regulated health professions, sets out standard processes for colleges for registration, continuing competence, complaints and discipline. <https://www.qp.alberta.ca/documents/acts/h07.pdf>

Registered Nurses Profession Regulation: The Regulation made by the College of Registered Nurses of Alberta's council, in consultation with the Alberta Ministry of Health. [https://www.qp.alberta.ca/documents/Regs/2005\\_232.pdf](https://www.qp.alberta.ca/documents/Regs/2005_232.pdf)

4. Include the organization's mission statement in the space below:

Protect and serve the public interest using Right-touch regulation.

5. Is this a membership organization?

No

6. List the date the organization was founded:

1916

7. Does the jurisdiction currently use a prelicensure exam developed by NCSBN?

Yes

No

7a. If yes, list the specific exam(s) the jurisdiction uses:

For RNs we use the NCLEX-RN.

For NPs we use the Canadian Nurse Practitioner Exam (CNPE), Primary Care Pediatric Certification Exam, Adult Gerontology Primary Care Nurse Practitioner Certification Exam, Neonatal Nurse Practitioner Certification Exam.

Note: In 2014, CRNA Council made a decision to end recognition of the ANCC adult and pediatric exams for the purposes of meeting NP registration requirements.

7b. If yes, how long has the jurisdiction used the exam(s)?

We've been using the NCLEX-RN since 2015.

The NP exams referenced in 7a have been used since 2008.

8. Is the organizational mandate exclusively related to the regulation of the profession and protection of the public?

Yes, we are now a single mandate regulator focused on protecting the public.

Note: CRNA used to be the College and Association of Registered Nurses of Alberta where we also had a mandate to deliver association functions. Over the past two years we have divested of our association functions.

9. Describe why the organization wants to be an NCSBN Exam User Member:

We have always valued our relationship with NCSBN and would appreciate the opportunity to be considered for a NCSBN Exam User Member. We would appreciate the opportunities to network, be engaged and have access to course offerings and publications.

10. Is the organization incorporated?

Yes

No

10a. If yes, check one of the following:

For-profit

Nonprofit

11. List the number of staff working within the organization:

96

12. How many members are on the organization's governing board?

Our Council (board) is comprised of 16 members.

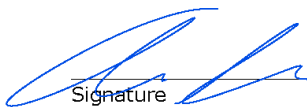
Of the 16 members, 8 are regulated members (registered nurses or nurse practitioners) and 8 are public members (appointed by government).

13. If the organization is not determined to be eligible for Exam User Membership, would it be interested in applying for Associate Membership?

Yes

**Upon completion submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of the organization's Bylaws as an attachment.**

***By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual exam user membership fee of \$750 USD may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.***

  
Signature

Director, Executive Office, CRNA

Title

March 1, 2022

Date

# Report of Leadership Succession Committee (LSC)

## Committee Recommendations to the Delegate Assembly:

### 1. Present the 2022 Slate of Candidates

#### Rationale:

The LSC has prepared the 2022 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 2023 (FY23) budget.

#### FY22 Charge:

**Present a slate of candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election to the Board of Directors (BOD) and the LSC.**

## Background

Created by a revision to the NCSBN Bylaws at the 2007 Delegate Assembly, the LSC aimed to build upon the work of the Committee on Nominations by ensuring that succession planning is built into the structure of the organization with the rationale that organizational leadership is a strategic, year-round process and that leaders are developed through careful planning, cultivation, orientation, education and involvement in NCSBN.

The LSC has become a visible participant in engaging members in their leadership journeys by enhancing members' awareness of resources available to them, along with assisting in the identification of potential leaders to run for NCSBN office through peer recognition and networking.

The LSC strategies include verbal presentations during NCSBN Knowledge Network calls, and revision of key elements associated with the nominating and candidate campaign processes including the development and launch of a new Leadership Succession Toolkit which is designed to foster a year-round focus on leadership succession.

## Committee Members

### Tammy Buchholz, DNP, RN, CNE, FRE

North Dakota, Area II Member, Chair

### Joe Baker Jr.

Florida, Area III, Member-at-Large

### Cathy Dinauer, MSN, RN

Nevada, Area I Member

### Janice Hooper, PhD, RN, FRE, CNE

Texas, Area III 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

### Chelsea Kelley

Director, Business Operations

### Andrew Hicks

Associate, Business Operations

## Committee Meeting Dates

**Oct. 19, 2021** (Virtual Meeting)

**Dec. 6, 2021** (Virtual Meeting)

**Jan. 13, 2022** (Virtual Meeting)

**April 13-14, 2022** (In-person Meeting) – Applicant Interviews

## Relationship to Strategic Plan

Strategic Initiative C:

**Expand the active engagement and leadership potential of all members.**

## Attachments

Attachment A:

**2022 Slate of Candidates**

Per the bylaws, the LSC considers the qualifications of all nominees for open positions on the BOD and the LSC, and presents a qualified slate of candidates for vote at the Annual Meeting.

For FY22, the committee met three times virtually, and once in person to complete its charge. The committee members made themselves available at the March 2022 NCSBN Midyear Meeting in both onsite and virtual capacities. A full recap of committee activities is listed below.

## FY22 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the LSC charge for FY22.

- Reviewed and edited LSC Policy 1.0 for consistency with NCSBN Committee policies, updated references to reflect current procedures.
- Worked with NCSBN's Marketing & Advocacy department to provide input on committee theme and education resources for membership, resulting in a new [Leadership Succession Toolkit](#), updated [LSC Brochure](#) and scripts for NCSBN Knowledge Network meeting pitches.
- Provided information to NCSBN membership about positions open for applications and application process via:
  - A. Call for Applications page on ncsbn.org, including a link to the application for BOD and LSC positions as well as application questions and commitment and eligibility requirements
  - B. Leadership Resources page on ncsbn.org, including the [Leadership Succession Toolkit](#)
  - C. NCSBN Knowledge Network pitches presented by committee members
  - D. MailChimp email campaign
  - E. LSC chair's presentation and LSC video at the 2022 Midyear Meeting
  - F. Onsite and Virtual LSC Lounges at 2022 Midyear Meeting
  - G. Open position information displayed during breaks at 2022 Midyear Meeting
  - H. Provided a Leadership Recognition Card to in person and virtual attendees at Midyear Meeting to encourage members to acknowledge themselves or another member as a potential leader
- Followed up and provided information to those listed on Leadership Recognition Cards received.
- Provided resources to applicants for preparation of their interview with the LSC including:
  - A. NCSBN Mission & Vision Statements
  - B. NCSBN Bylaws
  - C. NCSBN 2020-2022 Strategic Plan
  - D. NCSBN 101 Course
  - E. NCSBN COVID-19 Resources
- Interviewed 13 applicants virtually for seven open positions.
- Presented a slate of 12 candidates to the NCSBN membership.
- Provided resources to slate candidates:
  - A. Candidate webinar
  - B. Candidate webpage on the NCSBN website for candidate campaign materials

## Committee Recommendations to the Delegate Assembly

- Adopt the FY22 slate of candidates presented by the LSC through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and LSC.

## Future Activities

- Present the 2023 Slate of Candidates to the NCSBN Membership.
- Incorporate the Leadership Succession Toolkit in NCSBN educational offerings to membership EO and Presidents.

## Attachment A: 2022 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 application form. The Candidate Forum will provide the opportunity for candidates to address the 2022 Delegate Assembly.

### Board of Directors

#### President-elect

<b>Phyllis Johnson</b>	Mississippi, Area III	<a href="#">page 39</a>
<b>Lori Scheidt</b>	Missouri, Area II	<a href="#">page 41</a>

#### Director-at-Large (4 positions)

<b>Peggy Benson</b>	Alabama, Area III	<a href="#">page 43</a>
<b>Lori Glenn</b>	Michigan, Area II	<a href="#">page 45</a>
<b>Tony Graham</b>	North Carolina, Area III	<a href="#">page 47</a>
<b>Sherri Sutton-Johnson</b>	Florida, Area III	<a href="#">page 48</a>
<b>Sue Tedford</b>	Arkansas, Area III	<a href="#">page 50</a>
<b>Carol Timmings</b>	Ontario, Exam User	<a href="#">page 52</a>

### Leadership Succession Committee

#### Area II Member

<b>Tammy Buchholz</b>	North Dakota, Area II	<a href="#">page 54</a>
<b>Linda Stones</b>	Nebraska, Area II	<a href="#">page 56</a>

#### Area IV Member

<b>Kimberly Hopkins</b>	Delaware, Area IV	<a href="#">page 58</a>
<b>Linda Kmetz</b>	Pennsylvania, Area IV	<a href="#">page 60</a>

**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.

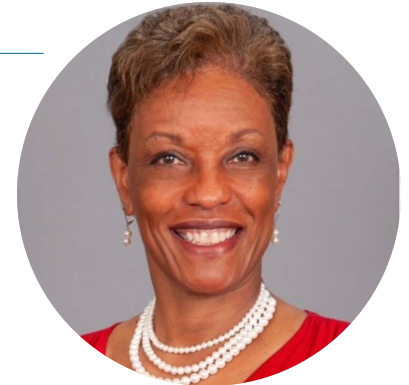
#### **Leadership Succession Committee:**

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

**Phyllis Johnson, DNP, RN, FNP-BC**  
Executive Officer, Mississippi Board of Nursing



### Describe your professional, regulatory and community experience.

Phyllis Polk Johnson is the CEO/Executive Director of the Mississippi Board of Nursing. She brings 40 years of experience in nursing and health care leadership to her role. Board certified as a Family Nurse Practitioner, she has held numerous clinical and managerial responsibilities. Phyllis is a member of several professional organizations, including the Mississippi Association of Nurse Practitioners, Mississippi Nurses Association, American Nurses Association, and Sigma Theta Tau International Nursing Honor Society. She currently serves on the Board of Directors as President-Elect of the National Council of State Boards of Nursing (NCSBN). Selected as one of the 50 Leading Businesswomen in the state of Mississippi by the Mississippi Business Journal in 2018, Phyllis was chosen as the 2019 Mississippi Business Journal Businesswoman of the Year in 2019. As recognition of her leadership, the Mississippi Legislature honored her with a Resolution acknowledging her achievements. She received the Visionary Leadership Award from the Madison County Business League and Foundation in 2021. Appointed to the Governor's Opioid and Heroin Drug Task Force in December 2016, Phyllis has been instrumental in developing rules and regulations at the Board pertaining to the prescribing practices of Advanced Practice Nurses. Other appointments include the Governor's COVID-19 Advisory Board, MS Southwest Chapter of the American Red Cross, the NCSBN National Licensure Compact Executive Committee, the Mississippi Board of Medical Licensure's Advisory Committee for Physician Assistants, the Advisory Committee for the Project Change Initiative of My Brother's Keeper, Jackson State University COVID-19 Mitigation Community Advisory Board, Madison County Business League and Foundation, and the MS University for Women Foundation Board. In 2013, Phyllis retired from the United States Navy Reserves at the rank of Commander. She is a proud member of Delta Sigma Theta Sorority, Inc., where she is active in the Jackson MS Alumnae Chapter.

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

I have always had a desire to serve and have been fortunate to hold leadership positions at the local, state, and national level. I would characterize myself as a servant leader and someone who motivates and empowers others to lead in order to reach their full potential. Over the past year, I have had the distinct pleasure to serve in the capacity of President-Elect for the NCSBN. Additional roles of service include Area III Director on the NCSBN Board of Directors (2020) and member of the Nurse Licensure Compact (NLC) Executive Committee for two years (2018-2020). Through my participation on the BOD and the NLC Executive Committee, I feel that I demonstrate the characteristics needed to fulfill the responsibilities of the Board of Directors and the position of President-Elect. The Board and staff of the Mississippi Board of Nursing are supportive of this endeavor and understand the commitment that it entails. I embody the core values of honor, courage, and commitment in all my endeavors personally and professionally. These values coupled with integrity are the epitome of any leadership position and these are the characteristics I strive to display daily.



**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.**

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, Strategic Initiative 1 is one that I have a vested interest in. The focus of this initiative is to promote agile regulatory systems for relevance and responsiveness for change. Currently, I am contributing to the organization's achievement of this initiative by serving as the Board Liaison to Objective 1. Objective 1 focuses on the development, piloting, and evaluation of a regulatory excellence accreditation system to improve the effectiveness of nursing regulatory boards and strengthen public protection. My involvement also includes meetings with the Project Sponsor to review the focus of the work, data collection, and to provide input related to the quantitative and qualitative metrics received. Utilizing the Trello collaborative web-based project management platform, I've been able to participate in discussions with members of other BON agencies who are involved in this project. Progress on each objective is reported at each Board meeting which allows the opportunity to keep abreast of the work on the other initiatives in the strategic plan. Clearly, uniformity among jurisdictions in the development of regulations and best practices will have a significant impact on decreasing the workforce issues for regulatory entities. As a result of the work of members serving on this initiative, a thematic analysis of existing sunrise provisions was published in the Journal of Nursing Regulation as a supplement in October 2021. The report provided an overview of one sub-goal of the analysis of existing sunrise provisions in the United States and their application. Additionally, it provided a contrast of these provisions and reviews with similar processes and outputs in other jurisdictions and countries.

Board of Directors

## President-elect

### Lori Scheidt, MBA-HCM

Executive Director, Missouri State Board of Nursing



#### Describe your professional, regulatory and community experience.

During my tenure, I was afforded the opportunity to perform nearly every position within our Board due to vacancies. These varied leadership experiences, along with my determination to improve nursing regulation and public protection led to my tenure as the Executive Director of the Missouri State Board of Nursing; a position I have served in since 2001. I earned an Associate in Arts from Columbia College in 1997, a Bachelor of Science in Computer Information Management from William Woods University in 2000 and an MBA in Healthcare Management from Western Governors University in 2012. I also became Just Culture certified in 2013. I have taken 13 ICRS courses and will earn my ICRC credential in April 2022. I currently serve on the NCSBN Board the Area II Director. I had the privilege to serve two years as vice-chair of the Nurse Licensure Compact Administrators. I have served on numerous NCSBN committees as follows:

- Chair, NLC Compliance Committee 2020-Present
- NLC Technology Task Force 2020-Present
- Chair, Fraud Detection Committee 2015
- Discipline Effective Practices Subcommittee 2014-2015
- Chair, Member Board Agreement Review Committee 2013
- Nurse Licensure Models Committee 2011-2012
- Awards Panel 2004-2006
- CORE 2005
- Nursys Advisory Panel 2003-2004
- Test Service Technical Subcommittee 2001-2002
- Examination Committee 1997-2000
- NCLEX Evaluation Task Force 1996
- Committee for Special Projects (CAT) 1995

I am a member of the Missouri Healthcare Workforce Coalition. Through my leadership, our Board has been awarded a Governor's Award for Quality and Productivity for improvements in nursing investigations and NCSBN's Regulatory Achievement Award in 2012. I received the NCSBN Outstanding Achievement Award, Meritorious Service Award and R Louis McManus Award.

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

An adverse health event in my family fueled my passion for public protection work. I believe in what we do and our ability to make a difference. I am motivated and actively engaged in the organization. I possess the duty to care, duty of loyalty and duty of obedience to continue to be a contributing member of the board. I am a strategic thinker and believe my strong and varied board operations background adds perspective and balance to the Board. I am also very driven. If there is a challenge, I will work hard to find a solution. I had my first job when I was 12 years old and haven't stopped working since that time. I am a hard worker and will continue to work hard to further the mission of the National Council of State Boards of Nursing. I pledge to continue to actively listen to the membership and remain engaged with all aspects of the organization. I have the support of the board members and office team members in my state.

**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 Area II Director, I remain actively engaged in working on the strategic initiative to champion regulatory solutions to address borderless health care delivery. Specifically, I have been working with the NCSBN team to analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how we might address those by utilizing an exchange of nurse licensure, discipline and education information beyond borders. I am seeking re-election to continue this important work! We have surveyed nursing regulatory bodies to get a snapshot of current requirements and processes. I participated in the review and revision the Fraud Detection Manual and Resource Manual on the Licensure of Internationally Educated Nurses. The next steps will be to review credential evaluation agency processes including how identity, education and international licenses are verified. Ultimately, we should be able to determine any gaps in processes. The final outcome would be to enhance public protection and streamline licensure processes for internationally educated nurses. We also need to tackle how our U.S.-educated nurses can more efficiently obtain authorization to practice in other countries. Regulatory boards need to continue to rise to the challenge to offer flexible regulatory options without sacrificing public protection. We need to continue to develop strategic alliances with other agencies and international partners. Having a more thorough understanding of how education and licensure works in other disciplines and countries will widen our body of knowledge and potential solutions. By thinking outside the traditional box, NCSBN can help form these alliances and research various regulatory options to keep the public safe while increasing numbers in the workforce. For NCSBN to accomplish these goals, they need experienced members on the Board of Directors, like myself, with vast regulatory experiences and a strong work ethic to continue moving NCSBN forward.

Board of Directors

## Director-at-Large

**Peggy Benson, MSN, RN, MSHA, NE-BC**  
Executive Officer, Alabama Board of Nursing



### **Describe your professional, regulatory and community experience.**

My 42 years of professional nursing and executive leadership experience make me an ideal candidate to serve on the Board of Directors for CLEAR. My experience includes having served as both a member and President of the Alabama Board of Nursing (ABN) in the early 2000's, and later returning to the ABN as Deputy Director and then Executive Officer, a position I have held since 2015. In both of those roles, my professional nursing experience provided me important insight into the effects of regulatory decisions on nurses and healthcare organizations. That experience includes service as Chief Nursing Officer, Director of Critical Care and Medical Surgical Nursing for a five-hospital system, and Vice President and Director of Human Resources.

Since assuming the ABN Executive Officer role, I have served on the NCSBN Model Acts and Rules/Standards Committee resulting in new models rules and Acts development and approval in 2021. In addition, I serve on NCSBN Strategic Initiative Objective One: Working Toward a Regulation Accreditation System. I mentor new Executive Officers and have worked with NCSBN staff to update current NCSBN mentoring tools. I serve as the NLC Commissioner for Alabama, and I am a member of the NLC policy committee. As the ABN Executive Officer, I led our organization through the implementation of the NLC in Alabama. In 2019, NCSBN awarded the Regulatory Achievement Award to the ABN. In Alabama, My experience has prepared me well to serve on the Board of Directors. I have also served on the following CLEAR committees as follows: Regulatory Agency Administration, Executive Leadership for Regulators and the International Relations Committee.

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

When I took over as ABN Executive Officer in 2014, I created a New Direction for the ABN, the purpose of which was to create a paradigm shift in the ABN's regulatory practice by taking concrete actions to promote transparency, collaboration, education, engagement, and active involvement of ABN board members and staff. Following my transformational leadership style of management and the principles of continuous quality improvement ensures that our organization is constantly evolving and expanding to support the Board's licensees and promote public protection. This has enabled us to move quickly to adapt to changes in the regulatory environment, most recently in addressing the numerous impacts of the global pandemic on the nursing profession. I hold myself and my leadership team to high standards of hard work, honesty, trustworthiness, and integrity. We seek to do the right thing for the right reasons, and we approach each new challenge by asking not just "Can we do it?", but also, "Should we do it?" I devote time to mentoring the ABN leadership team, which creates synergistic returns in moving our agency forward. The same personal characteristics and leadership skills that have allowed me to drive change at the ABN over the last several years will enable me to immediately contribute to the Board of Directors in achieving NCSBN's strategic objectives and mission.

**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 One A: of the NCSBN 2020-2022 Strategic Plan calls for NCSBN “to promote agile regulatory systems for relevance and responsiveness to change.” Never has this strategic initiative been more critical. The landscape for nursing regulation has changed in unprecedented ways over the past two decades, and NCSBN’s forward-thinking, evidence-based work has helped state boards of nursing to rise to the occasion. From promoting the Nurse Licensure Compact, to developing the next-generation NCLEX, to educating state board of nursing members and staff regarding legal and policy issues, NCSBN provides state boards of nursing with important tools. Boards of nursing have leveraged these tools as they address issues arising from the Covid-19 global pandemic, but the pandemic has also exposed the need for even more agile regulatory systems. For instance, in the span of one week, many nursing education programs were forced to halt nursing clinicals and find new and different ways to ensure students’ clinical competence. Nursing educators looked to their regulators for assistance, and boards of nursing had to gather information and make real-time decisions to assist the programs. In Alabama, we met with stakeholders, talked with accrediting agencies, and issued guidance to programs to provide clarity on options for clinical instruction. We also decided that we needed to ensure that programs planned for future emergencies, so we promulgated rules to require programs to develop emergency plans. The pandemic has further exposed the negative effects of practice barriers for advanced practice nurses and the need to further clarify standards of practice for telehealth. In Alabama, I worked with other regulatory boards and the Alabama Governor’s Office to ease regulatory barriers for cross-jurisdiction practice and advanced practice nursing through a Governor’s proclamation. With the emergency proclamation ending, we have leveraged the progress made to incorporate some of those changes into permanent advanced practice nursing regulations. NCSBN is perfectly positioned to marshal the evidence and experience of its membership to meet these challenges. My approach to management of nursing regulation in the pandemic shows that I view challenges as opportunities for change. The NCSBN Board must lead from the front, and I can use the skills I have honed as a transformational leader at the ABN to help NCSBN continue to proactively address regulatory implications of changes in the healthcare system.

Board of Directors

## Director-at-Large

**Lori Glenn, DNP, CNM, C-EFM, RN**  
Board Member, Michigan Board of Nursing



### Describe your professional, regulatory and community experience.

My nursing journey began in 1987 when I graduated from Mercy College of Detroit with a BSN. I practiced as a RN in NICU and Labor and Delivery and became a Certified Nurse Midwife in 1993. Since then, I have practiced in various roles as a nurse midwife, currently working part time as a triage provider and laborist. My full-time position as faculty at the University of Detroit Mercy began in 2007. I earned my Doctor of Nursing Practice in 2012.

As a nurse educator I have taught at all levels; been the coordinator and director of programs; served in multiple leadership positions at college and university levels; and developed, proposed, and launched the first direct entry master's program in the state of Michigan. I am an appointed member of the ANA-Michigan's Legislative Committee and serve on board of the Michigan Affiliate of the American College of Nurse Midwives. My journey in nursing regulation began in 2017 when I was appointed as the midwife board member of the Michigan Board of Nursing. I was reappointed to my second and final 4-year term in 2021. I am currently the chair of the education committee, vice-chair of the general board, and a member of the rules committee.

I am active in disciplinary processes, reviewing allegations and acting as conferee for disciplinary conferences. I was awarded a scholarship by NCSBN to George Washington University's Health Policy and Media Engagement for Nurses certificate program, which I completed in 2020. Additionally, I have completed the inaugural certificate program of NCSBN's International Center for Regulatory Scholarship.

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

I am poised to bring multiple perspectives as a member of the Board of Directors. As a nurse midwife, I bring experience in practice and can articulate the benefits of consistent licensure and regulatory standards as outlined in the APRN Consensus Model and through the APRN Compact. As an educator who has developed programs, participated in regulatory approval and accreditation activities, and led NCLEX® quality improvement, I provide a valuable perspective about standards for high-quality education to ensure that competent nurses are prepared to join the nursing workforce. As a regulator, I have led the education committee to find consensus while anticipating issues relevant to statutory requirements for schools of nursing. I bring valuable experience in discipline matters for entry RNs and APRNs, especially those directly impacted by the COVID-19 pandemic. Opportunities offered by NCSBN have expanded my knowledge and skills in governance, regulation, and negotiation, and health care policy so that I can contribute to meeting the strategic initiatives of NCSBN as a Director at Large.

### 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 to change. The Covid-19 pandemic tested the agility of regulatory boards to respond during a major public health emergency. One of the projects I completed while at GWU was an emergency response plan for boards of nursing that could be utilized

across jurisdictions. It included descriptions of each members' role, a communication plan, steps to take in addressing the emergency, and a disciplinary guide. Beyond the emergency response, members of the NCSBN board must continue to evaluate the impact of the pandemic on discipline and education so the future nursing workforce attains the highest level of professionalism, continues to expand, and achieves stability. The strain of pandemic work has profoundly impacted nurses. Boards of nursing report a dramatic increase in the number of licensees brought before disciplinary bodies for substance use disorder as well as psychiatric and mental illness. Practicing nurses at all levels have been affected by severe staffing shortages, limited resources, and moral distress, which impact their ability to exercise due care and avoid allegations of incompetence and negligence. NCSBN should continue to utilize workforce, discipline, and outcome data to track these trends and respond with evidence-based recommendations. This will assist regulatory bodies with protecting the public while supporting the well-being of affected nurses, who deserve the opportunity to take meaningful action that allows them to continue practicing safely. Additionally, limitations in preparing entry level nurses in clinical settings continue to challenge schools of nursing. Outcomes such as NCLEX pass, employment, and retention rates need to be monitored closely and incorporated with nursing education best practice evidence along with standards from accrediting bodies. The Board of Directors can formulate recommendations so regulatory bodies can modify and enhance existing rules governing nursing education programs to better serve students and the public.

Strategic Initiative C: Expand the active engagement and leadership potential of all members. For those of us in states where nursing boards have term limits, the ability to contribute as national level leaders is limited. Developing the skill set and knowledge to be effective in my role as a regulator has taken time. I have benefited from the resources offered by NCSBN through the GWU Health Policy program and ICRS. The APRN, Disciplinary, and Education networks provide valuable resources that contribute to my work as a regulator. As a Director at Large, I would encourage NCSBN to continue these programs providing opportunities to grow regulatory knowledge, leadership skills, and a network of support. I would also pursue ways to expand opportunities for those who may have limited time to contribute at the national level.

Board of Directors

## Director-at-Large

### **Tony Graham, CPM**

Chief Operations Officer, North Carolina Board of Nursing



#### **Describe your professional, regulatory and community experience.**

I have nearly 20 years of service in nursing regulation and over 15 years of service as a military leader. I currently serve as the Chief Operations Officer of the North Carolina Board of Nursing. I have had the privilege of serving on NCSBN (NATIONAL COUNCIL OF STATE BOARDS OF NURSING) Agreement Review Committee (2012), Chaired the Leadership Succession Committee (2013-2017) and currently serve on the Finance Committee (2020-present) and NLC (Nurse Licensure Compact) Education and Training Committee (2018-present). My service on these various committees provided me with a greater insight into NCSBN strategic initiatives, fiscal policies, internal controls, and outcome measures. I am confident that my experience with and knowledge of the organization will be invaluable in this position. I am actively involved in community activities through church and local organization's outreach ministries. Additionally, I serve on the Leadership Team for the Leukemia and Lymphoma Society. In 2020 I was nominated for man-of-the year. I raised over \$25,000 to support blood cancer treatment, research, and education.

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

I am a certified Public Manager with over 30 years of leadership experience. I have served in both state and federal government. I have a strong working knowledge of development and implementation of policies and regulations. I understand the importance of a strong, supported strategic plan. I have been a part of the development process as well as monitoring objectives and initiatives to ensure success. I have been actively involved with numerous local organizations and committees throughout the United States and several internationally. I am highly skilled in working with groups and understanding group dynamics. I understand the importance of planning, communicating, and educating. I have been an active participant in NCSBN workshops, conferences, and training sessions for over ten years. As a member as well as chair of LSC I actively engaged with the membership to encourage participation and act as an ambassador within the membership. I feel this would make me an excellent fit to fulfill the responsibilities of Director at Large.

#### **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." Active engagement includes strong, consistent communication using a variety of resources. If the pandemic has taught us anything, it has taught us that we cannot continue to do the same things the same way and expect different results. We must be flexible, strategic, and consistent in our actions. The membership is changing, and the engagement techniques must adjust accordingly. It is vital to engage with the members where they are and recognize not everyone is in the same place. NCSBN offers numerous articles, videos, and workshops to support leadership growth. The opportunities are there! I would use experiences and techniques learned from workshops and training to empower members to reach beyond their comfort zone and allow the leader within to emerge.



Board of Directors

## Director-at-Large

**Sherri Sutton-Johnson, DrPH, MSN-ED, RN, CCHW**  
Education Unit Director, Florida Board of Nursing



### **Describe your professional, regulatory and community experience.**

My regulatory experience began in 2008 when I began employ as a Nursing Education Consultant with the Florida Board of Nursing. I have had the awesome pleasure of serving as the Education Unit Director at since 2012. I've been fortunate to enjoy a lengthy and rewarding nursing career as I've entered my 31st year as a licensed professional nurse with experience in various health care settings and 31 years of employment with the state of Florida. My initial transition from education to practice began as a psychiatric and medical surgical nurse in rural Gadsden County, Florida in 1992. From there, I began to seek opportunities for professional development in other areas and was fortunate to find my niche in public health nursing for the next 11 1/2 years as a Senior Community/School Health Nurse for the Gadsden County Health Department. Again, feeling a need to challenge myself professionally, I worked for 1 year as an RN Case Manager for a local hospice. My educational pursuits began at the Florida State University where I received both a Bachelor and Master of Science degree. Most recently on May 2, 2020, I received a Doctor of Public Health degree with a concentration in Health Education and Behavioral Health from the Florida Agricultural & Mechanical University. I served as a member of the Medical Marijuana Regulatory Guidelines Committee from 2016-2018 and am currently a member of the NLC Research Committee. Additionally, I've completed courses offered by the International Center for Regulatory Scholarship (ICRS). I'm active in several educational, ecclesiastical, civic and community organizations. Community involvement includes but is not limited to population health and related social determinants of health.

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

You can't teach what you don't know, and you can't lead where you don't go...I try to live by this motto when interacting with direct reports and other colleagues. A leader's ability to lead is predicated on the ability to recognize his/her strengths and weaknesses and willingness to put the time in to ensure the product is relevant, accurate and sustainable. I possess the following characteristics that make me a strong fit and will assist in the fulfillment of responsibilities of the Board of Directors: loyalty, purposeful drive, attention to detail, vision, diligence, flexibility, perseverance, dependability, honesty, integrity, effective communication skills, willingness to learn new things, adopt new innovations, an approachable & pleasing disposition and the ability to be receptive to others' differences and ideas. My professional and life experiences and team approach when met with a task afford me the confidence and fortitude to meet any challenge. The act of being an effective listener is also a characteristic I possess that is an integral component of brainstorming and problem-solving. Life happens, and at times, we find that no pieces fit together perfectly. However, the eagerness to accept people where they are, learn from it and being receptive to ideals, differences and working together respectfully, an optimal outcome will be amenable to all with opportunities for improvement, as deemed necessary.

**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.**

Certainly, all four initiatives are essential to NCSBN's mission and values related to public safety and protection. After careful review, I've selected Strategic Initiative B: Champion regulatory solutions to address borderless healthcare delivery, to expound upon. Never has the necessity for borderless healthcare delivery become more relevant than the present, as we're globally tackling the impact of a global pandemic. My contribution on Board of Directors would include embracing ideas and concepts relative to evidence driven and sustainable interventions. My experience as a collaborator with legislative staff, educational institutions, accrediting bodies, educational and healthcare professional organizations and other stakeholders during this challenging and unprecedented times, has rendered an impressive understanding of not just thinking out of the box, but what paths to forge to ensure continuity of quality nursing education, nursing care and safety to all health care consumers. Gone are the days when leaders and policy makers of any description are confined to the four walls of an office or board room. It is imperative for nursing regulators, educators, administrators and executives to increase visibility and enhance our job skills by embracing new technologies of communication and work distribution. Those efforts should include the utilization of virtual platforms and social media to effectively communicate policy development and implementation. This initiative brings to the forefront the necessity to become and remain an active voice when addressing ever-evolving regulatory issues, guidelines and respective modifications, accordingly. Flexibility is key when faced with emerging obstacles and essential technological advances for safely delivered healthcare, regardless of the manner of delivery.

Board of Directors

## Director-at-Large

**Sue Tedford, MNsc, APRN**  
Executive Director, Arkansas State Board of Nursing



### Describe your professional, regulatory and community experience.

Throughout my 40-plus years as a nurse I have held leadership roles in clinical practice, education, and regulation. I began my career as a bedside ICU nurse then moved into the role of an educator. I have been employed by the Arkansas State Board of Nursing for twenty years. I began my experience as a regulator in the position of Director of Education which was followed by my appointment as Executive Director in 2010. Upon employment with ASBN, I immediately became involved with NCSBN activities. In 2003 I presented at one of the NCSBN meetings on criminal background checks. Since that time, I have participated in various NCSBN committees and task forces such as the Editorial Advisory Pool, Continued Competence Task Force (chair 2007-2008), Nursys Committee, CORE, NLCA Data Analysis Subcommittee, and NLC Executive Committee (Treasurer, Vice-Chair, and Chair). I am currently serving on the NCSBN 45th Anniversary Committee. At the local level I am currently serving on the PANS/PANDA Advisory Council, Arkansas Staffing Solutions Committee, and the Community Health Worker Commission. In 2020 I was named one of the Great 100 Nurses by the Great 100 Nurses Foundation. In 2010 I received the NCSBN Exceptional Contribution award and in 2003 I was named Nurse of the Year by the Arkansas Nurses' Association. I have presented at many national, state, and local meetings on various topics related to nursing regulation. The sharing of information empowers others.

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

I have experience serving on other Board of Directors. From 2013-2016 I served on the Executive Board of the Arkansas Action Coalition. With the assistance of one other member of the Arkansas Action Coalition, we transformed the action coalition into the Arkansas Center for Nursing, a 501c3 corporation. I served for two years as the initial President of the Board of Directors for the Center for Nursing and continue to serve on the Board. I have also served on the Executive Committee of the Nurse Licensure Compact; first as Treasurer, then as Vice-Chair, and then as the first Chair of the enhanced Nurse Licensure Compact. Both experiences have required me to take a vision and make it a reality. This required a lot of insight, collaboration, and willingness to listen. I believe teamwork is critical to the success of any idea, project, or task. Everyone on the team has a critical role and I work hard to ensure they are contributing members toward the task at hand. I am goal orientated and will do the work needed to accomplish the goal.

### 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.

All of the strategic initiatives within the NCSBN 2020-2022 Strategic Plan are critical for NCSBN to continue to grow in the needed direction. However, Strategic Initiative B: Champion regulatory solutions to address borderless health care delivery, is the one that I will focus on. The pandemic brought so many changes to every aspect of our lives, some good and some not so good. In health care we saw a great need for increased mobility of nurses, whether it was physically or virtually. States who were not a member of the NLC had more difficulty with getting

nurses into their facilities quickly due to the requirements for licensure. Promoting borderless health care must include safeguards for public protection. During the pandemic there were states that allowed any nurse with a license from another state work in their facility. If a violation of the Nurse Practice Act occurred, they quickly realized that nobody had jurisdiction over the nurse, and very little could be done about the violation. Obviously public protection did not occur. The NLC addresses this issue because both the licensing state and the state in which practice occurs has jurisdiction over the nurse and can address any potential violation of the Nurse Practice Act. The states who have not joined the NLC have deep rooted beliefs against the compact and it requires great skill in conflict management to help them understand the principles upon which the compact is built.

Board of Directors

## Director-at-Large

### **Carol Timmings, MEd, RN**

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



#### **Describe your professional, regulatory and community experience.**

I am a highly experienced executive nursing leader with a career that has spanned clinical, public health, policy and regulatory sectors within the health system in Canada. Recognized for my abilities to lead in dynamic and complex health and public sector landscapes, I am a relational leader with exemplary partnership building skills and the ability to embrace diverse perspectives while advancing a common purpose and collective action. Currently serving as the Chief Quality Officer at College of Nurses of Ontario, which regulates approximately 188,000 nurses in accordance with the provincial Regulated Health Professions Act and the Nursing Act. Responsible for executive leadership of the Quality Portfolio in leading the development and operational implementation of the regulatory functions of professional standards, registration, quality assurance and professional conduct. Accountable for ensuring appropriate resources and support to the statutory committees of our Board of Directors in the development of fair, enforceable and transparent bylaws and regulations governing nursing practice in the public interest. Accountable for strong and effective fiscal stewardship of the operational budget as well as human resource planning to ensure teams comprise the diversity of competence and capacity to successfully achieve our strategic organizational key performance outcomes. In addition, I enjoy actively contributing to national and international regulatory excellence through board and committee participation in the Canadian Nurse Regulatory Collaborative, the Canadian Council of Nurse regulators, the National Council of State Boards of Nursing – National Examination Committee and the International Nursing Regulator Collaborative. Additionally, I have served on numerous provincial advisory committees and governance boards including in the previous role of Board President for the Registered Association of Nurses of Ontario.

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

My interest in joining the NCSBN Board of Directors as a Director-At-Large, follows three years of experience engaging with NCSBN in areas of examination development of a new practical nurse regulatory exam for Ontario as well as my current membership on the NCSBN National Examination Committee. As a result of both opportunities, I have experienced a strong alignment with the mission and vision of NCSBN in leading regulatory excellence worldwide. I have lived the positive culture of shared learning and witnessed the positive impact we have as regulators when we collaborate internationally. Throughout my nursing career I have developed a depth and range of knowledge, skills and competencies which would complement a director role. My experience as Chief Quality Officer for the largest health professions regulator in Canada, has afforded me numerous opportunities to collaborate both within the regulatory sector and with a broad range of health care and professional stakeholders. My system thinking abilities allow me to understand the complex factors and overall context influencing public safety. Actively listening and learning from a range of perspectives, while integrating my own thinking and insights, has contributed to notable regulatory innovations in areas such as entry to practice, professional standards modernization and professional conduct. I played a key leadership role in the development of our bold new strategic plan and have motivated and galvanized staff efforts to achieve impressive outcomes for both nursing applicants

and the public. My inclusive and relational leadership approach is consistently acknowledged by a broad range of colleagues and has been recognized as central to the mentorship I have provided throughout the many facets of my professional and community life. I am confident that I can bring valuable contributions to the Board as we dedicate time and energy to advancing public protection in dynamic health care environments.

**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.**

The NCSBN strategic plan for 2020-2022 is an inspiring and ambitious plan which aligns well with my long standing professional and personal commitment to protecting and acting in the public safety interest. As a value-based nursing leader, who spent much of my nursing career in public health, my transition to regulatory work approximately three years ago has been a natural and fulfilling career transition. Some of our regulatory accomplishments across Canada have already been guided and influenced by NCSBN's work including regulatory examinations and the planning for implementation of Nursys Canada. As such, strategic initiative number one stands out as an area where I can share knowledge and experiences which will contribute to achieving organizational objectives within this initiative. College of Nurses of Ontario, together with other Canadian member boards of nursing, have championed improved regulatory processes as a result of our active involvement in NCSBN. By sharing best evidence and emerging practices internationally, I believe we can develop innovative solutions for some of the most complex public protection challenges before us. The global pandemic shone a light on the need for regulatory agility and change around the world. The mobility and need for an increased nursing workforce presents both policy gaps as well as opportunities to advance solution based regulatory processes which enhance public safety. There is a great deal of innovation and modernization work underway across regulatory bodies and we have the opportunity to evaluate and build a new evidence base which could be shared internationally. As a Director-At-Large my contributions would be to bring my regulatory leadership and governance experience as well as an inquiring mind. I will bring an openness to ask important questions and a willingness to share knowledge and experiences as we work together to improve nursing regulation. I have always believed that "leading is learning" and as a new member of the Board of Directors I would embrace this opportunity to both lead and learn with Board colleagues as we work together to advance the mission and vision of NCSBN.

Leadership Succession Committee

## Area II Member

### **Tammy Buchholz, DNP, 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 serve in the role of Associate Director for Education with the North Dakota Board of Nursing and am responsible for monitoring and oversight of ND prelicensure nursing education programs, Nurse Refresher Courses, LPN IV Therapy Programs, distance nursing education program recognitions, continuing education approvals, NCLEX RN and PN testing and pass rate monitoring, and the NDBON Nursing Education Loan program. I have worked continuously as a nurse for the past 31 years. My specialty practice area has changed several times throughout my career, with my primary focus in the past ten years being nursing education and regulation. 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 am involved with the NDBON's succession planning and assisting with the agency's continuous improvement efforts through thoughtful and deliberate strategic planning. 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 and assisted with recruitment of new faculty while working in nursing education, and I currently serve on committees for the NDBON, ANA, NDNA, NLN, CNEA, 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 completed a Doctor of Nursing Practice (DNP) in Educational Leadership degree summer of 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 culture of the NDBON encourages early involvement with NCSBN and networking with our fellow nursing regulation colleagues across the country and globe. I have embraced this culture and strive to be involved in NCSBN opportunities as I am able. I have had the privilege of being a member of the Leadership Succession Committee for the past two years, and the honor of being appointed as the chairperson this past year. I was appointed to the NLC Research Committee and selected to serve as the chairperson in fall 2020. A highlight of mine from my work with NCSBN was in August 2019 being awarded the status of Fellow of the IRE after completing the fellowship program requirements as a member of the 2018 cohort and sharing the findings from my 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 as a poster presentation. I participated in the NCSBN Subcommittee for the Role and Competencies of the Education Consultant, in 2019. I had the opportunity to present as part of the IRE Panel: Hot Topics in Nursing Education at the 2018 IRE Annual Conference and Scientific Symposium regarding the Faculty Shortage. I participate in monthly Education Knowledge Network meetings, Discipline Knowledge Network meetings, APRN Knowledge Network meetings and Practice Knowledge Network meetings monthly as able. I attend Mid-year, Annual, Scientific Symposium, NCLEX meetings each year or

as our NDBON schedule allows. In addition to my education focus, I also attended the 2019 Antitrust and Regulation Forum and the Board of Nursing Investigator Training in 2018.

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

The leadership attribute descriptors I find most fitting for me, are authentic, servant, transformational, adaptive, team, and ethical. 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. The two principles that I consider most important are respect and honesty. I appreciate describing leadership as a process because it allows for different approaches and styles as is needed for the situation encountered. I believe that the process of becoming a leader is enhanced through mentorship and coaching and I have had some amazing individuals who took the time to mentor and encourage me throughout my nursing career. Growth comes not when we do things that are familiar to us, but when we take a leap of faith and step outside our comfort zone when pursuing new challenges. It is so important to challenge ourselves to grow as leaders and professionals to continue to be the best that we can be and use our gifts and talents to their full potential. Sometimes we need someone we trust to give us a nudge and promise to be there to guide us along a new path.

Because I have been so richly blessed by others who have invested time and energy in coaching and mentoring me, I am compelled to pay those kindnesses forward. It would be an honor, privilege, and a joy to have the opportunity to continue to serve on the Leadership Succession Committee and encourage fellow nursing regulation colleagues to embrace their gifts and talents and pursue leadership roles within the organization. Andrew Carnegie: "Teamwork is the ability to work together toward a common vision. ... It is the fuel that allows common people to attain uncommon results. By working together and encouraging one another I believe that NCSBN will continue to attain uncommon results. It is through the continued intentional focus on leadership succession that NCSBN will conquer challenges and reach new heights. It would be an honor to continue to serve on the Leadership Succession Committee and contribute to the organization's efforts to encourage and grow NCSBN's leaders of the future.



Leadership Succession Committee

## Area II Member

### Linda Stones, MS, RN

Vice President, Nebraska Board of Nursing



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

I have been a nurse for over 30 years. I have served in the Nebraska Nurses Association as Chair of the Legislative Advocacy and Representation Committee as well as President of the Political Action Committee. As Chair of the LARC, it required significant recruitment of individuals to testify on behalf of the organization and individuals to serve on our committee. As President of the PAC, I have solicited donations as well as members to serve on the PAC. I currently work as the Director of Nursing in a large tertiary care facility in Nebraska. Succession planning and leadership development are key aspects of my current role. I have served on a committee that developed and implemented a program to develop future leaders in our organization. This responsibility included curriculum development and candidate selection. The Emerging Leader Program has been in place for over 5 years and has produced about 100 individuals of which over 50% have been promoted into leadership positions in our organization. As a member of the Nebraska BON, I serve as Vice President and have chaired the practice committee. I also lead a group of individuals to advance the APRN consensus model adoption in Nebraska. I have also started a program for board member development. I select a regulatory nursing journal article for each meeting and lead a discussion with the board members. I also serve on the board of a critical access hospital and am the board representative on the quality committee. I help lead a program in my church to address food insecurities in our committee. I am currently serving on a search committee for our new pastor. Engagement in my profession and in my community are very important to me.

#### **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 involvement with NCSBN is limited. I have participated in several of the virtual meetings of NCSBN. I have served on the Nebraska Board of Nursing for 3 years. When joining the NBON, I identified a gap in my knowledge and started the ICRS program. I have completed 8 ICRS courses and will attend the graduation program in April, 2022. While serving on the Nebraska BON, I am leading a group of individuals to pass legislation to align Nebraska with the NCSBN APRN Consensus Model. This required me to bring together individuals from multiple stakeholders, prepare and testify in several meetings and address concerns voiced by the AMA. I have done a lot of different things in my nursing career, mostly advocating for the profession. I love nursing. I have never regretted getting into nursing and feel obligated to give back to a profession who has served me so well. If elected to the NCSBN Leadership Succession Committee, I will do whatever it takes for the committee to meet our objectives. I can be an advocate for the ICRS program and help promote this program with other NCSBN members.

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

Leadership is really about understanding the strategic objectives of an organization, understanding the expectations, opinions and ideas of the membership, reconciling the gaps, and creating energy and synergy through

a shared vision to achieve outcomes. Leadership requires the ability to listen and understand, to communicate and clarify, and the courage to entertain a dissenting view. It requires you to suspend your personal desires to represent the group. Leadership requires intentional reflection to understand the unspoken bias that can seep into decisions and to learn from actions. My leadership has been influenced by some significant mentors and authors along the way. First and foremost is Dr. W. Edwards Deming, who I had the chance to meet during my Master's program at Johns Hopkins University. From him an appreciation that most issues are process problems and not people problems. From him an understanding that systems are perfectly designed to produce the outcomes that they achieve. To produce different outcomes, one must look at changing processes, typically not people. A more recent influence has been Cy Wakeman and her Reality Based Leadership model. No matter what our circumstances, we must find a way to succeed. This was critical when leading my team through the pandemic. Cy also reminds me that change is difficult for those that are unready and that the ego, really has no place in leadership. Last but not least is my father's influence, anything worth doing requires your best effort and that you are never finished learning. I have had the fortune to serve in many leadership roles and activities. From lobbying in Washington DC on health related issues, serving in leadership roles in my professional association, mentoring new nurses, serving on a church committee to fight food insecurity in our small community, leading a group of parents to provide a safe environment for our kids following prom – all of these opportunities and experiences have developed who I am today. Not all were successful, some included hard lessons learned but all contribute to making a positive difference in my world. If elected to a NCSBN Leadership Succession Committee, I will give 100% to assist the committee in meeting the objectives laid out before us by the Board of Directors and to represent the membership in accomplishing these tasks.

Leadership Succession Committee

## Area IV Member

**Kimberly Hopkins, MSN, RN**  
President, Delaware Board of Nursing



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

My professional and community experiences come from my tenure on the Board of Education. I have served as a member of the Seaford School Board of Education for six years. I have served as the Vice President for the last two years. During my time on the board, we were responsible for hiring a new superintendent and filling a vacant school board seat. In searching for both roles, we promoted transparency by allowing the public to be present during the interviewing process for the new board member and in the hiring process for a superintendent for the district. Before the previous Superintendent left, we as a board decided to create an Assistant Superintendent Role to assist the Superintendent but also to allow them to become aware of the superintendent's role. In doing this the current Superintendent was able to transition into the role after the retirement of the previous superintendent. This made the transition easier for the current superintendent which allowed for minimal disruption in the district and community.

### **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?**

During my time on the Delaware Board of Nursing, I have had the privilege to network with leaders from other states, territories, and members of NCSBN. I have attended the President's meetings since being elected president last year. I have attended virtual Annual Meetings and I was a delegate last year. Most recently I attended the Mid-Year meeting in St. Louis. I joined the board in September 2019 and by March 2020, COVID 19 prevented us from meeting in person. Because of this, the majority of my meetings were telephonic or via Microsoft Teams. Despite the need to pivot, I still made sure I participated in calls with my video so that my colleagues would be able to connect with me and know who I am. The attribute that makes me qualified to be on the LSC is that I am teachable. I am open to listening to others' thoughts and collaborating to come to the best outcome for all. I can pivot when things arise that are out of my control such as a Pandemic. I am not afraid to speak to others and form connections that will allow me to offer Delaware the best related to nursing practice and education as I also Chair the Practice and Education Committee.

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

Leadership means that there is a vision beyond today, tomorrow, and the next few years. It means that one has gained the trust of their staff that even if the staff cannot understand the decisions being made at that time, they can see that the vision will lead to a promising outcome. That is trust. Leaders must have effective followers. Leaders transform others from who they were when they first encountered them. Leaders see opportunities for growth in others and push them to get uncomfortable to get there. They observe and identify attributes in their staff, mentees to build upon. Leaders encourage others to grow by helping guide them through processes by expressing lived experiences and expressing what they would have done differently. Effective leaders build

relationships with their staff by getting to understand their strengths and weaknesses. Leaders also care about the surrounding community as often decisions being made do affect the stakeholders. Attributes that I have as a leader are transparency, fairness, honesty, being ethical, and advocacy.

Leadership Succession Committee

## Area IV Member

**Linda Kmetz, PhD, MN, RN**  
Chair, Pennsylvania State Board of Nursing



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

As a nursing program director, I developed a robust Leadership Professional Development Plan to identify faculty with talent and interest in moving into formal leadership positions. Using the 9 Box Grid, I regularly conduct Talent Management Reviews with all of my faculty to identify leadership potential. Once faculty with high potential are identified, I start individual conversations with them to determine their interest in further development as a leader. In the event the faculty member has no interest, I then conduct a "Stay Interview" to re-recruit them, emphasizing how much I appreciate them and value their contribution to the school. Faculty with an interest in being promoted complete a Gap Analysis to identify specific leadership competencies they wish to develop. I then assign them to an experienced leader as a mentor and I continue to coach them along their leadership journey. I have been successful in succession planning and developing a strong leadership "bench". My faculty are regularly promoted to Advanced Educators and my Advanced Educators are regularly promoted to Directors. In my community, my most significant example of leadership succession and recruitment involves Camp Raising Spirits, an annual three-day event for individuals with cancer and their caregivers, sponsored by the Greater Pittsburgh Chapter of the Oncology Nursing Society. The event is managed entirely by volunteers, posing unique leadership challenges. Many volunteers had tightly held beliefs about how to implement the project and unfortunately that led us to exhaust our treasury and put the future of camp in jeopardy. Respectfully and gently, I was able to recruit and mentor new volunteer talent and effectively role model how to successfully raise sustainable funds so Camp can continue into the future. Succession planning involving volunteers many have been the pinnacle of my career in leadership.

### **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?**

As Chair of the Pennsylvania State Board of Nursing and a Board member since 2013, I have attended almost every NCSBN Mid-Year and Annual meetings, President's Networking Calls as well as several IRE meetings. I served as a member of the Model Rules, Acts and Standards Committee (MARS) from 2016 to 2021 and currently serve as a member of the NCLEX Item Review Committee (NIRSC). If elected to the Leadership Succession Committee, I will be able to serve my entire two-year term as my term on the Pennsylvania State Board of Nursing expires October 2025. Four particular attributes of mine are particularly relevant to my seeking a position on the Leadership Succession Committee: Humility, Mindfulness, Resilience and Perseverance. I was raised to be humble and to "never forget where you came from". As a first generation college graduate with immigrant grandparents, I grew up with modest means. The mantra in my home was "be thankful for what you have". Humility continues to be a guiding force in my life. Mindfulness is an attribute I have learned through the tutelage of Dr. Barry Kerzin, personal physician to the Dalai Lama. Through daily meditation and journaling, I practice "living in the moment" rather than always being so future oriented. I have a great deal of resilience having had the same employer for almost 30 years. I have seen mergers, nursing excess, nursing shortage, a pandemic, new leadership and much more in my career.

I have also persevered through many tragic personal life events (death of both of my parents and my 55 year old sister and a divorce). I have been able to not only persevere but thrive because of my faith and my inner sense of being a calm, kind and confident person. These are attributes I will bring to the Leadership Succession Committee.

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

To me, leadership is the ability to be kind, caring and thoughtful and to let others emerge as the next generation of leaders. As simple as this statement seems, effective leadership is a matter of setting one's pride aside because successful leaders are real people who are aware of their own vulnerabilities. I have been fortunate throughout my career to have been mentored by some exceptional leaders. Some of the most significant lessons I have learned about attributes of effective leaders are as follows: We are nothing as leaders if we don't have the trust of those we lead. Taking the time to listen to the people we lead is essential to creating trusting relationships. Admitting that we don't always have answers to all of the questions that are asked of us or "mastering the art of the apology" also instills trust. Following up with the answers sends a clear message of caring and establishes trust. Feedback is a gift. The ability to give clear, kind feedback is an essential quality of effective leaders. Being sincere and speaking from the heart helps those we lead see their strengths and their areas for development. An honest, kind conversation coming from a place of caring ensures feedback is positively received. Practicing "a tap on the shoulder". Successful leaders continuously scout for talent. In order to inspire the next generation of leaders, effective leaders need to give those with potential a "tap on the shoulder". We must intentionally let others emerge as leaders and coach and develop them to be the next generation of leaders. Succession planning requires us not only to give up control but be willing to care enough to invest in another person's success. Find Joy in your life. Successful leaders are forgiving of themselves and are kind to themselves. Being able to find joy in life by finding the things that "keep us going" makes us better leaders and better people. Expressing gratitude through journaling or daily meditation enables us to become warm and compassionate leaders. The ability to laugh at one's self. This sends a clear message to our followers that we are human and vulnerable and that's OK. The ability to tell funny stories about our shortcomings helps us form connections with those we lead. Humor allows us to demonstrate that we are not perfect and it makes all of us smile!! Those I lead are a reflection of me.

# Report of the NCLEX® Examination Committee (NEC)

## Committee Recommendations to the Delegate Assembly:

### 1. Approve the 2023 NCLEX-RN® Test Plan.

#### Rationale:

Following the analysis of survey results from the 2021 RN Practice Analysis, the draft NCLEX-RN test plan was developed and sent to NCSBN's nursing regulatory bodies (NRBs) for review and feedback. Subsequently, the draft documents were presented to the Board of Directors (BOD). The 2023 NCLEX-RN® Test Plan will be presented at the Annual Meeting for review and approval by the Delegate Assembly (DA). A strikethrough copy, a clean copy and the timeline for implementation of the 2023 NCLEX-RN® Test Plan are included in Attachments A, B and C, respectively.

#### Fiscal Impact:

Incorporated into the fiscal year 2022 (FY22) budget.

### 2. Approve the 2023 NCLEX-PN® Test Plan.

#### Rationale:

Following the analysis of survey results from the 2021 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2023 NCLEX-PN® Test Plan will be presented at the Annual Meeting for review and approval by the DA. A strikethrough copy, a clean copy and the timeline for implementation of the 2023 NCLEX-PN® Test Plan are included in Attachments D, E and F, respectively.

#### Fiscal Impact:

Incorporated into the FY22 budget.

## Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN BOD on matters related to the NCLEX process, including examination item development, security, administration and quality assurance to ensure consistency with the NRBs' need for examinations. 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 DA.

## Members

### NCLEX® Examination Committee (NEC)

#### Crystal Tillman, DNP, RN, CPNP

North Carolina, Area III, Chair

#### Kristin Benton, DNP, RN

Texas, Area III

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

New Jersey, Area IV

#### Gary Hicks, MS, RN, CEN, CNE

Maryland, Area IV

#### Vicki Hill, MSN, RN

Alabama, Area III

#### Claire MacDonald, DNP, MSN, RN

Massachusetts, Area IV

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

Alaska, Area I

#### Carol Timmings, MEd, RN

Ontario, Exam User Member

#### Karen Lyon, PhD, RN, ACNS, NEA

Louisiana RN, Area III, Board Liaison

### NCLEX® Item Review Subcommittee (NIRSC)

#### Meedie L. Bardonille, RN, PCCN-K

District of Columbia, Area IV

#### Tammy Bryant, MSN, RN

Georgia, Area III

#### Sandra Culpepper, LPN

Mississippi, Area III

#### Allison Edwards, DrPH, MS, CNE

Texas, Area III

#### Mariclaire E. England, MA, RN, PHN

Minnesota, Area II

#### Cindy Fairchild, EdD, MSN, RN

California VN, Area I

#### Camille Forbes-Scott, DNP, MSN-Ed, RN

Maryland, Area IV

#### Anne Hardee, MSN, RN

North Carolina, Area III

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.

## FY22 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY22.

### FY22 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 NRB's need for examinations.**

### 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.

Several new research projects were completed in FY22 and focused on studies related to the Next Generation NCLEX® (NGN):

- Time-efficient Adaptive Testing for Testlet-based Innovative Items;
- NGN Test Design;
- Beta Testing; and
- NGN Standard Setting.

### NCSBN Examinations Department Internship Program

In 2022, NCSBN decided to suspend the summer internship program due to COVID-19.

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

NCSBN began administering the 2022 RN and PN Continuous Practice Analysis online survey instruments in May 2022. Six forms of the electronic survey instrument were administered to both RN and PN samples. The six 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 nonresponders

#### Anne Heyen, DNP, RN, CNE

Missouri, Area II

#### Georgina Howard, MPN, MSN, RN-BC, NE-BC

New York, Area IV

#### Brandon Jones, MSN, RN, CEN, NEA-BC

Virginia, Area III

#### Linda Kmetz, PhD, RN

Pennsylvania, Area IV

#### Elise McDermott, MSN, RN

Texas, Area III

#### Janice McLean Seip, CRNA

Alabama, Area III

#### Kathleen McManus, MSN, RN, CNE

Maine, Area IV

#### Patricia Motl, RN, CPN, CHEP, NDHP-BC

Nebraska, Area II

#### Jennifer Pelletier, RN

North Carolina, Area III

#### Jacci Reznicek, EdD, MSN, RN, ANP-BC

Nebraska, Area II

#### Sheron Russell, RN, CDN

Mississippi, Area III

#### Maceo Tanner, LPN

Georgia, Area III

### Staff\*

#### Philip Dickison, PhD, RN

Chief Operating Officer, Operations Administration

#### Jennifer Gallagher

Director, Examinations

#### Joe Betts, PhD

Director, Measurement & Testing, Examinations

#### Nicole Williams, MSN, RN, NPD-BC, NE-BC

Senior Manager, Examinations

#### Thy Cao

Manager, Consolidated Services

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



in the first, second and fourth weeks of the administration period. Newly licensed RNs and PNs, defined as individuals who have passed the 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.

### RN and PN Practice Analysis and Knowledge Skills and Ability (KSA) Studies

The triennial PN and RN Practice Analysis and Knowledge, Skills and Abilities (KSA) studies were completed. In October 2021, the results of the 2021 PN and RN Practice Analyses were presented to the NEC. One of the primary aims of the survey was to gather information on the activities of entry-level nurses. The surveys included a list of NEC-approved activity statements where the entry-level respondents were asked three questions about each statement. Principally, the survey sought to understand how often entry-level nurses performed an activity, how important the activity was regarding client safety, and how relevant clinical judgment was when performing the activity.

Overall, the findings of the 2021 RN and PN Practice Analyses surveys reflected the continued congruency of entry-level nursing practice in the U.S. and Canada which supported the use of the NCLEX examinations for licensure/registration decisions (note that Canada is for RN only). It was noteworthy that the 2021 RN and PN Practice Analyses surveys reflected a high correlation of activity statement importance with clinical judgment relevancy. This was one of several data points that supported the inclusion and assessment of clinical judgment on the NCLEX-RN and NCLEX-PN exams.

These combined factors, along with many others, reinforced the need for measuring clinical judgment in entry-level licensure assessment to support the delivery of safe and effective care. The NEC recommendations for the 2023 NCLEX-PN® and NCLEX-RN® Test Plans were based on the practice analysis studies, panelists' expert judgment, feedback from nursing regulatory bodies, trends in nursing practice and other historical data. The NEC reviewed and considered this information to make the recommended changes in the test plans.

Simultaneously, the development and subsequent launch of the NCLEX-RN and NCLEX-PN KSA surveys are in progress. In December 2019, a separate SME panel met to develop a list of knowledge statements relevant to entry-level RN practice. In December 2020, an SME panel met to develop a list of knowledge statements relevant to entry-level LPN/VN practice. Each KSA survey requested newly licensed

### Meeting Dates

**Oct. 7, 2021** (NEC Business Meeting by Microsoft Teams)

**Dec. 8–10, 2021** (NIRSC Meeting by Microsoft Teams)

**Jan. 20, 2022** (NEC Business Meeting by Microsoft Teams)

**Feb. 1–3, 2022** (NIRSC Meeting by Microsoft Teams)

**March 8–10, 2022** (NIRSC Meeting by Microsoft Teams)

**April 11, 2022** (NEC Business Meeting, Hybrid)

**June 1–3, 2022** (NIRSC Meeting, Hybrid)

**June 6, 2022** (NEC Business Meeting by Microsoft Teams)

**July 27–29, 2022** (NIRSC Meeting, Hybrid)

**Aug. 8, 2021** (NEC Business Meeting by Microsoft Teams)

**Sept. 14–16, 2022** (NIRSC Meeting, Hybrid)

### Relationship to Strategic Plan

Strategic Initiative D:

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

Strategic Objective D1:

**Enhance precision of the measurement of NCLEX candidates using 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.**

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 or LPN/VN care. Results obtained from the KSA studies will be used to inform item development for the 2023 NCLEX-RN and NCLEX-PN Test Plans.

### NCLEX-RN and NCLEX-PN Standard-setting Workshop

NCSBN conducts a practice analysis for entry-level RN and PN licensure on a recurring basis to ensure entry-level knowledge, skills and abilities are validated to support exam development. Based on the practice analysis, NCSBN makes appropriate changes to the NCLEX Test Plan, if necessary, and establishes a new passing standard based on the new test plan. These steps help ensure that the NCLEX continues to reflect current nursing practice and that nurses who pass the NCLEX examination will continue to meet minimal levels of nursing competence to practice safely and effectively.

With the inclusion of clinical judgment into the NGN test design, there will be both an RN and a PN standard setting panel to convene in Chicago in June and August 2022, respectively. The panels will be composed of representative nurses from the U.S. for both panels and Canadian representation for the RN exam. The standard-setting methodology will continue to use the current methodology; however, it will be expanded to include the use of polytomously scored items in the future exam that will add the measurement of clinical judgment to the test plan. All methods for establishing the passing standard have been rigorously reviewed and tested with a wide range of support in the literature.

Results of the standard setting will provide information for the board of directors to consider when setting the standard for both RN and PN exams for the April 2023 release of the NCLEX which will incorporate the new NGN test design. This new test design will expand the evaluation of entry-level knowledge, skills and abilities for safe and effective practice to include the assessment of clinical judgment.

### 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 activated three new international Pearson Professional Centers (PPCs) in Turkey, South Korea and Israel and opened two new sites in Florida and India in 2021. In addition, Pearson VUE expanded the number of seats at three test centers during 2021.

### Evaluated and Monitored NCLEX Examination Policies

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

## Attachments

Attachment A:

[Proposed 2023 NCLEX-RN® Test Plan – Strikethrough Copy](#)

Attachment B:

[Proposed 2023 NCLEX-RN® Test Plan – Clean Copy](#)

Attachment C:

[Timeline for Implementation of the 2023 NCLEX-RN® Test Plan](#)

Attachment D:

[Proposed 2023 NCLEX-PN® Test Plan – Strikethrough Copy](#)

Attachment E:

[Proposed 2023 NCLEX-PN® Test Plan – Clean Copy](#)

Attachment F:

[Timeline for Implementation of the 2023 NCLEX-PN® Test Plan](#)

Attachment G:

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

## Oversee Critical Aspects of Examination Development

### 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 NGN 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 20, 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 and NGN 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, as well as the NCLEX tutorial located 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
April 20 – March 21	1	5	117	0	0
April 21 – March 22	7	62	824	5	5,902

**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
April 16 – March 17	4	39	1,821	4	2,308
April 17 – March 18	4	40	1,926	4	2,431

**Table 2. PN Item Development Productivity Comparison**

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 18 – March 19	4	38	1,592	4	1,723
April 19 – March 20	2	20	711	3	3,979
April 20 – March 21	6	53	1,331	0	0
April 21 – March 22	4	44	412	4	3,650

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, three Sensitivity Review panels were held prior to the deployment of each new quarterly experimental pool up to and including the April 2022 experimental pool.

### Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions. The Examinations 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. The NEC encourages each NRB to take advantage of the semi-annual opportunities to review NCLEX items.

The April 2021 review consisted of ten NRBs (five U.S. and five Canadian). The October 2021 review consisted of 18 NRBs (10 U.S., seven Canadian and one Australian).

## 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.

Due to COVID-19 and its impact on test center capacity, NCSBN was unable to execute a secret shopper program to audit the PPCs where the NCLEX is administered.

### 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, 2021 to Dec. 31, 2021, Pearson VUE was unable to adhere to the 30/45 scheduling rule for the first three months of 2022 due to the ongoing impact of COVID-19 on test center capacity. Pearson VUE reports biweekly to NCSBN test center capacity reductions and additions.

### 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 National Council Licensure Examinations (NCLEX), available in Attachment G 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 G of this report for the 2021 candidate volumes and pass rates for the international testing centers.

### Next Generation NCLEX® (NGN)

Currently, work is being finalized with Pearson VUE to develop the tools necessary for supporting NGN item development, scoring, test delivery and reporting for an April 2023 launch. The Special Research Section (SRS), which started in July 2017, is collecting data on new item types that will expand and enhance the measurement of entry-level nursing competence, including clinical judgment. The PN has added new item types and clinical judgment

scenarios to the SRS and is actively gathering data. Much work has been accomplished and work with Pearson VUE continues in developing the technology needed to support, deliver and score the NGN launch. In addition, to further support the launch of NGN in April 2023, the member board review of NGN items took place in May 2022 and the NGN student beta will launch in the fall of 2022.

## 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 had three paper presentations accepted for a professional presentation at the National Council of Measurement in Education (NCME) Annual Meetings. This international conference is for prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations. Additionally, two manuscripts were accepted for publication in the *Journal of Educational and Psychological Measurement* and the *British Journal of Mathematical and Statistical Psychology*. Both journals are international, peer-reviewed journals, publishing original measurement research reflecting current issues and innovations.

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

As part of the department's outreach activities, Examinations' content development staff conducted five virtual presentations via webinar on the NGN project from April 1, 2021 through March 31, 2022 in: Georgia, Mississippi, North Carolina and Wyoming.

Additionally, staff presented to the Assessment Technologies Institute (ATI). The organizations for which the presentations were offered included:

- Accreditation Commission for Education in Nursing in Atlanta
- Casper College of Nursing in Casper, Wyoming;
- Mississippi Board of Nursing; and
- North Carolina Associate Degree Nursing Council.

Moreover, the Director, Outreach, Marketing and Advocacy delivered 21 NGN presentations for the following jurisdictions and organizations:

- AARP/Center to Champion Nursing in America;
- Academic Affairs Colleges of Nursing (AACON);
- ATI National Nurse Educator Summit;
- California Board of Vocational Nursing and Psychiatric Technicians;
- College of Registered Nurses of Saskatchewan;
- Elsevier;
- Georgia Southern University-School of Nursing;
- Illinois Board of Nursing;
- Illinois Organization of Associate Degree Nursing (OADN);
- Innovative Best Practices Conference sponsored by Missouri State Board of Nursing,
- Kentucky Board of Nursing;
- Korea Health Personnel Licensing Examination Institute (KHPLI, South Korea);
- Missouri League of Nursing-Nurse Educator Convention;
- North Carolina Associate Degree Nursing Council (NCADN);

- North Carolina Board of Nursing;
- Ohio Board of Nursing;
- Oregon State Board of Nursing;
- Organization for Associate Degree Nursing Educators;
- South Carolina Chief Nursing Officer Forum
- Winston-Salem State University; and
- Wolters Kluwer.

The Director, Outreach, Marketing and Advocacy also completed four virtual training sessions of item writing and item review activities for the Singapore Nursing Board. These opportunities assisted NCSBN's Examinations department in educating stakeholders about NGN and recruiting potential volunteers for future NCSBN item development panels.

### **NCSBN Examination Manual**

The NCSBN Examination Manual contains policies and procedures related to the development and administration of the NCSBN examinations (formerly titled Member Board Manual and NCLEX Administration Manual). Once a year, NCSBN updates the Examination Manual 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.

### **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. With changing the NCLEX Conference from an in-person event to a virtual platform, NCSBN could reach out to a wider range of attendees and provide NCLEX as well as NGN updates, as demonstrated with the following record:

- 2,158 registered participants attended the Sept. 30, 2021 Virtual NCLEX Conference.

The 2022 NCLEX Conference for Canadian Educators was held virtually on Apr. 28, 2022, with a total number of 146 registered participants. The 2022 Virtual NCLEX Conference is scheduled for Sept. 22, 2022.

### **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 2021, approximately 203,679 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
- Launch the NGN
- Evaluate ongoing international testing
- Host the NCLEX Conference on Sept. 22, 2022
- Investigate artificial intelligence in relation to the examinations
- Continue to work with Pearson VUE to restore testing center capacity disrupted by COVID-19



# Attachment A: Proposed 2023 NCLEX-RN® Test Plan – Strikethrough Copy

## 1 ~~2019~~2023 NCLEX-RN® Test Plan

## 2 **National Council Licensure Examination** 3 **for Registered Nurses**

## 4 **(NCLEX-RN® EXAMINATION)**

### 5 **Introduction**

6 Entry into the practice of nursing is regulated by the licensing authorities within each of the National  
7 Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, province,  
8 and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for  
9 licensure to meet set requirements that include passing an examination that measures the competencies  
10 needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops  
11 a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®),  
12 which is used by member board jurisdictions to assist in making licensure decisions.

13 Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice  
14 analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from*  
15 *the 2017*~~21~~ *RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN, 2017~~22~~). ~~Twelve~~  
16 ~~Twenty-Four~~ thousand newly licensed registered nurses are asked about the frequency, ~~and~~ importance  
17 ~~and clinical judgment relevancy~~ of performing nursing care activities. Nursing care activities are then  
18 analyzed in relation to the frequency of performance, impact on maintaining client safety, and client care  
19 settings where the activities are performed. This analysis guides the development of a framework for entry-  
20 level nursing practice that incorporates specific client needs as well as processes fundamental to the practice  
21 of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance  
22 and importance in the delivery of safe, effective nursing at the entry-level.

23 Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These  
24 increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN  
25 has conducted several years of research and study to understand and isolate the individual factors that  
26 contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX  
27 Test Plan and subsequently delivered as examination items. A more detailed description of clinical  
28 judgment can be found in the Integrated Processes section.

29 The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and  
30 behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of  
31 the licensure examination. It serves as a guide for examination development as well as candidate  
32 preparation. The NCLEX® examination assesses the knowledge, skills, ~~and~~ abilities, and clinical judgment  
33 that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the  
34 promotion, maintenance or restoration of health. The following sections describe beliefs about people and  
35 nursing that are integral to the examination, cognitive abilities that will be tested in the examination and  
36 specific components of the NCLEX-RN Test Plan.

### 37 **Beliefs**

38 Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying

39 capacities to function in society. They are unique individuals who have defined systems of daily living  
40 reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health  
41 care needs and to participate in meeting those needs. The profession of nursing makes a unique  
42 contribution in helping clients (individual, family or group, including significant others and population)  
43 achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a  
44 client is defined as the individual, family, or group which includes significant others and population.

45

46 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts  
47 from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession  
48 based on knowledge of the human condition across the life span and the relationships of an individual with  
49 others and within the environment. Nursing is a dynamic, continually evolving discipline that employs  
50 critical thinking [and clinical judgment](#) to integrate increasingly complex knowledge, skills, technologies,  
51 and client care activities into evidence-based nursing practice. The goal of nursing for client care is  
52 preventing illness and potential complications; protecting, promoting, restoring, and facilitating comfort;  
53 health; and dignity in dying.

54 The registered nurse provides a unique, comprehensive assessment of the health status of the client,  
55 applying principles of ethics, client safety, health promotion and the nursing process, the nurse then  
56 develops and implements an explicit plan of care considering unique cultural and spiritual client  
57 preferences, the applicable standard of care and legal instructions. The nurse assists clients to promote  
58 health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and  
59 support the right to a dignified death. The registered nurse is accountable for abiding by all applicable  
60 member board jurisdiction statutes related to nursing practice.

## 61 **Classification of Cognitive Levels**

62 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the  
63 examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires  
64 application of knowledge, skills, ~~and abilities~~, [and clinical judgment; therefore](#), the majority of items are  
65 written at the application or higher levels of cognitive ability, which requires more complex thought  
66 processing.

## 67 **Test Plan Structure**

68 The framework of Client Needs was selected for the examination because it provides a universal structure  
69 for defining nursing actions and competencies and focuses on clients in all settings.

## 70 **Client Needs**

71 The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the  
72 four categories are divided into subcategories:

### 73 **Safe and Effective Care Environment**

- 74
  - Management of Care
  - 75   - Safety and Infection Control

### 76 **Health Promotion and Maintenance**

### 77 **Psychosocial Integrity**

### 78 **Physiological Integrity**

- 79
  - Basic Care and Comfort

- 80           ▪ Pharmacological and Parenteral Therapies
- 81           ▪ Reduction of Risk Potential
- 82           ▪ Physiological Adaptation

83

84

## 85 **Integrated Processes**

86 The following processes are fundamental to the practice of nursing and are integrated throughout the  
87 Client Needs categories and subcategories:

- 88           ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In  
89 this collaborative environment, the nurse provides encouragement, hope, support and  
90 compassion to help achieve desired outcomes.
- 91           ▪ *Clinical Judgment - the observed outcome of critical thinking and decision making. It is an*  
92 *iterative process with multiple steps that uses nursing knowledge to observe and assess*  
93 *presenting situations, identify a prioritized client concern, and generate the best possible*  
94 *evidence-based solutions in order to deliver safe client care (detail description of the steps*  
95 *below).*
- 96           ▪ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and  
97 the client, the client’s significant others and the other members of the health care team. Events  
98 and activities associated with client care are recorded in written and/or electronic records that  
99 demonstrate adherence to the standards of practice and accountability in the provision of care.
- 100          ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group,  
101 including significant others and population) which recognizes and considers the client-  
102 reported, self-identified, unique and individual preferences to client care, the applicable  
103 standard of care and legal instructions.
- 104          ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes  
105 assessment, analysis, planning, implementation and evaluation.
- 106          ▪ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting  
107 a change in behavior.

### 108 Clinical Judgment

109 The nurse engages in this iterative multi-step process that uses nursing knowledge to observe and assess  
110 presenting situations, identify a prioritized client concern, and generate the best possible evidence-based  
111 solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study  
112 or as an individual stand-alone item. A case study is where six items are associated with the same client  
113 presentation, share unfolding client information, and address the steps in clinical judgment.

- 114          ▪ Recognize Cues – identify relevant and important information from different sources (e.g.,  
115 medical history, vital signs).
- 116          ▪ Analyze Cues – organize and connect the recognized cues to the client’s clinical presentation.
- 117          ▪ Prioritize Hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty,  
118 time constraints, etc.).

- 119     ▪ [Generate Solutions - identify expected outcomes and use hypotheses to define a set of](#)
- 120     [interventions for the expected outcomes.](#)
- 121     ▪ [Take Action - implement the solution\(s\) that address the highest priority.](#)
- 122     ▪ [Evaluate Outcomes - compare observed outcomes against expected outcomes.](#)

123

124     **Distribution of Content**

125     The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-  
 126     RN Test Plan is based on the results of the *Report of Findings from the 2017~~21~~ RN Practice Analysis: Linking*  
 127     *the NCLEX-RN® Examination to Practice NCSBN, 2017~~22~~*, and expert judgment provided by members of the  
 128     NCLEX Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
<b>Safe and Effective Care Environment</b>	
▪ Management of Care	<del>17-23%</del> 15-21%
▪ Safety and Infection Control	<del>9-15%</del> 10-16%
<b>Health Promotion And Maintenance</b>	6-12%
<b>Psychosocial Integrity</b>	6-12%
<b>Physiological Integrity</b>	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	<del>12-18%</del> 13-19%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	11-17%

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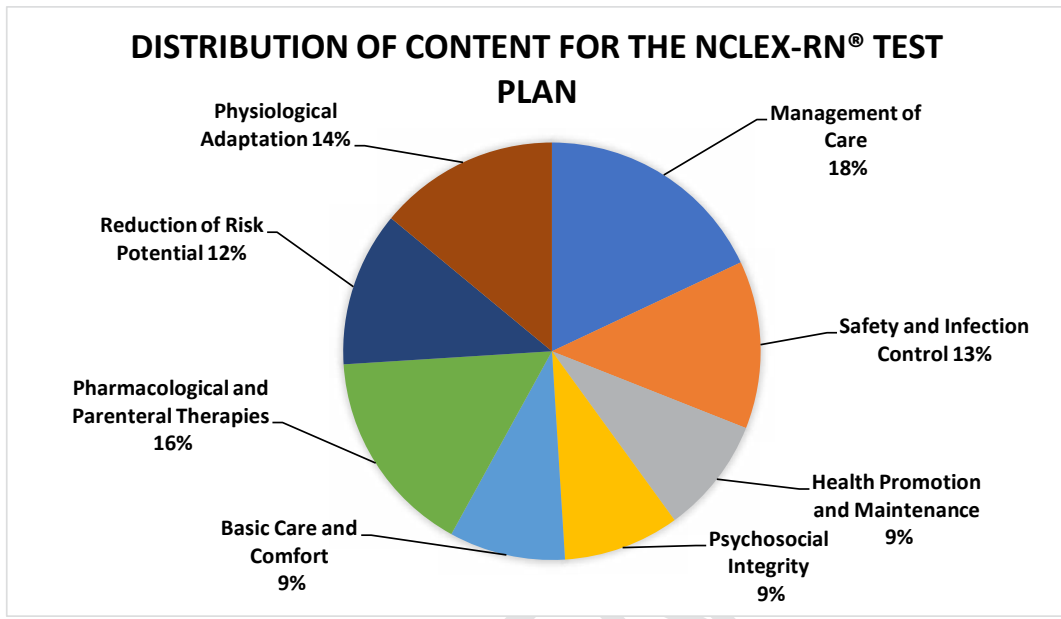
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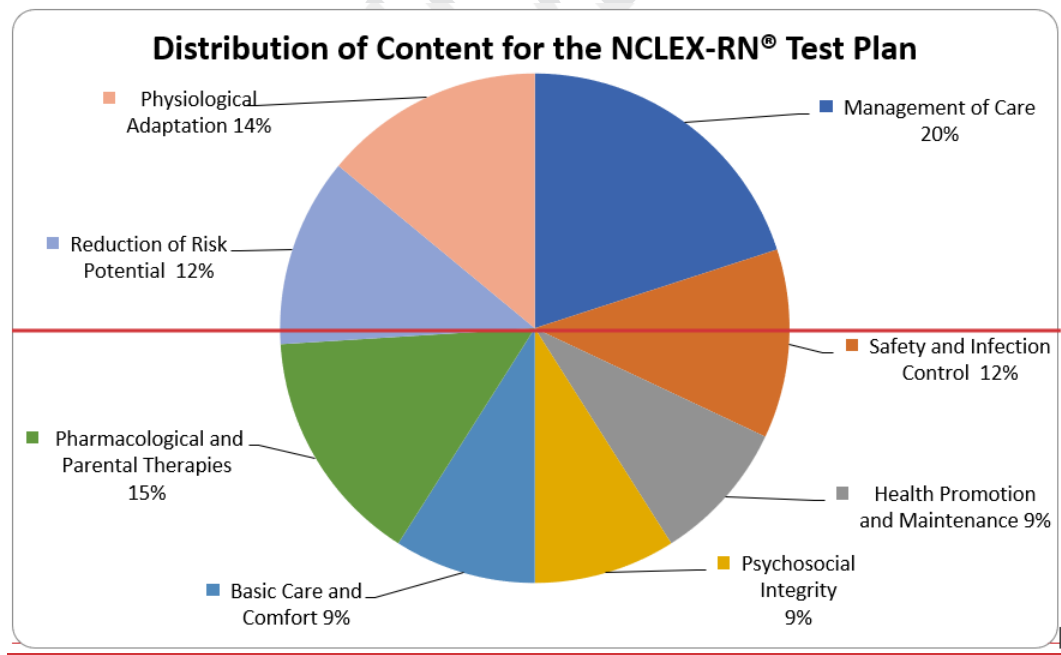
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NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.

139  
140



~~NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-~~

141 ~~specific ability. To accommodate possible variations in test length, content area distributions of the~~  
 142 ~~individual examinations may differ up to ±3% in each category.~~

143

## 144 **Overview of Content**

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

### 146 **Safe and Effective Care Environment**

147 The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances  
 148 the care delivery setting in order to protect clients and health care personnel.

- 149 ■ *Management of Care* – providing and directing nursing care that enhances the care delivery setting  
 150 to protect clients and health care personnel.

151 Related content includes but is **not limited** to:

- Advance Directives/Self-Determination/Life Planning
- Advocacy
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality/ Information Security
- Continuity of Care
- Assignment, Delegation and Supervision
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Organ Donation
- Performance Improvement (Quality Improvement)
- Referrals

152

153

- 154 ■ *Safety and Infection Control* – protecting clients and health care personnel from health and  
 155 environmental hazards.

156 Related content includes but is **not limited** to:

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

### 157 **Health Promotion and Maintenance**

158 The nurse provides and directs nursing care of the client that incorporates the knowledge of expected  
 159 growth and development principles; prevention and/or early detection of health problems, and strategies  
 160 to achieve optimal health.

161 Related content includes but is **not limited** to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Health Screening
- High Risk Behaviors
- Lifestyle Choices

- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- Self-Care
- Techniques of Physical Assessment

162 **Psychosocial Integrity**

163 The nurse provides and directs nursing care that promotes and supports the emotional, mental and social  
164 well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

165 Related content includes but is **not limited to**:

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies/Substance Use Disorder
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness/Cultural Influences on Health
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

166

167 **Physiological Integrity**

168 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk  
169 potential and managing health alterations.

- 170
- 171 ▪ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily  
172 living.

173 Related content includes but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

- 174
- 175 ▪ *Pharmacological and Parenteral Therapies* - providing care related to the administration of  
176 medications and parenteral therapies.

176 Related content includes but is **not limited to**:

- Adverse Effects/Contraindications/ Side Effects/Interactions
- Expected Actions/Outcomes
- Medication Administration
- Parenteral/Intravenous Therapies

- Blood and Blood Products
- Central Venous Access Devices
- Dosage Calculation
- Pharmacological Pain Management
- Total Parenteral Nutrition

177

- 178     ▪ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or  
179 health problems related to existing conditions, treatments or procedures.

180     Related content includes but is **not limited** to:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures

181

- 182     ▪ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life  
183 threatening physical health conditions.

184     Related content includes but is **not limited** to:

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Medical Emergencies
- Pathophysiology
- Unexpected Response to Therapies

## 185 Administration of the NCLEX-RN® Examination

186 The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT). CAT  
187 is a method of delivering examinations that uses computer technology and measurement theory. With  
188 CAT, each candidate's examination is unique because it is assembled interactively as the examination  
189 proceeds. Computer technology selects items to administer that match the candidate's ability. The items,  
190 which are stored in a large item pool, have been classified by test plan category and level of difficulty as  
191 well as a representative amount of clinical judgment items. After the candidate answers an item, the  
192 computer calculates an ability estimate based on all of the previous answers the candidate selected. The  
193 next item administered is chosen to measure the candidate's ability in the appropriate test plan category.  
194 This process is repeated for each item, creating an examination tailored to the candidate's knowledge and  
195 skills while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items  
196 selected and administered in this way until a pass or fail decision is made.

197  
198 All registered nurse candidates must answer a minimum of 75-85 items. The maximum number of items  
199 that a registered nurse candidate may answer is 265-150 during the allotted six-five-hour time period. Of  
200 the minimum length exam, 52 of the items will come from the eight content areas listed above in the  
201 stated percentages. Eighteen of the items will be comprised of three clinical judgment case studies. Case  
202 studies are item sets composed of six items that measure each of the six domains of the NCSBN Clinical  
203 Judgment Measurement Model (CJMM). The remaining 15 items will be unscored, pretest items. These  
204 pretest items can be composed of clinical judgment case studies or standalone items. The maximum  
205 six-five-hour time limit to complete the examination includes the tutorial, sample questions and includes



206 all breaks. Candidates may be administered multiple choice items, [case studies](#), as well as items written  
207 in [alternate formats](#). ~~These formats may include but are not limited to multiple response, fill in the blank~~  
208 ~~calculation, ordered response, and/or hot spots.~~ All item types may include multimedia such as charts,  
209 tables, [and](#) graphics, ~~sound and video~~. All items go through an extensive review process before being  
210 used as items on the examination.

211

212

213 More [detailed](#) information about the NCLEX examination, including [information on the Next Generation](#)  
214 [NCLEX](#), CAT methodology, the candidate bulletin and Web tutorials can be found at the website:  
215 [NCLEX.com. A more detailed description of the item types can be found in the NCLEX Tutorial section on](#)  
216 [the website.](#)

217

### 218 **Examination Security and Confidentiality**

219 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct  
220 and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may  
221 be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the  
222 licensing board may take other disciplinary action such as denial of a license and/or disqualifying the  
223 candidate from future registrations for licensure. Refer to the current candidate bulletin for more  
224 information.

225

226 Candidates should be aware and understand that the disclosure of any examination materials including  
227 the nature or content of examination items, before, during or after the examination is a violation of law.  
228 Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability  
229 and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of  
230 examination materials includes but is not limited to discussing examination items with faculty, friends,  
231 family, or others.

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**234 Bibliography**

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# Attachment B: Proposed 2023 NCLEX-RN® Test Plan – Clean Copy

## 1 2023 NCLEX-RN® Test Plan

## 2 National Council Licensure Examination 3 for Registered Nurses

## 4 (NCLEX-RN® EXAMINATION)

### 5 Introduction

6 Entry into the practice of nursing is regulated by the licensing authorities within each of the National  
7 Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, province,  
8 and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for  
9 licensure to meet set requirements that include passing an examination that measures the competencies  
10 needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops  
11 a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®),  
12 which is used by member board jurisdictions to assist in making licensure decisions.

13 Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice  
14 analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from*  
15 *the 2021 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN, 2022). Twenty-Four  
16 thousand newly licensed registered nurses are asked about the frequency, importance and clinical  
17 judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in  
18 relation to the frequency of performance, impact on maintaining client safety, and client care settings where  
19 the activities are performed. This analysis guides the development of a framework for entry-level nursing  
20 practice that incorporates specific client needs as well as processes fundamental to the practice of nursing.  
21 Clinical judgment is one of the fundamental processes found to possess a high level of relevance and  
22 importance in the delivery of safe, effective nursing at the entry-level.

23 Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These  
24 increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN  
25 has conducted several years of research and study to understand and isolate the individual factors that  
26 contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX  
27 Test Plan and subsequently delivered as examination items. A more detailed description of clinical  
28 judgment can be found in the Integrated Processes section.

29 The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and  
30 behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of  
31 the licensing examination. It serves as a guide for examination development as well as candidate  
32 preparation. The NCLEX® examination assesses the knowledge, skills, abilities, and clinical judgment that  
33 are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion,  
34 maintenance or restoration of health. The following sections describe beliefs about people and nursing that  
35 are integral to the examination, cognitive abilities that will be tested in the examination and specific  
36 components of the NCLEX-RN Test Plan.

### 37 Beliefs

38 Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying

39 capacities to function in society. They are unique individuals who have defined systems of daily living  
40 reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health  
41 care needs and to participate in meeting those needs. The profession of nursing makes a unique  
42 contribution in helping clients (individual, family or group, including significant others and population)  
43 achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a  
44 client is defined as the individual, family, or group which includes significant others and population.

45

46 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts  
47 from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession  
48 based on knowledge of the human condition across the life span and the relationships of an individual with  
49 others and within the environment. Nursing is a dynamic, continually evolving discipline that employs  
50 critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies,  
51 and client care activities into evidence-based nursing practice. The goal of nursing for client care is  
52 preventing illness and potential complications; protecting, promoting, restoring, and facilitating comfort;  
53 health; and dignity in dying.

54 The registered nurse provides a unique, comprehensive assessment of the health status of the client,  
55 applying principles of ethics, client safety, health promotion and the nursing process, the nurse then  
56 develops and implements an explicit plan of care considering unique cultural and spiritual client  
57 preferences, the applicable standard of care and legal instructions. The nurse assists clients to promote  
58 health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and  
59 support the right to a dignified death. The registered nurse is accountable for abiding by all applicable  
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65 at the application or higher levels of cognitive ability, which requires more complex thought processing.

## 66 **Test Plan Structure**

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68 for defining nursing actions and competencies and focuses on clients in all settings.

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71 four categories are divided into subcategories:

### 72 **Safe and Effective Care Environment**

- 73 ■ Management of Care
- 74 ■ Safety and Infection Control

### 75 **Health Promotion and Maintenance**

### 76 **Psychosocial Integrity**

### 77 **Physiological Integrity**

- 78 ■ Basic Care and Comfort
- 79 ■ Pharmacological and Parenteral Therapies

- 80           ▪ Reduction of Risk Potential
- 81           ▪ Physiological Adaptation

82

83

## 84 **Integrated Processes**

85 The following processes are fundamental to the practice of nursing and are integrated throughout the  
86 Client Needs categories and subcategories:

- 87           ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In  
88 this collaborative environment, the nurse provides encouragement, hope, support and  
89 compassion to help achieve desired outcomes.
- 90           ▪ *Clinical Judgment* – the observed outcome of critical thinking and decision making. It is an  
91 iterative process with multiple steps that uses nursing knowledge to observe and assess  
92 presenting situations, identify a prioritized client concern, and generate the best possible  
93 evidence-based solutions in order to deliver safe client care (detail description of the steps  
94 below).
- 95           ▪ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and  
96 the client, the client’s significant others and the other members of the health care team. Events  
97 and activities associated with client care are recorded in written and/or electronic records that  
98 demonstrate adherence to the standards of practice and accountability in the provision of care.
- 99           ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group,  
100 including significant others and population) which recognizes and considers the client-  
101 reported, self-identified, unique and individual preferences to client care, the applicable  
102 standard of care and legal instructions.
- 103           ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes  
104 assessment, analysis, planning, implementation and evaluation.
- 105           ▪ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting  
106 a change in behavior.

## 107 **Clinical Judgment**

108 The nurse engages in this iterative multi-step process that uses nursing knowledge to observe and assess  
109 presenting situations, identify a prioritized client concern, and generate the best possible evidence-based  
110 solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study  
111 or as an individual stand-alone item. A case study is where six items are associated with the same client  
112 presentation, share unfolding client information, and address the steps in clinical judgment.

- 113           ▪ **Recognize Cues** – identify relevant and important information from different sources (e.g.,  
114 medical history, vital signs).
- 115           ▪ **Analyze Cues** – organize and connect the recognized cues to the client’s clinical presentation.
- 116           ▪ **Prioritize Hypotheses** – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty,  
117 time constraints, etc.).
- 118           ▪ **Generate Solutions** – identify expected outcomes and use hypotheses to define a set of  
119 interventions for the expected outcomes.

- 120     ▪ Take Action – implement the solution(s) that address the highest priority.  
 121     ▪ Evaluate Outcomes – compare observed outcomes against expected outcomes.

122

### 123 **Distribution of Content**

124 The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-  
 125 RN Test Plan is based on the results of the *Report of Findings from the 2021 RN Practice Analysis: Linking the*  
 126 *NCLEX-RN® Examination to Practice* (NCSBN, 2022), and expert judgment provided by members of the  
 127 NCLEX Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
<b>Safe and Effective Care Environment</b>	
▪ Management of Care	15-21%
▪ Safety and Infection Control	10-16%
<b>Health Promotion And Maintenance</b>	6-12%
<b>Psychosocial Integrity</b>	6-12%
<b>Physiological Integrity</b>	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	13-19%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	11-17%

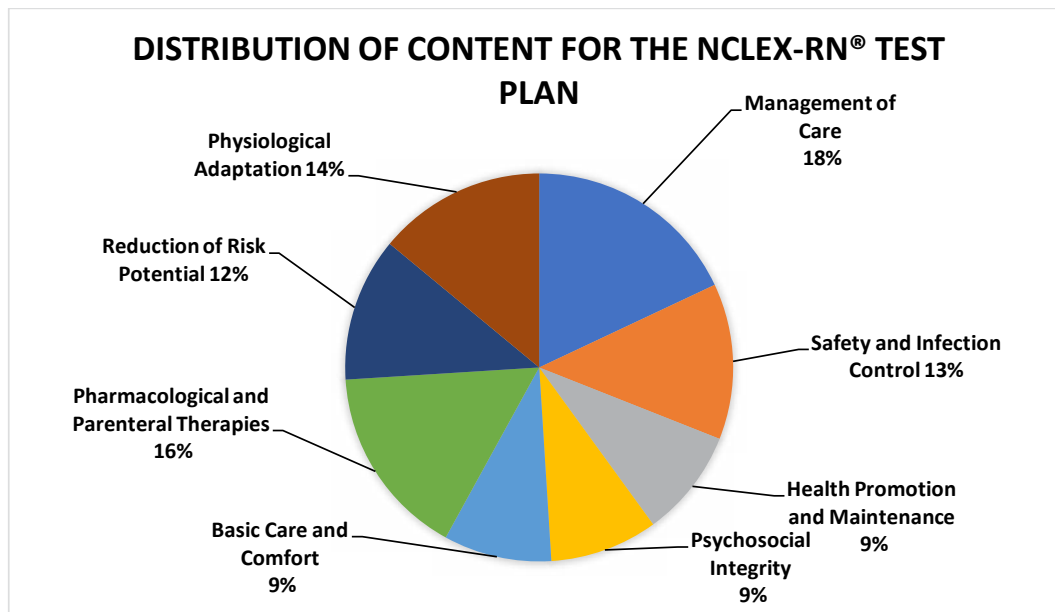
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134 NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-  
 135 specific ability. To accommodate possible variations in test length, content area distributions of the  
 136 individual examinations may differ up to  $\pm 3\%$  in each category.  
 137  
 138

139

## 140 Overview of Content

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

### 142 Safe and Effective Care Environment

143 The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances  
 144 the care delivery setting in order to protect clients and health care personnel.

- 145 ■ *Management of Care* – providing and directing nursing care that enhances the care delivery setting  
 146 to protect clients and health care personnel.

147 Related content includes but is **not limited** to:

- |   |   |
|---|---|
| ■ Advance Directives/Self-Determination/Life Planning | ■ Assignment, Delegation and Supervision        |
| ■ Advocacy  | ■ Establishing Priorities                       |
| ■ Case Management                                     | ■ Ethical Practice                              |
| ■ Client Rights                                       | ■ Informed Consent                              |
| ■ Collaboration with Interdisciplinary Team           | ■ Information Technology                        |
| ■ Concepts of Management                              | ■ Legal Rights and Responsibilities             |
| ■ Confidentiality/ Information Security               | ■ Organ Donation                                |
| ■ Continuity of Care                                  | ■ Performance Improvement (Quality Improvement) |
|   | ■ Referrals                                     |

148

149

150

- *Safety and Infection Control* – protecting clients and health care personnel from health and environmental hazards.

151

152

Related content includes but is **not limited** to:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Accident/Error/Injury Prevention</li> <li>▪ Emergency Response Plan</li> <li>▪ Ergonomic Principles</li> <li>▪ Handling Hazardous and Infectious Materials</li> <li>▪ Home Safety</li> </ul> | <ul style="list-style-type: none"> <li>▪ Reporting of Incident/Event/Irregular Occurrence/Variance</li> <li>▪ Safe Use of Equipment</li> <li>▪ Security Plan</li> <li>▪ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis</li> <li>▪ Use of Restraints/Safety Devices</li> </ul> |
|---|---|

153

#### **Health Promotion and Maintenance**

154

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health problems, and strategies to achieve optimal health.

155

156

157

Related content includes but is **not limited** to:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Aging Process</li> <li>▪ Ante/Intra/Postpartum and Newborn Care</li> <li>▪ Developmental Stages and Transitions</li> <li>▪ Health Promotion/Disease Prevention</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health Screening</li> <li>▪ High Risk Behaviors</li> <li>▪ Lifestyle Choices</li> <li>▪ Self-Care</li> <li>▪ Techniques of Physical Assessment</li> </ul> |
|--|--|

158

#### **Psychosocial Integrity**

159

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

160

161

Related content includes but is **not limited** to:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Abuse/Neglect</li> <li>▪ Behavioral Interventions</li> <li>▪ Chemical and Other Dependencies/Substance Use Disorder</li> <li>▪ Coping Mechanisms</li> <li>▪ Crisis Intervention</li> <li>▪ Cultural Awareness/Cultural Influences on Health</li> <li>▪ End of Life Care</li> <li>▪ Family Dynamics</li> <li>▪ Grief and Loss</li> </ul> | <ul style="list-style-type: none"> <li>▪ Mental Health Concepts</li> <li>▪ Religious and Spiritual Influences on Health</li> <li>▪ Sensory/Perceptual Alterations</li> <li>▪ Stress Management</li> <li>▪ Support Systems</li> <li>▪ Therapeutic Communication</li> <li>▪ Therapeutic Environment</li> </ul> |
|--|--|



162

163 **Physiological Integrity**

164 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk  
 165 potential and managing health alterations.

166

167 ■ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily  
 168 living.

169 Related content includes but is **not limited** to:

- |   |                                |
|---|--------------------------------|
| ■ Assistive Devices                         | ■ Nutrition and Oral Hydration |
| ■ Elimination                               | ■ Personal Hygiene             |
| ■ Mobility/Immobility                       | ■ Rest and Sleep               |
| ■ Non-Pharmacological Comfort Interventions |                                |

170 ■ *Pharmacological and Parenteral Therapies* - providing care related to the administration of  
 171 medications and parenteral therapies.

172 Related content includes but is **not limited** to:

- |  |                                    |
|--|------------------------------------|
| ■ Adverse Effects/Contraindications/ Side Effects/Interactions | ■ Expected Actions/Outcomes        |
| ■ Blood and Blood Products                                     | ■ Medication Administration        |
| ■ Central Venous Access Devices                                | ■ Parenteral/Intravenous Therapies |
| ■ Dosage Calculation   | ■ Pharmacological Pain Management  |
|  | ■ Total Parenteral Nutrition       |

173

174 ■ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or  
 175 health problems related to existing conditions, treatments or procedures.

176 Related content includes but is **not limited** to:

- |  |   |
|--|---|
| ■ Changes/Abnormalities in Vital Signs                                   | ■ Potential for Complications from Surgical Procedures and Health Alterations |
| ■ Diagnostic Tests   | ■ System Specific Assessments   |
| ■ Laboratory Values  | ■ Therapeutic Procedures  |
| ■ Potential for Alterations in Body Systems                              |   |
| ■ Potential for Complications of Diagnostic Tests/Treatments/ Procedures |   |

177

178 ■ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life  
 179 threatening physical health conditions.

180 Related content includes but is **not limited** to:

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Medical Emergencies
- Pathophysiology
- Unexpected Response to Therapies

## 181 **Administration of the NCLEX-RN® Examination**

182 The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT). CAT  
 183 is a method of delivering examinations that uses computer technology and measurement theory. With  
 184 CAT, each candidate's examination is unique because it is assembled interactively as the examination  
 185 proceeds. Computer technology selects items to administer that match the candidate's ability. The items,  
 186 which are stored in a large item pool, have been classified by test plan category and level of difficulty as  
 187 well as a representative amount of clinical judgment items. After the candidate answers an item, the  
 188 computer calculates an ability estimate based on all of the previous answers the candidate selected. The  
 189 next item administered is chosen to measure the candidate's ability in the appropriate test plan category.  
 190 This process is repeated for each item, creating an examination tailored to the candidate's knowledge and  
 191 skills while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items  
 192 selected and administered in this way until a pass or fail decision is made.

193  
 194 All registered nurse candidates must answer a minimum of 85 items. The maximum number of items  
 195 that a registered nurse candidate may answer is 150 during the allotted five-hour time period. Of the  
 196 minimum length exam, 52 of the items will come from the eight content areas listed above in the stated  
 197 percentages. Eighteen of the items will be comprised of three clinical judgment case studies. Case studies  
 198 are item sets composed of six items that measure each of the six domains of the NCSBN Clinical  
 199 Judgment Measurement Model (CJMM). The remaining 15 items will be unscored, pretest items. These  
 200 pretest items can be composed of clinical judgment case studies or standalone items. The maximum five-  
 201 hour time limit to complete the examination includes all breaks. Candidates may be administered  
 202 multiple choice items, case studies, as well as items written in alternate formats. All item types may  
 203 include multimedia such as charts, tables, and graphics. All items go through an extensive review process  
 204 before being used as items on the examination.

205  
 206  
 207 More detailed information about the NCLEX examination, including information on the Next Generation  
 208 NCLEX, CAT methodology, the candidate bulletin and Web tutorials can be found at the website:  
 209 [NCLEX.com](https://www.nclex.com). A more detailed description of the item types can be found in the NCLEX Tutorial section on  
 210 the website.

## 212 **Examination Security and Confidentiality**

213 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct  
 214 and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may  
 215 be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the  
 216 licensing board may take other disciplinary action such as denial of a license and/or disqualifying the  
 217 candidate from future registrations for licensure. Refer to the current candidate bulletin for more  
 218 information.

219  
 220 Candidates should be aware and understand that the disclosure of any examination materials including  
 221 the nature or content of examination items, before, during or after the examination is a violation of law.  
 222 Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability  
 223 and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of

224 examination materials includes but is not limited to discussing examination items with faculty, friends,  
225 family, or others.  
226  
227

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## Attachment C: Timeline for Implementation of the 2023 NCLEX-RN® Test Plan

October 2021	The NCLEX® Examination Committee reviews the 2021 RN Practice Analysis results and makes recommendations for the proposed 2023 NCLEX-RN® Test Plan.
February 2022	The proposed 2023 NCLEX-RN Test Plan is sent to nursing regulatory bodies (NRBs) for feedback.
April 2022	The NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the NCSBN® Board of Directors (BOD).
May 2022	NCSBN BOD reviews the proposed 2023 NCLEX-RN Test Plan.
June 2022	Panel of judges meet to recommend the 2023 NCLEX-RN Passing Standard.
August 2022	The proposed 2023 NCLEX-RN Test Plan is submitted to the Delegate Assembly and an action is provided.
December 2022	NCSBN BOD evaluates the 2023 NCLEX-RN Passing Standard.
January 2023	The approved 2023 NCLEX-RN Test Plan is published and placed on the NCSBN website.
April 1, 2023	The approved 2023 NCLEX-RN Test Plan and the 2023 NCLEX-RN Passing Standard are effective.

# Attachment D: Proposed 2023 NCLEX-PN® Test Plan – Strikethrough Copy

## 1 2020~~3~~ NCLEX-PN® Test Plan

### 2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

#### 4 Introduction

5 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of  
6 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public  
7 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that  
8 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse  
9 (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational  
10 Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

11  
12 Several steps occur in the development of the NCLEX-PN® Test Plan. The first step is conducting a practice analysis that is used  
13 to collect data on the current practice of entry-level practical/vocational nurses (Report of Findings from the 20~~18~~<sup>21</sup> LPN/VN  
14 Practice Analysis: Linking the NCLEX-PN® Examination to Practice [NCSBN, 20~~19~~<sup>22</sup>]). There were ~~422~~<sup>4</sup>4,000 newly licensed  
15 practical/vocational nurses asked about the frequency, importance, and clinical judgment relevancy and priority of performing  
16 nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining  
17 client safety and client care settings where the activities are performed. This analysis guides the development of a framework for  
18 entry-level nursing practice that incorporates specific client needs, as well as processes that are fundamental to the practice of  
19 nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the  
20 delivery of safe, effective nursing at the entry-level.

21 Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex  
22 decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and  
23 study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated  
24 factors are represented in the NCLEX Test Plan and subsequently delivered as examination items. A more detailed description of  
25 clinical judgment can be found in the Integrated Processes section.

26 The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested.  
27 Variations in jurisdiction laws and regulations are considered in the development of the test plan. The NCLEX-PN Test Plan  
28 provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination  
29 development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, and abilities and  
30 clinical judgment that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients  
31 requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing  
32 that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the  
33 NCLEX-PN Test Plan.

#### 34 Beliefs

35 Beliefs about people and nursing influence the NCLEX-PN Test Plan. People are finite beings with varying capacities to function  
36 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and  
37 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting  
38 those needs. The profession of nursing makes a unique contribution in helping clients (i.e., individuals, family, or group) achieve  
39 an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the  
40 individual, family, or group which includes significant others and population.

41  
42 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts  
43 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the  
44 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a  
45 dynamic, continually evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex  
46 knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care  
47 is preventing illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.  
48

49 The LPN/VN uses “specialized knowledge and skills which meet the health needs of people in a variety of settings under the  
 50 direction of qualified health professionals” (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the  
 51 applicable standard of care and legal considerations the LPN/VN uses a clinical problem-solving process (the nursing process) to  
 52 collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client’s life  
 53 span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential  
 54 competencies needed to care for clients with commonly occurring health problems that have predictable outcomes.  
 55 “Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to  
 56 standards of care, accountability of one’s own actions and behaviors, and use of legal and ethical principles in nursing practice”  
 57 (NAPNES, 2007).

## 58 Classification of Cognitive Levels

59 Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,  
 60 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills, and  
 61 abilities, and clinical judgment; therefore, the majority of items are written at the application or higher levels of cognitive ability.

## 62 Test Plan Structure

63 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and  
 64 competencies for a variety of clients across all settings and is congruent with state laws/rules.

## 65 Client Needs

66 The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories; two of the four categories are  
 67 divided into subcategories:  
 68  
 69

### 70 Safe and Effective Care Environment

- 71 ■ Coordinated Care
- 72 ■ Safety and Infection Control

### 73 Health Promotion and Maintenance

### 74 Psychosocial Integrity

### 75 Physiological Integrity

- 76 ■ Basic Care and Comfort
- 77 ■ Pharmacological Therapies
- 78 ■ Reduction of Risk Potential
- 79 ■ Physiological Adaptation

## 83 Integrated Processes

84 The following processes are fundamental to the practice of practical/vocational nursing and integrated throughout the Client Needs  
 85 categories and subcategories:  
 86

- 87 ■ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this  
 88 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired  
 89 therapeutic outcomes.
- 90
- 91 ■ Clinical Judgment – the observed outcome of critical thinking and decision making. It is an iterative process that uses  
 92 nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the  
 93 best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- 94
- 95 ■ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
 96 planning, implementation and evaluation.

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  - 98
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  - 100
  - 101
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  - 106
  - 107
  - 108
- *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
  - *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
  - *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.

109 **Clinical Judgment**

110 The nurse engages in this iterative multi-step process that uses nursing knowledge to observe and assess presenting situations,  
 111 identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.  
 112 Clinical judgment content may be represented as a case study or as individual stand-alone items. A case study is where six  
 113 items are associated with the same client presentation and share unfolding client information.

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  - 115
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  - 120
  - 121
- Recognize Cues – identify relevant and important information from different sources (e.g., medical history, vital signs).
  - Analyze Cues – organize and connect the recognized cues to the client’s clinical presentation.
  - Prioritize Hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
  - Generate Solutions – identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
  - Take Action – implement the solution(s) that address the highest priority.
  - Evaluate Outcomes – compare observed outcomes against expected outcomes.

122 **Distribution of Content**

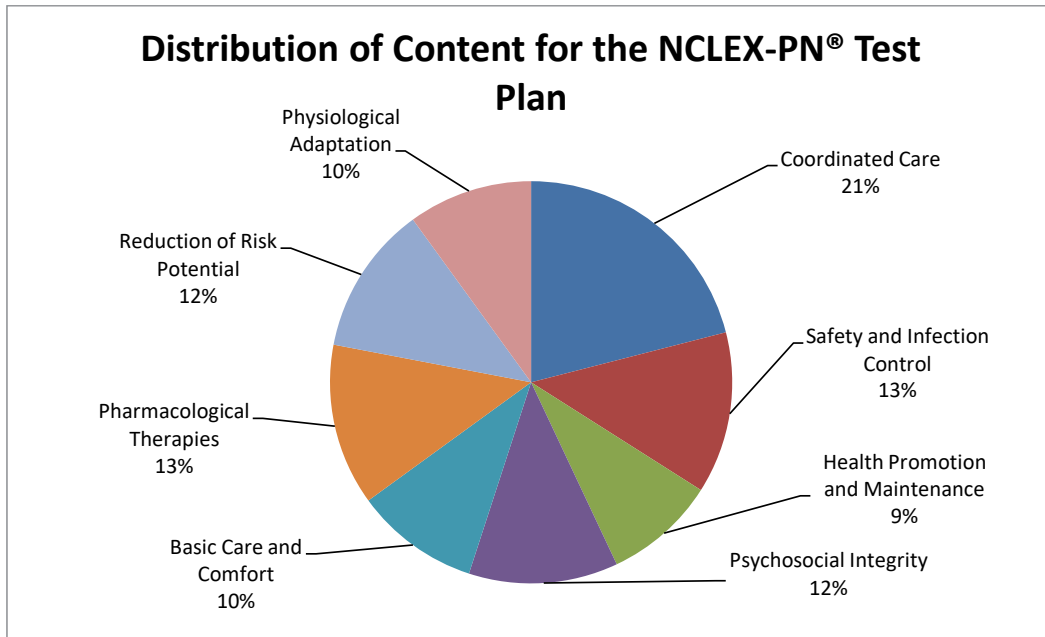
123 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on  
 124 the results of the study Report of Findings from the 2018-21 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to  
 125 Practice (NCSBN, 201922), and expert judgment provided by members of the NCLEX® Examination Committee.  
 126  
 127

Client Needs	Percentage of Items from each Category/Subcategory
Safe and Effective Care Environment	
▪ Coordinated Care	18-24%
▪ Safety and Infection Control	10-16%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	10-16%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	7-13%

128

129





130

131 NCLEX-PN examinations are administered adaptively in variable length format to target candidate-specific ability. To  
 132 accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in  
 133 each category.

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## 134 Overview of Content

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

136

## 137 Safe and Effective Care Environment

138 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
139 protects clients and health care personnel.

140

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146

- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care.

Related content includes, but is **not limited to**:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Advance Directives</li> <li>▪ Advocacy</li> <li>▪ Assignments/Delegation</li> <li>▪ Client Rights</li> <li>▪ Collaboration with Interdisciplinary Team</li> <li>▪ Concepts of Management and Supervision</li> <li>▪ Confidentiality/Information Security</li> <li>▪ Continuity of Care</li> </ul> | <ul style="list-style-type: none"> <li>▪ Establishing Priorities</li> <li>▪ Ethical Practice</li> <li>▪ Informed Consent</li> <li>▪ Information Technology</li> <li>▪ Legal Responsibilities</li> <li>▪ Performance Improvement (Quality Improvement)</li> <li>▪ Referral Process</li> <li>▪ Resource Management</li> </ul> |
|--|---|

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152

- *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes, but is **not limited to**:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Accident/Error/Injury Prevention</li> <li>▪ Emergency Response Plan</li> <li>▪ Ergonomic Principles</li> <li>▪ Handling Hazardous and Infectious Materials</li> <li>▪ Home Safety</li> </ul> | <ul style="list-style-type: none"> <li>▪ Reporting of Incident/Event/Irregular Occurrence/Variance</li> <li>▪ Least Restrictive Restraints and Safety Devices</li> <li>▪ Safe Use of Equipment</li> <li>▪ Security Plan</li> <li>▪ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis</li> </ul> |
|---|--|

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154

## 155 Health Promotion and Maintenance

156 The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and  
157 development, and prevention and/or early detection of health problems.

158

159

160

Related content includes, but is **not limited to**:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Aging Process</li> <li>▪ Ante/Intra/Postpartum and Newborn Care</li> <li>▪ Community Resources</li> <li>▪ Data Collection Techniques</li> <li>▪ Developmental Stages and Transitions</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health Promotion/Disease Prevention</li> <li>▪ High Risk Behaviors</li> <li>▪ Lifestyle Choices</li> <li>▪ Self-care</li> </ul> |
|--|--|

161

162

163

**164 Psychosocial Integrity**

**165** The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.  
**166**  
**167**  
**168**  
**169**

Related content includes, but is **not limited to**:

- Abuse or Neglect
- Behavioral Management
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Substance Use and Other Disorders and Dependencies
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

170

**171 Physiological Integrity**

**172** The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.  
**173**  
**174**

- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of activities of daily living.

Related content includes, but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Nonpharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

180

- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes, but is **not limited to**:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

186

- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited to**:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures

192

- 193  
194  
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196  
197
- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Unexpected Response to Therapies

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203 level of difficulty as well as a representative amount of clinical judgment items. After the candidate answers an item, the  
204 computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered  
205 is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each item,  
206 creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-PN Test Plan requirements.  
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208 All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a  
209 practical/vocational nurse candidate may answer is 205-150 during the allotted five-hour time period. Of the minimum length  
210 exam, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will be  
211 comprised of three clinical judgment case studies. Case studies are item sets composed of six items that measure each of the  
212 six domains of the NCSBN Clinical Judgment Measurement Model (CJMM). The remaining 15 items will be unscored, pretest  
213 items. These pretest items can be composed of clinical judgment case studies or standalone items. The maximum five-hour time  
214 limit to complete the examination includes ~~the tutorial, sample questions and all breaks~~. Candidates may be administered  
215 multiple choice items, case studies, as well as items written in alternate formats. These formats may include but are not limited to  
216 multiple response, fill in the blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such  
217 as charts, tables, and graphics, ~~sound and video~~. All items go through an extensive review process before being used as items  
218 on the examination.  
219

220 More detailed information about the NCLEX examination, including information on the Next Generation NCLEX, CAT  
221 methodology, the candidate bulletin and Web tutorials can be found at the website: NCLEX.com. A more detailed description of  
222 the item types can be found in the NCLEX Tutorial section on the website.  
223

224

## 225 Examination Security and Confidentiality

226 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a  
227 test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam  
228 results may be withheld or cancelled and the licensing board may take other disciplinary action, such as denial of a license and/or  
229 disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.  
230 Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of  
231 examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules  
232 can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure.  
233 Disclosure of examination materials includes, but is not limited to discussing examination items with faculty, friends, family, or  
234 others.

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**240**

**241** Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.

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**243** National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and educational competencies of graduates of practical/vocational nursing programs*. Silver Spring, MD: Author.

**244**

**245** National Council of State Boards of Nursing (20~~19~~<sup>22</sup>). *Report of the findings from the 20~~18~~<sup>21</sup> LPN/VN practice analysis: Linking the NCLEX-PN examination to practice*. Chicago, Author.

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**247** National Council of State Boards of Nursing. (20~~19~~<sup>22</sup>). *NCSBN Model Act*. Chicago: Author.

**248**

**249** National Federation of Licensed Practical Nurses, Inc. (NFLPN). (20~~15~~<sup>15</sup>). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author.

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# Attachment E: Proposed 2023 NCLEX-PN® Test Plan – Clean Copy

## 1 2023 NCLEX-PN® Test Plan

### 2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

#### 4 Introduction

5 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of  
6 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public  
7 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that  
8 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse  
9 (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational  
10 Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

11  
12 Several steps occur in the development of the NCLEX-PN® Test Plan. The first step is conducting a practice analysis that is used  
13 to collect data on the current practice of entry-level practical/vocational nurses (Report of Findings from the 2021 LPN/VN Practice  
14 Analysis: Linking the NCLEX-PN® Examination to Practice [NCSBN, 2022]). There were 24,000 newly licensed practical/vocational  
15 nurses asked about the frequency, importance, and clinical judgment relevancy of performing nursing care activities. Nursing care  
16 activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings  
17 where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that  
18 incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. Clinical judgment is one of  
19 the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at  
20 the entry-level.

21 Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex  
22 decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and  
23 study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated  
24 factors are represented in the NCLEX Test Plan and subsequently delivered as examination items. A more detailed description of  
25 clinical judgment can be found in the Integrated Processes section.

26 The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested.  
27 Variations in jurisdiction laws and regulations are considered in the development of the test plan. The NCLEX-PN Test Plan  
28 provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination  
29 development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, abilities and clinical  
30 judgment that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring the  
31 promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are  
32 integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the NCLEX-PN  
33 Test Plan.

#### 34 Beliefs

35 Beliefs about people and nursing influence the NCLEX-PN Test Plan. People are finite beings with varying capacities to function  
36 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and  
37 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting  
38 those needs. The profession of nursing makes a unique contribution in helping clients (i.e., individuals, family, or group) achieve  
39 an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the  
40 individual, family, or group which includes significant others and population.

41  
42 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts  
43 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the  
44 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a  
45 dynamic, continually evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex  
46 knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care  
47 is preventing illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.  
48

49 The LPN/VN uses “specialized knowledge and skills which meet the health needs of people in a variety of settings under the  
 50 direction of qualified health professionals” (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the  
 51 applicable standard of care and legal considerations the LPN/VN uses a clinical problem-solving process (the nursing process) to  
 52 collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client’s life  
 53 span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential  
 54 competencies needed to care for clients with commonly occurring health problems that have predictable outcomes.  
 55 “Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to  
 56 standards of care, accountability of one’s own actions and behaviors, and use of legal and ethical principles in nursing practice”  
 57 (NAPNES, 2007).

## 58 Classification of Cognitive Levels

59 Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,  
 60 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills,  
 61 abilities, and clinical judgment; therefore, the majority of items are written at the application or higher levels of cognitive ability.

## 62 Test Plan Structure

63 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and  
 64 competencies for a variety of clients across all settings and is congruent with state laws/rules.

## 65 Client Needs

66 The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories; two of the four categories are  
 67 divided into subcategories:  
 68  
 69

### 70 Safe and Effective Care Environment

- 71 ▪ Coordinated Care
- 72 ▪ Safety and Infection Control

### 73 Health Promotion and Maintenance

### 74 Psychosocial Integrity

### 75 Physiological Integrity

- 76 ▪ Basic Care and Comfort
- 77 ▪ Pharmacological Therapies
- 78 ▪ Reduction of Risk Potential
- 79 ▪ Physiological Adaptation

## 83 Integrated Processes

84 The following processes are fundamental to the practice of practical/vocational nursing and integrated throughout the Client Needs  
 85 categories and subcategories:  
 86

- 87 ▪ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this  
 88 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired  
 89 therapeutic outcomes.
- 90 ▪ *Clinical Judgment* – the observed outcome of critical thinking and decision making. It is an iterative process that uses  
 91 nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the  
 92 best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- 93 ▪ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
 94 planning, implementation and evaluation.

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- *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
  - *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
  - *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.

### 109 Clinical Judgment

110 The nurse engages in this iterative multi-step process that uses nursing knowledge to observe and assess presenting situations,  
111 identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.  
112 Clinical judgment content may be represented as a case study or as individual stand-alone items. A case study is where six  
113 items are associated with the same client presentation and share unfolding client information.

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- Recognize Cues – identify relevant and important information from different sources (e.g., medical history, vital signs).
  - Analyze Cues – organize and connect the recognized cues to the client's clinical presentation.
  - Prioritize Hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
  - Generate Solutions – identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
  - Take Action – implement the solution(s) that address the highest priority.
  - Evaluate Outcomes – compare observed outcomes against expected outcomes.

### 122 Distribution of Content

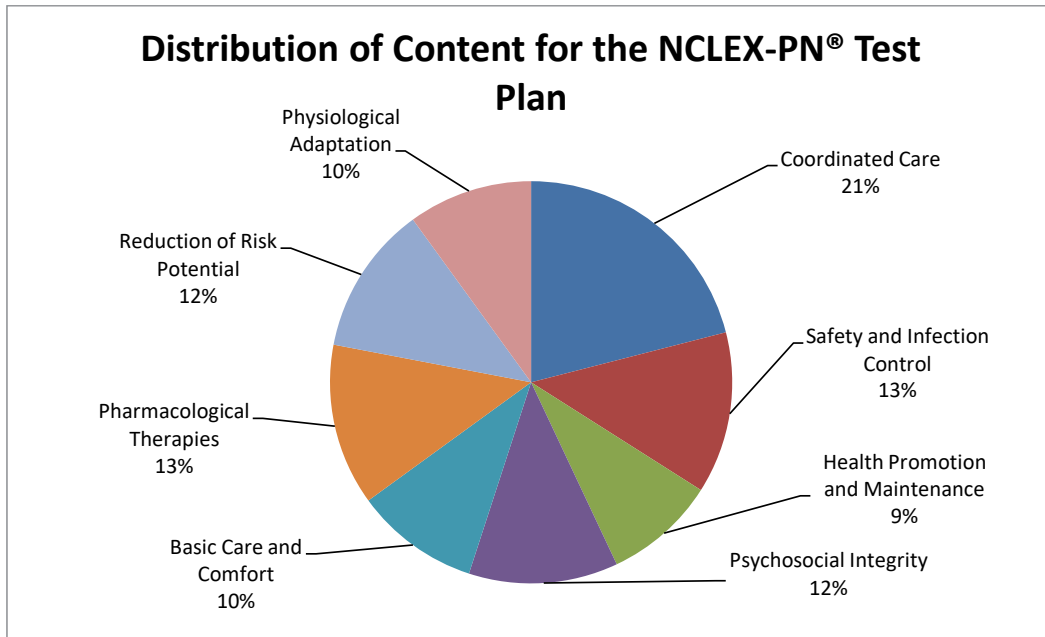
123 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on  
124 the results of the study *Report of Findings from the 2021 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to*  
125 *Practice* (NCSBN, 2022), and expert judgment provided by members of the NCLEX® Examination Committee.  
126  
127

Client Needs	Percentage of Items from each Category/Subcategory
Safe and Effective Care Environment	
▪ Coordinated Care	18-24%
▪ Safety and Infection Control	10-16%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	10-16%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	7-13%

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131 NCLEX-PN examinations are administered adaptively in variable length format to target candidate-specific ability. To  
 132 accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in  
 133 each category.

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**134 Overview of Content**

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

**136**

**137 Safe and Effective Care Environment**

**138** The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
**139** protects clients and health care personnel.

**140**

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- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care.

Related content includes, but is **not limited to**:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Advance Directives</li> <li>▪ Advocacy</li> <li>▪ Assignments/Delegation</li> <li>▪ Client Rights</li> <li>▪ Collaboration with Interdisciplinary Team</li> <li>▪ Concepts of Management and Supervision</li> <li>▪ Confidentiality/Information Security</li> <li>▪ Continuity of Care</li> </ul> | <ul style="list-style-type: none"> <li>▪ Establishing Priorities</li> <li>▪ Ethical Practice</li> <li>▪ Informed Consent</li> <li>▪ Information Technology</li> <li>▪ Legal Responsibilities</li> <li>▪ Performance Improvement (Quality Improvement)</li> <li>▪ Referral Process</li> <li>▪ Resource Management</li> </ul> |
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- *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes, but is **not limited to**:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Accident/Error/Injury Prevention</li> <li>▪ Emergency Response Plan</li> <li>▪ Ergonomic Principles</li> <li>▪ Handling Hazardous and Infectious Materials</li> <li>▪ Home Safety</li> </ul> | <ul style="list-style-type: none"> <li>▪ Reporting of Incident/Event/Irregular Occurrence/Variance</li> <li>▪ Least Restrictive Restraints and Safety Devices</li> <li>▪ Safe Use of Equipment</li> <li>▪ Security Plan</li> <li>▪ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis</li> </ul> |
|---|--|

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**155 Health Promotion and Maintenance**

**156** The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

**157**

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**160**

Related content includes, but is **not limited to**:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Aging Process</li> <li>▪ Ante/Intra/Postpartum and Newborn Care</li> <li>▪ Community Resources</li> <li>▪ Data Collection Techniques</li> <li>▪ Developmental Stages and Transitions</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health Promotion/Disease Prevention</li> <li>▪ High Risk Behaviors</li> <li>▪ Lifestyle Choices</li> <li>▪ Self-care</li> </ul> |
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**164 Psychosocial Integrity**

**165** The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

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Related content includes, but is **not limited to**:

- Abuse or Neglect
- Behavioral Management
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Substance Use and Other Disorders and Dependencies
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

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**171 Physiological Integrity**

**172** The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

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- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of activities of daily living.

Related content includes, but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Nonpharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

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- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes, but is **not limited to**:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

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- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited to**:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures

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- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Unexpected Response to Therapies

## 198 Administration of the NCLEX-PN® Examination

199 The NCLEX-PN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of  
200 delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is  
201 unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that  
202 match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and  
203 level of difficulty as well as a representative amount of clinical judgment items. After the candidate answers an item, the  
204 computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered  
205 is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each item,  
206 creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-PN Test Plan requirements.  
207 The examination continues with items selected and administered in this way until a pass or fail decision is made.

208 All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a  
209 practical/vocational nurse candidate may answer is 150 during the allotted five-hour time period. Of the minimum length exam,  
210 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will be  
211 comprised of three clinical judgment case studies. Case studies are item sets composed of six items that measure each of the  
212 six domains of the NCSBN Clinical Judgment Measurement Model (CJMM). The remaining 15 items will be unscored, pretest  
213 items. These pretest items can be composed of clinical judgment case studies or standalone items. The maximum five-hour time  
214 limit to complete the examination includes all breaks. Candidates may be administered multiple choice items, case studies, as  
215 well as items written in alternate formats. All item types may include multimedia, such as charts, tables, and graphics. All items  
216 go through an extensive review process before being used as items on the examination.

217 More detailed information about the NCLEX examination, including information on the Next Generation NCLEX, CAT  
218 methodology, the candidate bulletin and Web tutorials can be found at the website: [NCLEX.com](https://www.nclex.com). A more detailed description of  
219 the item types can be found in the NCLEX Tutorial section on the website.  
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222

## 223 Examination Security and Confidentiality

224 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a  
225 test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam  
226 results may be withheld or cancelled and the licensing board may take other disciplinary action, such as denial of a license and/or  
227 disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.  
228 Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of  
229 examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules  
230 can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure.  
231 Disclosure of examination materials includes, but is not limited to discussing examination items with faculty, friends, family, or  
232 others.

233

234

**235** Bibliography**236****237** Anderson, L. W. & Krathwohl, D. R. (Eds). (2001). *A taxonomy for learning, teaching, and assessing. A revision of Bloom's taxonomy of educational objectives*. New York: Addison Wesley Longman, Inc.**238****239** Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.**240****241** National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and educational competencies of graduates of practical/vocational nursing programs*. Silver Spring, MD: Author.**242****243** National Council of State Boards of Nursing (2022). *Report of the findings from the 2021 LPN/VN practice analysis: Linking the NCLEX-PN examination to practice*. Chicago, Author.**244****245** National Council of State Boards of Nursing. (2022). *NCSBN Model Act*. Chicago: Author.**246****247** National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2015). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author.**248****249****250****251****252****253****254****255**

## Attachment F: Timeline for Implementation of the 2023 NCLEX-PN® Test Plan

October 2021	The NCLEX® Examination Committee reviews the 2021 PN Practice Analysis results and makes recommendations for the proposed 2023 NCLEX-PN® Test Plan.
February 2022	The proposed 2023 NCLEX-PN Test Plan is sent to nursing regulatory bodies (NRBs) for feedback.
April 2022	The NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the NCSBN® Board of Directors (BOD).
May 2022	NCSBN BOD reviews the proposed 2023 NCLEX-PN Test Plan.
August 2022	Panel of judges meet to recommend the 2023 NCLEX-PN Passing Standard.
	The proposed 2023 NCLEX-PN Test Plan is submitted to the Delegate Assembly and an action is provided.
December 2022	NCSBN BOD evaluates the 2023 NCLEX-PN Passing Standard.
January 2023	The approved 2023 NCLEX-PN Test Plan is published and placed on the NCSBN website.
April 1, 2023	The approved 2023 NCLEX-PN Test Plan and the 2023 NCLEX-PN Passing Standard are effective.

# Attachment G: Annual Report of Pearson VUE for the NCLEX®

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## National Council of State Boards of Nursing (NCSBN®)

### National Council Licensure Examination (NCLEX®)

Jan. 1, 2021–Dec. 31, 2021

Prepared by:

**Pearson VUE**

**March 3, 2022**

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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 19th full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to the National Council of State Boards of Nursing, Inc. (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.

## Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. NCSBN 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, NCSBN is focusing on newer prototypes for formats related to Next Generation NCLEX® (NGN) exploratory research and development. NCSBN 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 2021.

The Technical Advisory Committee (TAC) met virtually on April 9, 2021. In attendance were TAC Members April Zenisky, Ying (Alison) Cheng, Gage Kingsbury, Mark Reckase, and Steve Wise; TAC Nursing Consultant Janice

Hooper; NCSBN Staff Joe Betts, William Muntean, Shu-chuan Kao, Doyoung Kim and Hong Qian; NCSBN Consultant Betty Bergstrom; TAC Guest Researcher Hyeon-Ah (Annie) Kang was also present. The TAC received updates on three projects:

- NGN Research Updates, William Muntean;
- Time-efficient Adaptive Testing for Testlet-based Innovative Items, Hyeon-Ah (Annie) Kang; and
- NGN Test Design, Beta Testing, and NGN Standard Setting, Joe Betts.

The TAC met virtually on Nov. 5, 2021. In attendance were TAC Members April Zenisky, Ying (Alison) Cheng, Gage Kingsbury, Mark Reckase and Steve Wise; TAC Nursing Consultant Janice Hooper; NCSBN Staff Joe Betts, William Muntean, Shu-chuan Kao, Doyoung Kim, Hong Qian, Cary Lin, Fang Peng and Qiao Lin. The TAC received updates on one project: NGN Standard Setting, Hong Qian and Cary Lin. The TAC approved the use of the hybrid method for NGN standard setting with polytomous items and recommended further evaluation of profile methods for consideration at a later time.

### Pearson VUE Meetings with National Council of State Boards of Nursing

- Jan. 7, 2021 NCLEX Examinations Committee Business Meeting (virtual)
- Jan. 12, 2021 Next Generation NCLEX Steering Committee Meeting
- Feb. 23, 2021 Next Generation NCLEX Steering Committee Meeting
- March 9–11, 2021 NCSBN Midyear Meeting (virtual)
- April 10, 2021 Next Generation NCLEX Steering Committee Meeting
- April 19, 2021 NCLEX Examinations Committee Business Meeting (virtual)
- May 15, 2021 Next Generation NCLEX Steering Committee Meeting
- June 7, 2021 NCLEX Examinations Committee Business Meeting (virtual)
- Aug. 9, 2021 NCLEX Examinations Committee Business Meeting (virtual)
- Aug. 18–19, 2021 2021 NCSBN Annual Meeting (virtual)
- Sept. 30, 2021 2021 NCSBN NCLEX Conference (virtual)
- Oct. 7, 2021 NCLEX Examinations Committee Business Meeting (virtual)
- Nov. 9, 2021 Next Generation NCLEX Steering Committee Meeting (virtual)

### Recurring Meetings and Conference Calls

- Marianne Griffin and Jacklyn Currier met biweekly regarding NCLEX operational matters.
- Phil Dickison and Tony Zara met regularly by phone.
- Conference calls and virtual meetings with Pearson VUE and NCSBN content staff were held periodically as needed.
- Other virtual meetings and conference calls were conducted on an as-needed basis.
- Working group meetings with Pearson VUE related to NGN development were held weekly for entire group and multiple meetings during the week to work on specific issues.

### Summary of NCLEX Examination Results for the 2021 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 2020, the 2021 overall candidate volumes were slightly higher for the NCLEX-RN examination (10.47%) and higher for the NCLEX-PN examination (about 5.39%). The RN passing rate for the overall group



was 3.5 percentage points lower for 2021 than for 2020, and the passing rate for the reference group was 4.09 percentage points lower for this period compared to 2020. The PN overall passing rate was lower by 3.97 percentage points from 2020, and the PN reference group passing rate was 3.48 percentage points lower than in 2020. 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 2021 testing year for the NCLEX-RN examination:

- Overall, 278,815 NCLEX-RN examination candidates tested in 2021, as compared to 252,398 during the 2020 testing year. This represented an increase of approximately 10.47%.
- The candidate population reflected 185,061 first-time, U.S.-educated candidates who tested during 2021, as compared to 177,409 for the 2020 testing year, which represented an increase of approximately 4.31%.
- The overall passing rate was 68.85% in 2021, compared to 72.35% in 2020. The passing rate for the reference group was 82.48% in 2021, as compared to 86.57% in 2020.
- In 2021, approximately 46.11% of the total group and 49.41% of the reference group ended their tests after a minimum of 60 operational items were administered. These figures were slightly lower than in the 2020 testing year, in which 48.75% of the total group and 52.93% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 28.93% for the total group and 26.28% for the reference group in 2021. These figures were higher than last year's figures of 23.55% for the total group and 20.51% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2021 testing period was 2.25 hours for the overall group and 2.00 hours for the reference group (longer than last year's average times of 2.09 hours and 1.84 hours, respectively).
- A total of 55.73% of the candidates chose to take a break during their examinations in 2021 (compared to 45.12% last year).
- Overall, 0.81% of the total group and 0.22% of the reference group ran out of time before completing the test in 2021. These percentages were lower for the total group and lower for the reference group than the corresponding percentages for candidates during the 2020 testing year (1.70% and 0.52%, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2021 testing period indicated patterns that were similar to those observed for the 2020 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 2021 testing year for the NCLEX-PN examination:

- Overall, 64,871 NCLEX-PN candidates tested in 2021, as compared to 61,551 PN candidates during the 2020 testing year. This represented an increase of approximately 5.39%.
- The candidate population reflected 46,356 first-time, U.S.-educated candidates who tested in 2021, as compared to 45,662 for the 2020 testing year, which represented an increase of approximately 1.52%.
- The overall passing rate was 66.92% in 2021 compared to 70.89% in 2020. The passing rate for the reference group was 79.60% in 2021, as compared to 83.08% in 2020.
- In 2021, approximately 46.59% of the total group and 50.28% of the reference group ended their tests after a minimum of 60 operational items were administered. These figures were lower than those from the 2020 testing year, in which 49.84% of the total group and 53.71% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 28.76% for the total group and 25.34% for the reference group in 2021. These figures were higher than last year's figures of 25.36% for the total group and 22.17% for the reference group.

- The average time needed to take the NCLEX-PN examination during the 2021 testing period was 2.14 hours for the overall group and 1.96 hours for the reference group (longer than last year's average times of 2.01 and 1.83 hours, respectively).
- A total of 50.84% of the candidates chose to take a break during their examinations in 2021 (compared to 42.76% last year).
- Overall, 0.57% of the total group and 0.26% of the reference group ran out of time before completing the test in 2020. These percentages were lower than last year's figures of 1.18% for the total group and 0.48% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2021 testing period indicated patterns that were similar to those observed for the 2020 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<sup>1</sup>, since Jan. 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2021 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 15,442 RN candidates tested in 2021, as compared to 14,261 RN candidates during the 2020 testing year. This represented an increase of approximately 8.28%.
- The candidate population reflected 9,515 first-time, Canadian-educated candidates who tested in 2021, as compared to 9,193 for the 2020 testing year, which represented an increase of approximately 3.50%.
- The overall passing rate was 71.47% in 2021 as compared to 74.43% in 2020. The first-time, Canadian-educated group passing rate was 84.55% in 2021, as compared to 86.21% in 2020.
- In 2021, 48.49% of the total group and 54.51% of the first-time, Canadian-educated group who ended their tests after a minimum of 60 operational items were administered. These figures were lower than those from the 2020 testing year, in which 48.84% of the total group and 56.07% of the reference group took minimum-length exams.
- In 2021, the percentage of maximum-length test takers was 28.45% for the total group and 24.15% for the first-time, Canadian-educated group. These figures were higher than last year's percentages, which were 25.52% for the total group and 20.64% for the first-time, Canadian-educated group.
- The average time needed to take the NCLEX-RN examination during the 2021 testing period was 2.30 hours for the overall group and 1.99 hours for the first-time, Canadian-educated group. These times were longer for the total group and the first-time, Canadian-educated group as compared to 2020 times of 2.10 and 1.80 hours, respectively.
- A total of 56.67% of the candidates chose to take a break during their examinations in 2021, as compared to 45.44% in 2020.
- Overall, 0.60% of the total group and 0.13% of the first-time, Canadian-educated group ran out of time before completing the test in 2021. These percentages were slower than the 2020 figure of 1.54% for the total group and 0.45% for the first-time, Canadian-educated group.
- In general, the NCLEX-RN Canadian English examination summary statistics for the 2021 testing period indicated patterns that were similar to those observed for the 2020 testing period. These results provided continued evidence that the administration of the NCLEX-RN English examination is psychometrically sound.
- 99.07% of the Canadian examinations were taken in English.

<sup>1</sup> The Canadian territory Yukon did not use the NCLEX-RN as the Registered Nurse licensing examination either.

**Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2021 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2021	
	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	65,951	47,461	77,913	56,837	87,127	60,874	47,824	19,889	278,815	185,061
Percent Passing	71.85	84.83	73.86	85.69	70.43	81.10	53.67	71.92	68.85	82.48
Avg. # Items Taken	99.99	98.01	99.36	97.44	101.96	100.26	105.27	103.12	101.33	99.12
% Taking Min # Items	47.84	50.51	49.53	52.40	45.43	47.88	39.38	42.93	46.11	49.41
% Taking Max # Items	27.04	24.57	26.64	24.33	30.05	27.96	33.21	30.80	28.93	26.28
Avg. Test Time (hours)	2.23	2.00	2.13	1.88	2.24	2.04	2.49	2.18	2.25	2.00
% Taking Break	54.02	44.69	49.85	39.61	55.98	47.85	67.21	54.80	55.73	45.25
% Timing Out	0.83	0.23	0.71	0.17	0.70	0.22	1.14	0.37	0.81	0.22

**Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2020 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	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	60,007	45,692	69,347	51,493	85,255	61,614	37,789	18,610	252,398	177,409
Percent Passing	77.89	89.61	75.23	88.85	72.18	84.87	58.63	78.44	72.35	86.57
Avg. # Items Taken	117.80	112.87	83.33	80.17	85.63	83.30	102.68	99.83	95.20	91.74
% Taking Min # Items	51.96	55.47	50.67	55.37	47.07	50.54	43.93	47.82	48.75	52.93
% Taking Max # Items	12.39	11.30	24.52	20.94	27.48	24.98	30.61	27.12	23.55	20.51
Avg. Test Time (hours)	2.42	2.16	1.82	1.59	1.91	1.71	2.46	2.12	2.09	1.84
% Taking Break	51.09	42.97	36.04	25.54	40.17	31.00	63.51	49.41	45.12	34.43
% Timing Out	2.46	0.95	1.49	0.30	1.55	0.44	1.19	0.35	1.70	0.52

**Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2021 Testing Year**

Operational Item Statistics										
Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2021	
	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	0.07	0.20	0.07	N/A	N/A
Avg. Item Time (secs.)	80.94	30.68	77.14	27.02	79.46	27.28	82.94	20.02	N/A	N/A
Pretest Item Statistics										
# of Items <sup>2</sup>	397		420		N/A		99		916	
Avg. Sample Size	724		694		N/A		747		722	
Mean Point-Biserial	0.10		0.11		N/A		0.13		0.11	
Mean P value	0.62		0.57		N/A		0.54		0.58	
Mean Item Difficulty	-0.39		0.01		N/A		0.02		-0.12	
SD Item Difficulty	1.69		1.47		N/A		1.34		1.50	
Total Number Flagged	89		81		N/A		17		187	
Percent Items Flagged	22.42		19.29		N/A		17.17		20.41	

<sup>2</sup> Data do not include research and retest items.

**Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2020 Testing Year**

Operational Item Statistics										
Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.08	0.21	0.08	0.21	0.08	0.21	0.08	N/A	N/A
Avg. Item Time (secs.)	73.19	25.42	77.12	29.34	78.59	29.64	85.99	32.46	N/A	N/A
Pretest Item Statistics										
# of Items <sup>3</sup>	N/A		N/A		N/A		334		334	
Avg. Sample Size	N/A		N/A		N/A		644		644	
Mean Point-Biserial	N/A		N/A		N/A		0.12		0.12	
Mean P value	N/A		N/A		N/A		0.60		0.60	
Mean Item Difficulty	N/A		N/A		N/A		-0.38		-0.38	
SD Item Difficulty	N/A		N/A		N/A		1.90		1.90	
Total Number Flagged	N/A		N/A		N/A		97		97	
Percent Items Flagged	N/A		N/A		N/A		29.04		29.04	

<sup>3</sup> Data do not include research and retest items.

**Table 5. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2021 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2021	
	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	16,213	11,765	14,661	10,043	19,793	15,171	14,204	9,377	64,871	46,356
Percent Passing	68.26	80.25	64.13	78.25	69.74	80.99	64.36	77.98	66.92	79.60
Avg. # Items Taken	102.70	100.03	100.90	97.88	99.44	97.51	101.85	98.80	101.11	98.49
% Taking Min # Items	45.02	48.46	46.88	51.08	49.08	51.87	44.64	49.14	46.59	50.28
% Taking Max # Items	31.33	28.02	28.35	24.28	26.33	23.80	29.66	25.59	28.76	25.34
Avg. Test Time (hours)	2.23	2.04	2.16	1.97	2.04	1.89	2.14	1.95	2.14	1.96
% Taking Break	53.38	45.33	51.83	43.19	46.81	39.66	52.51	43.92	50.84	42.73
% Timing Out	0.72	0.31	0.53	0.28	0.42	0.24	0.66	0.21	0.57	0.26

**Table 6. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2020 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	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	12,816	10,055	12,732	8,956	22,670	17,700	13,333	8,951	61,551	45,662
Percent Passing	74.71	86.01	70.72	84.62	72.23	82.84	65.09	78.73	70.89	83.08
Avg. # Items Taken	116.3	112.4	83.71	79.94	83.58	81.61	103.82	101.22	94.80	91.91
% Taking Min # Items	53.26	57.24	51.20	56.62	51.10	53.90	43.10	46.45	49.84	53.71
% Taking Max # Items	16.63	14.54	26.2	21.56	25.71	23.37	32.35	29.00	25.36	22.17
Avg. Test Time (hours)	2.37	2.18	1.81	1.62	1.75	1.61	2.28	2.07	2.01	1.83

**Table 6. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2020 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	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
% Taking Break	55.13	48.18	35.24	25.5	32.25	25.42	55.91	47.15	42.76	34.71
% Timing Out	2.25	1.06	0.94	0.30	0.89	0.33	0.86	0.31	1.18	0.48

**Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2021 Testing Year**

Operational Item Statistics										
Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2021	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.08	0.22	0.08	0.22	0.09	0.21	0.08	N/A	N/A
Avg. Item Time (secs.)	76.82	27.40	76.87	24.42	74.89	24.10	75.55	18.72	N/A	N/A
Pretest Item Statistics										
# of Items <sup>4</sup>	84		100		N/A		100		284	
Avg. Sample Size	754		524		N/A		721		666	
Mean Point-Biserial	0.15		0.14		N/A		0.11		0.13	
Mean P value	0.62		0.49		N/A		0.53		0.55	
Mean Item Difficulty	-0.50		0.15		N/A		0.00		-0.12	
SD Item Difficulty	1.10		1.71		N/A		1.64		1.48	
Total Number Flagged	10		23		N/A		25		58	
Percent Items Flagged	11.90		23.00		N/A		25.00		20.42	

<sup>4</sup> Data do not include research and retest items.

**Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2020 Testing Year**

Operational Item Statistics										
Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.09	0.22	0.09	0.22	0.09	0.21	0.08	N/A	N/A
Avg. Item Time (secs.)	71.77	23	75.91	24.86	73.4	23.81	79.09	28.15	N/A	N/A
Pretest Item Statistics										
# of Items <sup>5</sup>	N/A		N/A		N/A		114		114	
Avg. Sample Size	N/A		N/A		N/A		604		604	
Mean Point-Biserial	N/A		N/A		N/A		0.15		0.15	
Mean P value	N/A		N/A		N/A		0.56		0.56	
Mean Item Difficulty	N/A		N/A		N/A		-0.20		-0.20	
SD Item Difficulty	N/A		N/A		N/A		1.24		1.24	
Total Number Flagged	N/A		N/A		N/A		5		5	
Percent Items Flagged	N/A		N/A		N/A		4.39		4.39	

<sup>5</sup> Data do not include research and retest items.

**Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2021 Testing Year**

Jurisdiction	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Total	
	English	French	English	French	English	French	English	French	English	French
Alberta	363	0	523	0	460	0	274	0	1,620	0
British Columbia	497	1	580	1	537	0	436	0	2,050	2
Manitoba	69	0	136	0	183	1	210	0	598	1
New Brunswick	30	19	124	47	119	25	202	31	475	122
Newfoundland and Labrador	28	0	109	0	102	0	10	0	249	0
Northwest Territories and Nunavut	1	0	20	0	13	0	13	0	47	0
Nova Scotia	124	0	204	0	255	0	128	0	711	0
Ontario	1,274	6	2,210	3	3,345	7	2,067	4	8,896	20
Prince Edward Island	19	0	75	0	15	0	9	0	118	0
Saskatchewan	111	0	212	0	234	0	122	0	679	0
<b>Total</b>	<b>2,516</b>	<b>26</b>	<b>4,193</b>	<b>51</b>	<b>5,263</b>	<b>33</b>	<b>3,471</b>	<b>35</b>	<b>15,443</b>	<b>145</b>

**Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2021 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	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	2,516	1,258	4,193	2,897	5,263	3,697	3,470	1,663	15,442	9,515
Percent Passing	67.33	84.74	77.20	89.37	74.33	83.69	63.20	77.93	71.47	84.55
Avg. # Items Taken	101.70	95.56	97.29	93.00	100.80	98.76	103.18	100.66	100.53	96.91
% Taking Min # Items	46.18	55.80	54.57	61.55	48.83	52.02	42.31	46.84	48.49	54.51
% Taking Max # Items	29.93	22.50	24.90	19.71	29.11	26.45	30.66	28.02	28.45	24.15
Avg. Test Time (hours)	2.47	2.05	2.17	1.87	2.22	2.01	2.44	2.14	2.30	1.99
% Taking Break	62.96	45.47	49.53	37.00	54.49	44.90	64.03	51.59	56.67	43.74
% Timing Out	0.87	0.16	0.57	0.14	0.40	0.14	0.75	0.06	0.60	0.13

**Table 11. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2020 Testing Year**

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2020	
	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	2,155	1,176	3,980	2,808	5,451	3,804	2,675	1,405	14,261	9,193
Percent Passing	72.44	87.59	80.05	91.06	74.22	83.60	68.11	82.42	74.43	86.21
Avg. # Items Taken	118.97	106.06	82.28	77.21	86.42	82.84	102.39	97.70	93.18	86.36
% Taking Min # Items	49.98	59.01	54.47	62.71	46.63	51.95	44.04	51.53	48.84	56.07
% Taking Max # Items	12.39	8.25	24.40	18.34	29.15	24.66	30.36	24.70	25.52	20.64
Avg. Test Time (hours)	2.62	2.14	1.84	1.58	1.94	1.73	2.43	2.13	2.10	1.80
% Taking Break	57.77	42.18	35.25	23.33	40.51	30.89	60.75	47.76	45.44	32.60
% Timing Out	3.85	1.62	1.21	0.18	1.01	0.26	1.27	0.50	1.54	0.45

## International Testing Update

Pearson VUE has a total of 287 Pearson Professional Centers (PPCs) in the United States and 62 PPCs internationally. Therefore, the total number of test centers globally is 349.

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, 2021 – Dec. 31, 2021<sup>6,7</sup>**

Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Korea, South	Mexico	Philippines	Puerto Rico	South Africa	Taiwan	Turkey	United Kingdom
Alabama	4	0	0	0	0	0	0	0	0	0	4	0	0	0	0
Alaska	4	0	0	1	0	0	0	0	0	3	0	0	0	0	0
Arizona	18	0	0	7	1	0	0	0	1	4	0	1	0	0	4
California-PN	3	0	0	1	0	0	1	0	0	0	0	0	0	0	1
California-RN	36	2	0	9	1	4	2	0	0	9	5	0	2	0	2
Colorado	338	0	6	5	0	74	1	0	0	79	5	126	0	0	42
Connecticut	36	2	0	4	0	12	0	0	0	8	7	2	0	0	1
Delaware	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
District of Columbia	5	1	0	0	0	1	0	0	0	2	0	0	0	0	1
Florida	252	1	12	48	0	33	2	0	9	91	22	6	0	1	27
Georgia	11	0	2	1	0	0	0	0	0	0	0	3	2	0	3
Guam	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Hawaii	15	0	0	8	0	0	2	0	0	5	0	0	0	0	0
Idaho	13	0	0	3	0	1	0	0	1	5	1	0	0	0	2
Illinois	2,727	9	13	425	1	344	4	0	22	1243	1	510	0	2	153
Indiana	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Iowa	3	0	1	2	0	0	0	0	0	0	0	0	0	0	0
Kansas	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Kentucky	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Maine	10	0	0	5	0	0	1	0	0	2	0	0	0	0	2
Maryland	4	0	1	2	0	0	0	0	0	0	0	0	0	0	1
Massachusetts	19	1	0	3	0	4	0	0	0	5	0	5	0	0	1
Michigan	32	0	0	26	0	0	0	0	0	3	0	2	0	0	1
Minnesota	131	0	0	113	0	0	0	0	0	5	0	5	0	0	8
Mississippi	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Missouri	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Montana	344	3	46	29	2	2	0	0	1	53	0	195	0	0	13
Nebraska	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	23	0	0	2	0	0	1	0	0	11	1	7	0	0	1
New Jersey	3	0	0	1	0	0	0	0	0	2	0	0	0	0	0
New Mexico	878	4	7	34	0	75	1	0	5	339	0	362	0	2	49
New York	5,233	54	39	789	31	377	36	5	4	3303	122	65	118	6	284
North Carolina	20	0	2	4	0	0	6	0	0	3	1	3	0	0	1
North Dakota	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Northern Mariana Islands	965	12	9	139	0	13	5	0	1	725	0	8	1	5	47
Ohio	5	0	0	4	0	0	0	0	0	1	0	0	0	0	0
Oregon	2	0	0	1	0	0	0	0	0	0	0	0	1	0	0
Pennsylvania	13	1	0	1	0	1	0	0	0	6	1	0	0	0	3
South Dakota	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Tennessee	6	0	0	1	0	0	0	0	0	5	0	0	0	0	0
Texas	2,956	8	9	106	1	323	3	0	4	1608	1	615	0	6	272
Vermont	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Virgin Islands	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Virginia	10	1	0	3	0	1	1	0	0	2	0	0	0	0	2
Washington	95	6	0	73	1	0	0	0	0	9	0	1	0	0	5
Wisconsin	3	0	0	1	0	0	0	0	0	0	0	1	0	0	1
<b>Total</b>	<b>14,241</b>	<b>115</b>	<b>147</b>	<b>1,856</b>	<b>38</b>	<b>1,265</b>	<b>68</b>	<b>5</b>	<b>48</b>	<b>7,533</b>	<b>175</b>	<b>1,917</b>	<b>124</b>	<b>22</b>	<b>928</b>

<sup>6</sup> Only Member Boards with international test center data are represented.

<sup>7</sup> 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, 2021 – Dec. 31, 2021<sup>8</sup>

Country of Education	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Korea, South	Mexico	Philippines	Puerto Rico	South Africa	Taiwan	United Kingdom
Antigua and Barbuda	2	0	0	1	0	0	0	0	0	0	0	0	0	0
Australia	37	33	0	0	0	0	0	0	0	0	0	1	0	0
Austria	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Bahrain	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Bangladesh	2	0	0	0	0	2	0	0	0	0	0	0	0	0
Belgium	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Belize	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Botswana	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Brazil	86	2	81	2	0	0	0	0	0	0	0	0	0	0
Cameroon	3	0	0	0	0	0	0	0	0	0	0	2	0	0
Canada	217	0	0	217	0	0	0	0	0	0	0	0	0	0
China	11	0	0	5	3	0	2	0	0	0	0	0	0	0
Colombia	6	0	1	1	0	0	0	0	4	0	0	0	0	0
Costa Rica	2	0	1	0	0	0	0	0	1	0	0	0	0	0
Cyprus	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Dominica	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Dominican Republic	3	0	0	0	0	0	0	0	2	0	1	0	0	0
Egypt	17	0	0	0	0	5	0	0	0	0	0	12	0	0
Ethiopia	4	0	0	2	0	1	0	0	0	0	0	1	0	0
Finland	4	0	0	0	0	0	0	0	0	0	0	0	0	0
France	5	0	0	1	0	0	0	0	0	0	0	0	0	0
Gambia	3	0	0	0	0	0	0	0	0	0	0	3	0	0
Germany	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Ghana	344	1	0	3	0	2	1	0	0	0	0	308	0	0
Guyana	2	0	1	0	0	0	0	0	0	0	0	0	0	0
Hong Kong	32	0	0	1	31	0	0	0	0	0	0	0	0	0
Hungary	2	0	0	0	0	0	0	0	0	0	0	0	0	0
India	1308	6	0	529	0	706	3	0	0	0	2	0	0	0
Iran	5	0	0	2	0	3	0	0	0	0	0	0	0	0
Iraq	1	0	0	0	0	1	0	0	0	0	0	0	0	0
Ireland	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Israel	6	0	0	1	0	0	0	0	0	0	0	0	0	0
Italy	5	0	0	0	0	0	0	0	0	0	0	0	0	0
Jamaica	48	0	0	6	0	0	0	0	27	0	1	0	0	0
Japan	13	0	0	2	0	0	11	0	0	0	0	0	0	0
Jordan	63	0	0	10	0	15	0	0	0	0	0	34	0	4
Kenya	1066	2	0	9	0	4	0	0	0	0	0	1047	0	0
Korea, South	52	4	1	33	0	0	0	5	0	0	0	0	0	0
Lebanon	16	0	0	4	0	3	0	0	0	0	0	7	0	0
Lesotho	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Lithuania	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Malawi	6	0	0	0	0	0	0	0	0	0	0	6	0	0
Malaysia	5	1	0	0	0	0	0	0	0	1	0	1	0	0
Montenegro	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Namibia	4	0	0	0	0	0	0	0	0	0	0	4	0	0
Nepal	408	1	0	3	0	401	1	0	0	0	0	0	0	0
New Zealand	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	335	0	1	32	0	5	0	0	1	6	0	115	0	1
Niue	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Norway	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Pakistan	13	0	0	4	0	0	0	0	0	1	0	3	0	0
Palestine, State of	10	0	0	1	0	6	0	0	0	0	0	2	0	1
Peru	2	0	0	0	2	0	0	0	0	0	0	0	0	0
Philippines	9266	60	58	930	1	99	41	0	2	7524	1	28	1	16
Poland	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Portugal	4	0	0	0	0	0	0	0	0	0	0	0	0	0
Puerto Rico	170	0	1	0	0	0	0	0	1	0	167	0	0	0
Qatar	1	0	1	0	0	0	0	0	0	0	0	0	0	0



**Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2021 – Dec. 31, 2021<sup>8</sup>**

Country of Education	Total	Australia	Brazil	Canada	Hong Kong	India	Japan	Korea, South	Mexico	Philippines	Puerto Rico	South Africa	Taiwan	United Kingdom
Romania	2	0	0	1	0	0	0	0	0	0	0	0	0	0
Russian Federation	3	0	0	3	0	0	0	0	0	0	0	0	0	0
Saint Lucia	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Saudi Arabia	7	0	0	0	0	0	0	0	0	0	0	0	0	0
South Africa	34	0	0	0	0	0	0	0	0	0	0	33	0	0
Spain	5	0	0	0	0	0	0	0	2	0	0	0	0	0
Sri Lanka	10	0	0	0	0	10	0	0	0	0	0	0	0	0
Sudan	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Sweden	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Taiwan, China	120	0	0	3	0	0	0	0	0	0	0	0	117	0
Tanzania	4	0	0	0	0	0	0	0	0	0	0	4	0	0
Thailand	6	0	0	2	0	1	0	0	0	0	0	3	0	0
Trinidad and Tobago	6	0	0	0	0	0	0	0	6	0	0	0	0	0
Uganda	31	0	0	0	0	0	0	0	0	0	0	31	0	0
Ukraine	3	0	0	1	0	0	0	0	0	0	0	0	0	0
United Arab Emirates	2	0	0	1	0	1	0	0	0	0	0	0	0	0
United Kingdom	42	1	0	3	0	0	0	0	0	0	0	0	0	0
United States	74	1	1	42	1	0	9	0	1	1	2	2	6	0
Virgin Islands, US	1	0	0	0	0	0	0	0	0	0	1	0	0	0
Zambia	19	0	0	0	0	0	0	0	0	0	0	19	0	0
Zimbabwe	256	1	0	1	0	0	0	0	0	0	0	247	0	0
<b>Total</b>	<b>14,241</b>	<b>115</b>	<b>147</b>	<b>1,856</b>	<b>38</b>	<b>1,265</b>	<b>68</b>	<b>5</b>	<b>48</b>	<b>7,533</b>	<b>175</b>	<b>1,917</b>	<b>124</b>	<b>22</b>

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

**Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2021 – Dec. 31, 2021<sup>9</sup>**

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
81599	Adelaide	Australia	2	0	1	0	0	0	1	0	0	0	0	0	0
81597	Box Hill	Australia	20	2	2	0	2	2	4	2	0	0	0	3	3
81600	Brisbane	Australia	17	1	2	2	1	1	2	2	1	1	2	1	1
81866	Canberra	Australia	7	0	0	2	2	0	0	0	1	0	1	0	1
67712	Melbourne	Australia	22	3	2	3	3	3	2	2	0	0	0	4	0
81598	Parramatta	Australia	16	1	1	1	0	2	4	0	0	0	1	4	2
81601	Perth	Australia	11	0	1	2	0	1	1	2	0	1	0	1	2
50482	Sydney	Australia	20	1	2	6	0	1	1	0	0	0	2	5	2
50483	Sao Paulo	Brazil	147	4	8	0	0	16	10	10	10	17	25	25	22
50486	Burnaby	Canada	46	3	5	5	3	7	5	1	3	6	0	5	3
69827	Calgary	Canada	78	2	3	1	7	8	7	7	2	7	10	8	16
78699	Calgary	Canada	47	0	3	1	6	2	7	2	6	3	4	7	6
69853	Charlottetown	Canada	11	3	0	0	0	2	1	0	0	0	5	0	0
63110	Edmonton	Canada	89	1	2	5	4	1	4	4	5	11	16	9	27
78698	Edmonton	Canada	105	9	4	10	4	5	5	9	7	15	6	17	14
69844	Fredericton	Canada	12	1	0	0	0	0	7	0	3	0	1	0	0
69829	Halifax	Canada	41	2	7	3	4	1	1	4	1	1	4	7	6
78710	Halifax	Canada	34	1	1	2	1	1	1	0	2	3	4	3	15
69818	Hamilton	Canada	99	8	2	2	5	2	7	10	6	11	9	19	18
69826	London	Canada	112	5	2	6	3	7	3	8	7	16	13	14	28
50485	Montreal	Canada	158	11	13	11	13	10	14	16	15	8	19	11	17
57935	Ottawa	Canada	67	1	2	1	7	3	4	7	2	6	11	9	14
78711	Ottawa	Canada	50	4	3	2	2	4	3	7	3	8	2	2	10
78697	Regina	Canada	38	3	2	2	0	2	3	3	2	6	1	8	6
69830	Saskatoon	Canada	35	1	0	0	8	4	0	2	1	6	4	2	7
78703	St. John's	Canada	7	0	1	1	0	1	1	0	1	1	0	0	1
69825	Surrey	Canada	97	6	10	8	5	7	8	13	9	6	9	5	11
50484	Toronto	Canada	109	4	8	4	1	2	10	11	5	9	7	17	31
57936	Toronto	Canada	120	8	5	11	13	2	12	12	6	11	8	14	18
78704	Toronto	Canada	133	11	3	7	13	4	11	18	12	16	10	9	19

**Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2021 – Dec. 31, 2021<sup>9</sup>**

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
78705	Toronto	Canada	171	7	8	10	14	4	13	12	7	13	23	18	42
78700	Vancouver	Canada	63	6	3	7	3	4	1	5	6	8	6	4	10
78701	Victoria	Canada	17	2	1	0	2	0	1	3	2	2	1	2	1
69828	Winnipeg	Canada	55	4	4	1	4	2	6	6	4	5	6	4	9
78702	Winnipeg	Canada	61	7	3	2	4	4	11	5	4	5	6	1	9
69847	Yellowknife	Canada	1	0	0	0	0	0	1	0	0	0	0	0	0
50493	Hong Kong	Hong Kong	38	1	6	4	5	2	2	2	2	4	6	2	2
81606	Ahmedabad	India	103	12	4	12	10	0	2	12	13	9	8	11	10
81608	Amritsar	India	19	1	0	1	1	0	2	1	1	3	1	5	3
86887	Amritsar	India	1	0	0	0	0	0	0	0	0	0	0	0	1
50497	Bangalore	India	120	13	8	16	8	0	0	15	19	8	8	12	13
81602	Bangalore	India	184	12	9	19	21	0	0	6	15	22	23	29	28
81603	Chandigarh	India	56	5	3	8	2	0	1	9	10	4	5	3	6
50498	Chennai	India	73	3	3	5	2	0	4	4	7	9	17	9	10
81607	Gurugram	India	63	2	2	1	0	0	0	4	7	15	6	12	3
50496	Hyderabad	India	9	2	1	0	1	0	0	1	0	0	0	1	3
81604	Hyderabad	India	11	2	0	1	0	0	1	1	0	2	0	0	4
81610	Jalandhar	India	71	6	2	9	5	0	2	8	7	3	7	13	9
50494	Mumbai	India	82	6	4	14	1	0	0	0	4	4	12	14	23
50495	New Delhi	India	438	18	49	52	24	0	0	15	49	28	66	55	82
76935	Noida	India	21	0	3	0	1	0	0	6	8	0	0	1	2
81605	Pune	India	9	0	0	2	1	0	2	0	3	0	0	0	1
81609	Surat	India	5	1	0	0	2	0	0	0	1	0	1	0	0
50500	Chiyoda-ku	Japan	18	1	0	2	3	1	3	2	0	1	1	0	4
57585	Osaka-shi	Japan	31	1	3	4	1	3	1	1	2	3	4	5	3
84078	Shinjuku	Japan	19	1	1	1	4	1	2	0	2	2	0	4	1
50502	Seoul	Korea, South	5	0	0	0	0	0	0	0	0	0	0	0	5
50503	Mexico City	Mexico	48	0	0	0	0	0	4	8	4	6	8	9	9
54555	Manila	Philippines	7,533	353	317	339	0	676	673	700	291	808	1,026	1,118	1,232
47108	Guaynabo	Puerto Rico	175	12	18	19	22	21	10	13	9	17	9	11	14
55315	Johannesburg	South Africa	1,917	130	140	118	129	165	174	118	161	152	211	217	202
50506	Taipei City	Taiwan, China	124	14	11	13	13	8	10	5	13	8	12	8	9
50508	Istanbul	Turkey	22	0	0	0	0	0	0	0	0	0	1	1	20
50140	London	United Kingdom	928	0	0	0	132	72	78	110	87	83	116	135	115
<b>Total</b>			<b>14,241</b>	<b>718</b>	<b>698</b>	<b>758</b>	<b>522</b>	<b>1,064</b>	<b>1,143</b>	<b>1,227</b>	<b>856</b>	<b>1,384</b>	<b>1,770</b>	<b>1,904</b>	<b>2,197</b>

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

**Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2021 – Dec. 31, 2021<sup>10</sup>**

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.
50482	Sydney	Australia	20	12	1/0 (0.00%)	2/2 (100.00%)	6/3 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	5/3 (60.00%)	2/1 (50.00%)
67712	Melbourne	Australia	22	8	3/1 (33.33%)	2/0 (0.00%)	3/2 (66.67%)	3/2 (66.67%)	3/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	4/1 (25.00%)	0/0 (0.00%)
81599	Adelaide	Australia	2	1	0/0 (0.00%)	1/1 (100.00%)	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%)
81600	Brisbane	Australia	17	9	1/1 (100.00%)	2/2 (100.00%)	2/1 (50.00%)	1/1 (100.00%)	1/1 (100.00%)	2/2 (100.00%)	2/1 (50.00%)	1/0 (0.00%)	1/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)
81597	Box Hill	Australia	20	8	2/1 (50.00%)	2/2 (100.00%)	0/0 (0.00%)	2/2 (100.00%)	2/1 (50.00%)	4/1 (25.00%)	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	3/0 (0.00%)	3/1 (33.33%)
81598	Parramatta	Australia	16	7	1/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	4/2 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	4/2 (50.00%)	2/1 (50.00%)
81601	Perth	Australia	11	6	0/0 (0.00%)	1/1 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	2/1 (50.00%)
81866	Canberra	Australia	7	2	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
50483	Sao Paulo	Brazil	147	93	4/1 (25.00%)	8/4 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	16/8 (50.00%)	10/8 (80.00%)	10/3 (30.00%)	10/8 (80.00%)	17/15 (88.24%)	25/15 (60.00%)	25/15 (60.00%)	22/16 (72.73%)

**Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2021 – Dec. 31, 2021<sup>10</sup>**

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.
50484	Toronto	Canada	109	52	4/1 (25.00%)	8/3 (37.50%)	4/2 (50.00%)	1/1 (100.00%)	2/1 (50.00%)	10/7 (70.00%)	11/6 (54.55%)	5/1 (20.00%)	9/4 (44.44%)	7/4 (57.14%)	17/9 (52.94%)	31/13 (41.94%)
50485	Montreal	Canada	158	71	11/4 (36.36%)	13/8 (61.54%)	11/4 (36.36%)	13/2 (15.38%)	10/5 (50.00%)	14/8 (57.14%)	16/7 (43.75%)	15/9 (60.00%)	8/0 (0.00%)	19/9 (47.37%)	11/8 (72.73%)	17/7 (41.18%)
50486	Burnaby	Canada	46	25	3/2 (66.67%)	5/1 (20.00%)	5/5 (100.00%)	3/2 (66.67%)	7/2 (28.57%)	5/3 (60.00%)	1/1 (100.00%)	3/2 (66.67%)	6/2 (33.33%)	0/0 (0.00%)	5/3 (60.00%)	3/2 (66.67%)
57935	Ottawa	Canada	67	35	1/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	7/4 (57.14%)	3/2 (66.67%)	4/4 (100.00%)	7/3 (42.86%)	2/1 (50.00%)	6/4 (66.67%)	11/5 (45.45%)	9/3 (33.33%)	14/9 (64.29%)
63110	Edmonton	Canada	89	40	1/1 (100.00%)	2/0 (0.00%)	5/3 (60.00%)	4/1 (25.00%)	1/1 (100.00%)	4/2 (50.00%)	4/1 (25.00%)	5/2 (40.00%)	11/6 (54.55%)	16/8 (50.00%)	9/4 (44.44%)	27/11 (40.74%)
57936	Toronto	Canada	120	54	8/5 (62.50%)	5/1 (20.00%)	11/6 (54.55%)	13/3 (23.08%)	2/0 (0.00%)	12/7 (58.33%)	12/6 (50.00%)	6/5 (83.33%)	11/5 (45.45%)	8/3 (37.50%)	14/5 (35.71%)	18/8 (44.44%)
69830	Saskatoon	Canada	35	15	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	8/3 (37.50%)	4/3 (75.00%)	0/0 (0.00%)	2/0 (0.00%)	1/1 (100.00%)	6/3 (50.00%)	4/2 (50.00%)	2/1 (50.00%)	7/2 (28.57%)
69844	Fredericton	Canada	12	5	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	7/3 (42.86%)	0/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
69847	Yellowknife	Canada	1	1	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%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
69853	Charlottetown	Canada	11	6	3/1 (33.33%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	5/3 (60.00%)	0/0 (0.00%)	0/0 (0.00%)
69818	Hamilton	Canada	99	52	8/4 (50.00%)	2/1 (50.00%)	2/0 (0.00%)	5/1 (20.00%)	2/1 (50.00%)	7/2 (28.57%)	10/6 (60.00%)	6/3 (50.00%)	11/8 (72.73%)	9/4 (44.44%)	19/11 (57.89%)	18/11 (61.11%)
69825	Surrey	Canada	97	44	6/2 (33.33%)	10/3 (30.00%)	8/4 (50.00%)	5/3 (60.00%)	7/2 (28.57%)	8/3 (37.50%)	13/7 (53.85%)	9/4 (44.44%)	6/2 (33.33%)	9/6 (66.67%)	5/1 (20.00%)	11/7 (63.64%)
69826	London	Canada	112	61	5/3 (60.00%)	2/2 (100.00%)	6/4 (66.67%)	3/3 (100.00%)	7/5 (71.43%)	3/1 (33.33%)	8/5 (62.50%)	7/2 (28.57%)	16/8 (50.00%)	13/8 (61.54%)	14/5 (35.71%)	28/15 (53.57%)
69827	Calgary	Canada	78	41	2/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	7/5 (71.43%)	8/5 (62.50%)	7/2 (28.57%)	7/3 (42.86%)	2/2 (100.00%)	7/2 (28.57%)	10/5 (50.00%)	8/6 (75.00%)	16/9 (56.25%)
69828	Winnipeg	Canada	55	19	4/1 (25.00%)	4/1 (25.00%)	1/1 (100.00%)	4/3 (75.00%)	2/0 (0.00%)	6/3 (50.00%)	6/3 (50.00%)	4/1 (25.00%)	5/0 (0.00%)	6/1 (16.67%)	4/2 (50.00%)	9/3 (33.33%)
69829	Halifax	Canada	41	21	2/1 (50.00%)	7/6 (85.71%)	3/1 (33.33%)	4/1 (25.00%)	1/1 (100.00%)	1/1 (100.00%)	4/2 (50.00%)	1/1 (100.00%)	1/1 (100.00%)	4/2 (50.00%)	7/2 (28.57%)	6/2 (33.33%)
78697	Regina	Canada	38	17	3/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	2/2 (100.00%)	3/2 (66.67%)	3/2 (66.67%)	2/1 (50.00%)	6/3 (50.00%)	1/1 (100.00%)	8/2 (25.00%)	6/2 (33.33%)
78698	Edmonton	Canada	105	59	9/5 (55.56%)	4/2 (50.00%)	10/5 (50.00%)	4/2 (50.00%)	5/2 (40.00%)	5/4 (80.00%)	9/6 (66.67%)	7/4 (57.14%)	15/6 (40.00%)	6/3 (50.00%)	17/11 (64.71%)	14/9 (64.29%)
78699	Calgary	Canada	47	24	0/0 (0.00%)	3/1 (33.33%)	1/1 (100.00%)	6/3 (50.00%)	2/0 (0.00%)	7/2 (28.57%)	2/0 (0.00%)	6/5 (83.33%)	3/3 (100.00%)	4/3 (75.00%)	7/2 (28.57%)	6/4 (66.67%)
78700	Vancouver	Canada	63	35	6/5 (83.33%)	3/1 (33.33%)	7/2 (28.57%)	3/2 (66.67%)	4/2 (50.00%)	1/0 (0.00%)	5/4 (80.00%)	6/3 (50.00%)	8/5 (62.50%)	6/5 (83.33%)	4/3 (75.00%)	10/3 (30.00%)
78701	Victoria	Canada	17	8	2/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	3/1 (33.33%)	2/1 (50.00%)	2/2 (100.00%)	1/1 (100.00%)	2/1 (50.00%)	1/0 (0.00%)
78702	Winnipeg	Canada	61	34	7/2 (28.57%)	3/2 (66.67%)	2/1 (50.00%)	4/3 (75.00%)	4/1 (25.00%)	11/8 (72.73%)	5/4 (80.00%)	4/4 (100.00%)	5/2 (40.00%)	6/4 (66.67%)	1/0 (0.00%)	9/3 (33.33%)
78703	St. John's	Canada	7	6	0/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)
78704	Toronto	Canada	133	69	11/6 (54.55%)	3/3 (100.00%)	7/1 (14.29%)	13/4 (30.77%)	4/3 (75.00%)	11/8 (72.73%)	18/6 (33.33%)	12/9 (75.00%)	16/9 (56.25%)	10/6 (60.00%)	9/4 (44.44%)	19/10 (52.63%)
78710	Halifax	Canada	34	16	1/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	2/2 (100.00%)	3/2 (66.67%)	4/2 (50.00%)	3/1 (33.33%)	15/3 (20.00%)
78711	Ottawa	Canada	50	26	4/2 (50.00%)	3/3 (100.00%)	2/0 (0.00%)	2/0 (0.00%)	4/3 (75.00%)	3/2 (66.67%)	7/6 (85.71%)	3/0 (0.00%)	8/2 (25.00%)	2/1 (50.00%)	2/2 (100.00%)	10/5 (50.00%)
78705	Toronto	Canada	171	89	7/5 (71.43%)	8/4 (50.00%)	10/7 (70.00%)	14/6 (42.86%)	4/1 (25.00%)	13/4 (30.77%)	12/5 (41.67%)	7/3 (42.86%)	13/7 (53.85%)	23/14 (60.87%)	18/7 (38.89%)	42/26 (61.90%)
50493	Hong Kong	Hong Kong	38	27	1/0 (0.00%)	6/4 (66.67%)	4/4 (100.00%)	5/5 (100.00%)	2/1 (50.00%)	2/1 (50.00%)	2/2 (100.00%)	2/2 (100.00%)	4/2 (50.00%)	6/4 (66.67%)	2/0 (0.00%)	2/2 (100.00%)
50494	Mumbai	India	82	48	6/4 (66.67%)	4/2 (50.00%)	14/12 (85.71%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	4/2 (50.00%)	12/3 (25.00%)	14/7 (50.00%)	23/15 (65.22%)
50495	New Delhi	India	438	286	18/8 (44.44%)	49/35 (71.43%)	52/36 (69.23%)	24/15 (62.50%)	0/0 (0.00%)	0/0 (0.00%)	15/9 (60.00%)	49/40 (81.63%)	28/22 (78.57%)	66/31 (46.97%)	55/39 (70.91%)	82/51 (62.20%)
50496	Hyderabad	India	9	4	2/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	3/2 (66.67%)
50497	Bangalore	India	120	53	13/5 (38.46%)	8/1 (12.50%)	16/9 (56.25%)	8/1 (12.50%)	0/0 (0.00%)	0/0 (0.00%)	15/5 (33.33%)	19/13 (68.42%)	8/6 (75.00%)	8/5 (62.50%)	12/5 (41.67%)	13/3 (23.08%)
50498	Chennai	India	73	31	3/1 (33.33%)	3/3 (100.00%)	5/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	4/3 (75.00%)	4/1 (25.00%)	7/4 (57.14%)	9/4 (44.44%)	17/10 (58.82%)	9/2 (22.22%)	10/2 (20.00%)

**Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2021 – Dec. 31, 2021<sup>10</sup>**

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.
76935	Noida	India	21	16	0/0 (0.00%)	3/3 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	6/5 (83.33%)	8/4 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)
81607	Gurugram	India	63	45	2/1 (50.00%)	2/1 (50.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	7/5 (71.43%)	15/13 (86.67%)	6/4 (66.67%)	12/6 (50.00%)	3/1 (33.33%)	15/13 (86.67%)
81604	Hyderabad	India	11	5	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	4/4 (100.00%)
81610	Jalandhar	India	71	37	6/3 (50.00%)	2/2 (100.00%)	9/3 (33.33%)	5/2 (40.00%)	0/0 (0.00%)	2/2 (100.00%)	8/3 (37.50%)	7/5 (71.43%)	3/2 (66.67%)	7/3 (42.86%)	13/8 (61.54%)	9/4 (44.44%)
81605	Pune	India	9	5	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
81602	Bangalore	India	184	75	12/3 (25.00%)	9/4 (44.44%)	19/11 (57.89%)	21/10 (47.62%)	0/0 (0.00%)	0/0 (0.00%)	6/3 (50.00%)	15/3 (20.00%)	22/9 (40.91%)	23/7 (30.43%)	29/15 (51.72%)	28/10 (35.71%)
81608	Amritsar	India	19	7	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	1/1 (100.00%)	3/0 (0.00%)	1/0 (0.00%)	5/4 (80.00%)	3/1 (33.33%)
81609	Surat	India	5	1	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
81603	Chandigarh	India	56	34	5/3 (60.00%)	3/2 (66.67%)	8/4 (50.00%)	2/2 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	9/5 (55.56%)	10/7 (70.00%)	4/3 (75.00%)	5/4 (80.00%)	3/1 (33.33%)	6/3 (50.00%)
81606	Ahmedabad	India	103	39	12/4 (33.33%)	4/3 (75.00%)	12/4 (33.33%)	10/5 (50.00%)	0/0 (0.00%)	2/1 (50.00%)	12/4 (33.33%)	13/4 (30.77%)	9/2 (22.22%)	8/2 (25.00%)	11/6 (54.55%)	10/4 (40.00%)
86887	Amritsar	India	1	1	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%)	1/1 (100.00%)
50500	Chiyoda-ku	Japan	18	11	1/1 (100.00%)	0/0 (0.00%)	2/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	3/3 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	4/2 (50.00%)
57585	Osaka-shi	Japan	31	11	1/0 (0.00%)	3/2 (66.67%)	4/1 (25.00%)	1/0 (0.00%)	3/1 (33.33%)	1/1 (100.00%)	1/0 (0.00%)	2/0 (0.00%)	3/2 (66.67%)	4/2 (50.00%)	5/0 (0.00%)	3/2 (66.67%)
84078	Shinjuku	Japan	19	9	1/1 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	4/2 (50.00%)	1/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	4/2 (50.00%)	1/0 (0.00%)
50502	Seoul	Korea, South	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%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	5/4 (80.00%)
50503	Mexico City	Mexico	48	30	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	4/3 (75.00%)	8/7 (87.50%)	4/2 (50.00%)	6/2 (33.33%)	8/4 (50.00%)	9/4 (44.44%)	9/8 (88.89%)
54555	Manila	Philippines	7,533	3,677	353/143 (40.51%)	317/144 (45.43%)	339/173 (51.03%)	0/0 (0.00%)	676/371 (54.88%)	673/351 (52.15%)	700/373 (53.29%)	291/168 (57.73%)	808/422 (52.23%)	1,026/481 (46.88%)	1,118/511 (45.71%)	1,232/540 (43.83%)
47108	Guaynabo	Puerto Rico	175	43	12/4 (33.33%)	18/5 (27.78%)	19/3 (15.79%)	22/4 (18.18%)	21/4 (19.05%)	10/2 (20.00%)	13/4 (30.77%)	9/3 (33.33%)	17/4 (23.53%)	9/2 (22.22%)	11/5 (45.45%)	14/3 (21.43%)
55315	Johannesburg	South Africa	1,917	1,191	130/89 (68.46%)	140/91 (65.00%)	118/68 (57.63%)	129/76 (58.91%)	165/100 (60.61%)	174/127 (72.99%)	118/80 (67.80%)	161/101 (62.73%)	152/98 (64.47%)	211/121 (57.35%)	217/132 (60.83%)	202/108 (53.47%)
50506	Taipei City	Taiwan, China	124	58	14/4 (28.57%)	11/4 (36.36%)	13/4 (30.77%)	13/7 (53.85%)	8/2 (25.00%)	10/7 (70.00%)	5/2 (40.00%)	13/11 (84.62%)	8/5 (62.50%)	12/4 (33.33%)	8/5 (62.50%)	9/3 (33.33%)
50508	Istanbul	Turkey	22	13	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%)	1/1 (100.00%)	1/1 (100.00%)	20/11 (55.00%)
50140	London	United Kingdom	928	567	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	132/89 (67.42%)	72/44 (61.11%)	78/51 (65.38%)	110/68 (61.82%)	87/53 (60.92%)	83/46 (55.42%)	116/72 (62.07%)	135/72 (53.33%)	115/72 (62.61%)
<b>Total</b>			<b>14,241</b>	<b>7,399</b>	<b>718/328 (45.68%)</b>	<b>698/366 (52.44%)</b>	<b>758/393 (51.85%)</b>	<b>522/285 (54.60%)</b>	<b>1,064/582 (54.70%)</b>	<b>1,143/651 (56.96%)</b>	<b>1,227/668 (54.44%)</b>	<b>856/516 (60.28%)</b>	<b>1,384/740 (53.47%)</b>	<b>1,770/879 (49.66%)</b>	<b>1,904/936 (49.16%)</b>	<b>2,197/1,055 (48.02%)</b>

<sup>10</sup> Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

# Report of the 45th Anniversary Committee

## Background

The Board of Directors (BOD) appointed the 45th Anniversary Committee to assist in planning and implementing the 45th Anniversary of the National Council of State Boards of Nursing (NCSBN). On Aug. 14–19, 2023, the NCSBN Annual Meeting and 45th Anniversary celebration will be held in Chicago. The 45th Anniversary theme will be launched at the Midyear Meeting in March 2023.

## Fiscal Year 2022 (FY22) Highlights and Accomplishments

- Began brainstorming themes
- Defined the committee's charge
  - Welcome reception
  - Venue for awards/dinner/dance
  - Music
  - Color and decorations

## Future Activities

The committee will work on finalizing plans for the NCSBN 45th Anniversary.

## Members

**Barbara Blozen, EdD, MA, RN-BC, CNL**  
New Jersey, Area IV

**Adam Canary, LPN**  
Washington, Area I

**Melissa McDonald, MS, FRE**  
North Carolina, Area III

**Janice Penner, MSN, RN**  
British Columbia, Associate Member

**Jimmy Reyes**  
Iowa, Area II

**Sue Tedford, MSNc, APRN**  
Arkansas, Area III

**Lori Scheidt, MBA-HCM**  
Missouri, Area II, Board Liaison

## Staff

**Philip Dickison, PhD, RN**  
Chief Operating Officer, Operations Administration

**Sandy Rhodes**  
Director, Consolidated Services

**Michael Kotnaur**  
Director, Marketing & Advocacy

## Meeting Dates

**April 27, 2022**

## Relationship to Strategic Plan

N/A

# Report of the Awards Committee

## Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. At the beginning of the fiscal year, the Awards Committee met with NCSBN marketing staff to discuss strategies to promote the Awards Program and encourage members to participate in the annual campaign. The 2022 Awards campaign was launched in December 2021. Members of the Awards Committee reviewed the nominations using a blind review process and confirmed the 2022 recipients at the April meeting. Also at the April meeting, the committee met with NCSBN marketing staff to reflect on the work done this year to engage the membership with the Awards Program and to discuss recommendations for the 2023 program.

In April 2022, the committee reviewed the nominations and selected recipients for the following categories: R. Louise McManus Award, Elaine Ellibee Award and the Regulatory Achievement Award. In addition to these three honorees, 13 executive officers who have reached milestones in their careers as nurse regulators will receive the Executive Officer Recognition Award. Jay Douglas, NCSBN president, will present the Executive Officer Recognition Awards during the morning session of Delegate Assembly on Thursday, Aug. 18, 2022. One associate member, the College of Registered Nurses of Prince Edward Island, will receive the Centennial Award to celebrate one hundred years of nursing regulation. The awards ceremony and dinner will be held on the evening of Aug. 18, 2022, at the Swissotel in Chicago as part of the Annual Meeting.

The Awards Committee selected the following recipients for fiscal year 2022 (FY22):

### R. Louise McManus Award

Anne Coghlan, MScN, RN  
Former Executive Director and CEO, College of Nurses of Ontario

### Elaine Ellibee Award

Barbara Blozen, EdD, MA, RN-BC, CNL  
Board President, New Jersey Board of Nursing

### Regulatory Achievement Award

North Dakota Board of Nursing  
Stacey Pfenning, DNP, APRN, FNP, FAANP,  
Executive Director

## Members

**Marie Ann Cordeiro, MSN, RN, PHN**  
California VN, Area I

**Stacy Harper, MHS, RN, CCNE**  
Alberta RN, Associate Member

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

**Shannon McKinney, DNP, APRN, WHNP-BC, RNC-OB**  
Arkansas, Area III

**Kathleen Weinberg, MSN, RN**  
Iowa, Area II

## Staff

**Alicia Byrd**  
Director, Member Relations

**Rachel Pupiromrat**  
Associate, Member Relations

## Meeting Dates

**Nov. 8, 2021** (Virtual Meeting)

**April 14, 2022** (Virtual Meeting)

## Relationship to Strategic Plan

N/A

## Attachments

Attachment A:

**[2022 Awards Brochure](#)**

## Recipients of the Executive Officer Recognition Award for 2022:

### Five Years

- Denise Bowen, MN, RN, Executive Director, Registered Nurses Association of the Northwest Territories and Nunavut
- Jeff Busjahn, Nursing Bureau Manager, Utah State Board of Nursing
- Karen E.B. Evans, MSN, RN-BC, SD-CLTC, CLC, Executive Director, Maryland Board of Nursing
- Phyllis Polk Johnson, DNP, RN, FNP-BC, Executive Director, Mississippi Board of Nursing
- Carol Moody, MS, RN, NEA-BC, Administrator, South Carolina Board of Nursing
- Carol Moreland, MSN, RN, Executive Administrator, Kansas State Board of Nursing
- Joy Peacock, MSc, RN, Chief Executive Officer/Registrar, College and Association of Registered Nurses of Alberta
- Kerry Ryan Przybylo, JD, Manager, Boards and Committees Section, Michigan Board of Nursing
- Wanda Wadman, MN, RN, Chief Executive Officer/Registrar, College of Licensed Practical Nurses of Newfoundland and Labrador

### 10 Years

- Lynn Ansardi, RN, Executive Director, Louisiana State Board of Practical Nurse Examiners
- Cynthia Johansen, MAL, MSc, Registrar/Chief Executive Officer, British Columbia College of Nurses and Midwives
- Suzanne Sullivan, JD, RN, Executive Secretary, New York State Board of Nursing

### 20 Years

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

### 2022 Centennial Award

- College of Registered Nurses of Prince Edward Island

## FY22 Highlights and Accomplishments

- The Awards Committee met with NCSBN marketing staff to discuss recommendations to promote the FY22 Awards Program.
- NCSBN marketing staff launched the FY22 program in December 2022 to promote visibility of the program and to expand the timeline for the annual awards campaign.
- Supported the process for submissions by developing a web presence on the NCSBN website with resources to assist members with preparing and submitting a nomination. The resources include: sample letter of support, sample narrative, Award Program FAQs and an overview of each award category.
- NCSBN marketing staff developed new promotional materials for the various award categories to inspire members to participate in the program. These announcements were sent to the membership at scheduled intervals throughout the campaign.
- Awards Committee Members participated on Knowledge Network Networking calls to promote the FY22 Awards campaign and answer questions about the Awards Program.

- Reviewed all nominations to ensure compliance with the committee's blind review process and supported the committee's review and selection of recipients.
- NCSBN marketing staff met with the committee members in April 2022 to continue the discussion on strategies to increase member engagement with the awards program in FY23.
- Sent a letter to the nursing regulatory body (NRB) who will receive the FY22 Centennial Award.
- Reported the 2022 Award Recipients to the Board of Directors at the May 2022 meeting.
- Notified recipients of the 2022 Executive Officer Recognition Award that they will be honored at the 2022 Awards Ceremony.

### **Future Activities:**

The committee will continue to collaborate with NCSBN marketing staff to develop strategies to encourage member participation in the annual Awards Program.



## Attachment A: **2022 Awards Brochure**

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

**We encourage all members to participate.**

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By recognizing those who succeed in the service of nursing regulation we empower others to reach even greater heights of achievement.

We celebrate the work that enhances public protection nationally and internationally and honor those individuals that made such enrichment possible.

Their success inspires others on their own journey toward regulatory excellence.

These awards honor not only the recipient but the accomplishments that effect positive change for the betterment of all.

*Recognition. Celebration. Inspiration.*


 **NCSBN AWARDS**

### **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 2022 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 after the May 2022 Board of Directors meeting 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

<b>Award Cycle</b>	<b>Number of Recipients</b>
Annually as applicable	One

5



Watch the video for the 2021 award recipient, Kim Glazier, MEd, RN, Executive Director, Oklahoma Board of Nursing.



Watch the video for the 2020 award recipient, Lori Scheidt, MBA-HCM, Executive Director, Missouri State Board of Nursing.



## NCSBN AWARDS

### 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



Watch the video for the 2020 award recipient, Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, FAAN, Dean of the Breen School of Nursing & Strawbridge Professor, Ursuline College; Past President, Ohio Board of Nursing.

## NCSBN AWARDS

### 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



Watch the video for the 2020 award recipient, North Carolina Board of Nursing.

 **NCSBN AWARDS**

## 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



Watch the video for the 2020 award recipient, Adrian Guerrero, CPM, Director of Operations, Kansas State Board of Nursing.



 **NCSBN AWARDS**

## 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



Watch the video for the 2020 award recipient, Mary A. Baroni, PhD, RN, Vice Chair, Washington State Nursing Care Quality Assurance Commission.

 **NCSBN AWARDS**

## 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



Watch the video for the 2020 award recipient, David Swankin, Esq., President and CEO, Citizen Advocacy Center (CAC).

# NCSBN AWARDS

## 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:

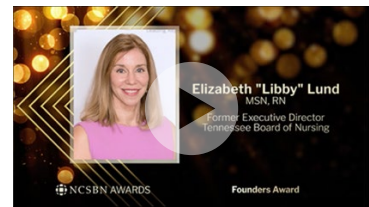
- Demonstrated courage and vision for innovation in regulation to enhance the health, safety and welfare of the public;
- Shown exemplary and sustained commitment to excellence in nursing regulation;
- Sponsored the development of significant regulatory policy at the national and international level;
- 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



Watch the video for the 2020 award recipients, Elizabeth "Libby" Lund, MSN, RN, Former Executive Director, Tennessee Board of Nursing (top) and Carmen Catizone, MS, DPh, RPh, Former Executive Director/ Secretary, National Association of Boards of Pharmacy.

 **NCSBN AWARDS****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

## Previous NCSBN Award Recipients

### FOUNDERS AWARD

2020 Carmen A. Catizone  
2020 Elizabeth Lund  
2018 Joyce M. Schowalter  
2017 Thomas G. Abram  
2015 Kathy Apple

### R. LOUISE MCMANUS AWARD

2021 Kim Glazier  
2020 Lori Scheidt  
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

2020 Adrian Guerrero  
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. McGuill  
1994 Billie Haynes  
1993 Charlie Dickson  
1991 Sharon M. Weisenbeck  
1990 Sister Lucie Leonard  
1988 Merlyn Mary Maillian  
1987 Eileen Dvorak

### REGULATORY ACHIEVEMENT AWARD

2020 North Carolina Board of Nursing  
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

### ELAINE ELLIBEE AWARD

2020 Patricia Sharpnack  
2017 Valerie J. Fuller  
2016 Susan Odom  
2015 Deborah Haagenson  
2013 Linda R. Rounds

### EXCEPTIONAL CONTRIBUTION AWARD

2020 Mary A. Baroni  
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

## Previous NCSBN Award Recipients (continued)

### EXCEPTIONAL CONTRIBUTION AWARD, CONTINUED...

- 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

- 2020 David Swankin
- 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

### 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

### 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

## 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](http://www.ncsbn.org/awards) (NCSBN Passport account is required).
- All entries must be submitted no later than **March 25, 2022**.
- 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.

**If you have questions about the Awards Program, email [awards@ncsbn.org](mailto:awards@ncsbn.org).**



111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277  
312.525.3600  
[www.ncsbn.org](http://www.ncsbn.org)

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

*Recognition. Celebration. Inspiration.*





# 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 2022 (FY22) 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, 2021. 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, 2021. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed the financial reserve; and informed the BOD concerning the outlook for the long-term financial position of the organization. While there is no immediate concern about the organization's financial position, a steadily declining fund balance value is forecasted. To address the forecasted decline in the reserve balance and to maintain a strong financial position for the long-term, the committee recommended that the BOD consider an increase in the NCLEX® exam fee. As U.S. equities rose to all-time highs during the third quarter of the FY21, the investment portfolio

## Members

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

**Russ Barron, MBA, CPM**  
Idaho, Area I

**John Etherington**  
Oregon, Area I

**Tony Graham, CPM**  
North Carolina, Area III

**Sue Painter, DNP, RN**  
West Virginia, Area II

**David Saucedo**  
Texas, Area III

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

## Staff

**Robert Clayborne, MBA, CPA, CGMA**  
Chief Financial Officer

**Gloria Melton, CPA**  
Director of Finance

## Meeting Dates

**Nov. 30, 2021** (Virtual Meeting)

**Jan. 31, 2022** (Virtual Meeting)

**April 29, 2022** (Virtual Meeting)

**July 29, 2022** (In-person Meeting)

## Attachments

Attachment A:

**[Report of the Independent Auditors FY21](#)**

increased significantly in value. The current financial position has been partially obtained by phenomenal returns in the financial markets. Future returns are uncertain, and gains seen over the past few years are unlikely to be sustained. The BOD determined that the impact of investment returns on the reserve value along with the reduction in spending on meetings, travel, and other expenditures due to COVID-19 allowed for a longer timeline to address the forecasted decline in the fund balance. The BOD determined that it would not propose a fee increase at this time, and may review these recommendations in the future should fiscal conditions change.

- 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.

### 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 29, 2022) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2022.

# Attachment A:

## Report of the Independent Auditors FY21

### 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, 2021 and 2020 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, 2021 and 2020 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 Matters**

As discussed in Note 2 to the financial statements, the 2020 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

As described in Note 3 to the financial statements, NCSBN adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, as of October 1, 2020. Our opinion is not modified with respect to this matter.



December 14, 2021

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

### Statement of Financial Position

September 30, 2021 and 2020

	2021	2020 (As Restated)
<b>Assets</b>		
Cash and cash equivalents	\$ 13,420,176	\$ 23,955,753
Cash held for others	911,523	1,732,864
Accounts receivable	89,402	354,013
Due from test vendor	421,326	488,038
Accrued investment income	403,396	384,842
Prepaid expenses	2,832,546	1,963,969
Investments	288,374,237	240,034,200
Property and equipment - Net	9,734,632	7,638,137
Total assets	<b>\$ 316,187,238</b>	<b>\$ 276,551,816</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 938,768	\$ 4,344,514
Due to test vendor	4,818,753	5,243,218
Accrued payroll, payroll taxes, and compensated absences	1,481,348	1,634,925
Contract liabilities - Deferred revenue	20,157,385	17,727,182
Grants payable	720,461	1,009,037
Deferred rent credits	2,231,860	2,497,060
Cash held for others	911,523	1,732,864
Total liabilities	31,260,098	34,188,800
<b>Net Assets - Without donor restrictions</b>	<b>284,927,140</b>	<b>242,363,016</b>
Total liabilities and net assets	<b>\$ 316,187,238</b>	<b>\$ 276,551,816</b>

See notes to financial statements.

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

### Statement of Activities

Years Ended September 30, 2021 and 2020

	2021	2020
<b>Changes in Net Assets without Donor Restrictions</b>		
Revenue:		
Examination fees	\$ 76,822,864	\$ 69,909,753
Other program services income	12,848,460	11,321,258
Net realized and unrealized gain on investment	41,649,130	13,728,028
Interest and dividend income - Net of investment expenses	6,072,531	5,593,927
Total revenue	137,392,985	100,552,966
Expenses:		
Program services:		
Nurse competence	68,589,929	60,971,958
Nurse practice and regulatory outcome Information	9,402,990	11,048,491
Information	10,793,440	11,570,522
Total program services	88,786,359	83,590,971
Support services - Management and general	6,042,502	5,655,916
Total expenses	94,828,861	89,246,887
<b>Increase in Net Assets without Donor Restrictions</b>	42,564,124	11,306,079
<b>Net Assets without Donor Restrictions - Beginning of year</b>	242,363,016	231,056,937
<b>Net Assets without Donor Restrictions - End of year</b>	<b>\$ 284,927,140</b>	<b>\$ 242,363,016</b>

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, 2021

	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total
Salaries	\$ 4,371,750	\$ 3,569,664	\$ 4,623,072	\$ 3,708,264	\$ 16,272,750
Fringe benefits	1,004,005	788,137	946,203	875,779	3,614,124
NCLEX processing costs	53,230,682	-	-	-	53,230,682
Other professional services fees	9,163,193	2,374,631	1,630,657	837,408	14,005,889
Supplies	3,312	7,067	3,511	3,734	17,624
Meetings and travel	88,549	835,596	51,548	53,630	1,029,323
Telephone and communications	-	9,464	166,110	300	175,874
Postage and shipping	7,230	30,944	11,996	4,549	54,719
Occupancy	369,749	386,565	346,852	220,493	1,323,659
Printing and publications	6,102	76,388	-	-	82,490
Library and membership	96,774	22,912	1,823	39,338	160,847
Equipment and maintenance	5,985	59,552	2,569,219	13,696	2,648,452
Depreciation and loss on disposal of property and equipment	150,347	129,572	442,275	80,021	802,215
Other expenses	92,251	108,392	174	205,290	406,107
Grants	-	1,004,106	-	-	1,004,106
Total functional expenses	<b>\$ 68,589,929</b>	<b>\$ 9,402,990</b>	<b>\$ 10,793,440</b>	<b>\$ 6,042,502</b>	<b>\$ 94,828,861</b>

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, 2020

	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total - As Restated
Salaries	\$ 4,200,673	\$ 3,313,419	\$ 4,550,315	\$ 3,297,456	\$ 15,361,863
Fringe benefits	1,390,096	1,107,935	1,520,256	546,685	4,564,972
NCLEX processing costs	49,232,639	-	-	-	49,232,639
Other professional services fees	4,773,018	3,304,523	1,822,122	817,198	10,716,861
Supplies	16,894	21,577	15,688	16,680	70,839
Meetings and travel	464,736	996,358	68,027	320,642	1,849,763
Telephone and communications	1,350	10,095	266,462	1,525	279,432
Postage and shipping	42,712	41,035	4,812	4,947	93,506
Occupancy	485,786	439,444	429,434	260,952	1,615,616
Printing and publications	12,183	201,011	-	752	213,946
Library and membership	48,755	8,935	4,440	74,360	136,490
Equipment and maintenance	17,425	29,204	1,963,728	40,997	2,051,354
Depreciation and loss on disposal of property and equipment	280,555	209,129	519,938	124,186	1,133,808
Other expenses	5,136	121,722	27	149,536	276,421
Grants	-	1,244,104	405,273	-	1,649,377
Total functional expenses	<b>\$ 60,971,958</b>	<b>\$ 11,048,491</b>	<b>\$ 11,570,522</b>	<b>\$ 5,655,916</b>	<b>\$ 89,246,887</b>

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, 2021 and 2020

	2021	2020
		(As Restated)
<b>Cash Flows from Operating Activities</b>		
Increase in net assets without donor restrictions	\$ 42,564,124	\$ 11,306,079
Adjustments to reconcile increase in net assets without donor restrictions to net cash, cash equivalents, and cash held for others from operating activities:		
Depreciation and amortization	789,944	587,769
Net realized and unrealized gain on investments	(41,649,130)	(13,728,028)
Loss on disposal of property and equipment	12,271	546,039
Changes in operating assets and liabilities that provided (used) cash, cash equivalents, and cash held for others:		
Accounts receivable	264,611	271,474
Due from test vendor	66,712	9,298,370
Accrued investment income	(18,554)	73,849
Prepaid expenses	(868,577)	(248,005)
Accounts payable	(293,744)	(252,770)
Due to test vendor	(424,465)	631,107
Accrued payroll, payroll taxes, and compensated absences	(153,577)	673,212
Contract liabilities - Deferred revenue	2,430,203	5,673,103
Grants payable	(288,576)	(653,171)
Deferred rent credits	(265,200)	1,886,141
Cash held for others	(821,341)	515,621
	1,344,701	16,580,790
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(6,010,712)	(3,878,162)
Purchase of investments	(64,003,931)	(57,607,762)
Proceeds from sales of investments	57,313,024	51,644,742
	(12,701,619)	(9,841,182)
<b>Net (Decrease) Increase in Cash, Cash Equivalents, and Cash Held for Others</b>		
	(11,356,918)	6,739,608
<b>Cash, Cash Equivalents, and Cash Held for Others - Beginning of year</b>		
	25,688,617	18,949,009
<b>Cash, Cash Equivalents, and Cash Held for Others - End of year</b>		
	<b>\$ 14,331,699</b>	<b>\$ 25,688,617</b>
<b>Statement of Financial Position Classification of Cash, Cash Equivalents, and Cash Held for Others</b>		
Cash and cash equivalents	\$ 13,420,176	\$ 23,955,753
Cash held for others	911,523	1,732,864
	<b>\$ 14,331,699</b>	<b>\$ 25,688,617</b>
<b>Supplemental Cash Flow Information - Property and equipment additions in accounts payable</b>		
	\$ 225,917	\$ 3,337,919

See notes to financial statements.

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

# Notes to Financial Statements

September 30, 2021 and 2020

### 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 health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information - Develop information technology solutions valued and utilized by member boards to enhance regulatory efficiency.

### Note 2 - 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.

#### ***Revenue Recognition***

NCSBN derives its revenue primary from the National Council Licensure Examination (NCLEX) fees. Other significant revenue streams include Nurse Practicing Exam fees, E-learning online courses, licensure verification fees, member dues, publication sales, and royalty fees from the National Nurse Aide Assessment Program (NNAAP) and Medication Aide Certification Examination (MACE). During 2021 and 2020, NCSBN recognized revenue from contracts with customers of \$89,671,324 and \$81,231,011, respectively. For the year ended September 30, 2021, the beginning balance of NCSBN's receivables from contracts with customers was \$842,051 and the closing balance was \$510,728. For the year ended September 30, 2020, the beginning balance of NCSBN's receivables from contracts with customers was \$1,192,807 and the closing balance was \$842,051. This includes fees that have been collected on behalf of NCSBN by NCSBN's outsourced test vendor, Pearson VUE.

For each revenue stream identified above, revenue recognition is subject to the completion of performance obligations. For each contract with a customer, NCSBN determined whether the performance obligations in the contract are distinct or bundled. Factors to be considered include the pattern of transfer, whether customers can benefit from the resources, and whether the resources are readily available.

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

### **Notes to Financial Statements**

**September 30, 2021 and 2020**

#### **Note 2 - Significant Accounting Policies (Continued)**

NCSBN's revenue is recognized when a given performance obligation is satisfied, either over a period of time or at a given point in time. NCSBN recognizes revenue over a period of time if the customer receives and consumes the benefits that NCSBN provides simultaneously or if NCSBN's performance does not create an asset with an alternative use and has an enforceable right to payment for the performance. The revenue is recognized at a given point in time when the control of the goods or service is transferred to the customer and when the customer can direct its use and obtain substantial benefit from the goods.

The transaction price is calculated as the amount of consideration to which NCSBN expects to be entitled (such as the exam price and verification fee price). NCSBN collects payment upfront for NLCEX fees and at the time of purchase for all other revenue streams. For NCLEX fees, NCSBN collects cash prior to the satisfaction of the performance obligations, which results in NCSBN recognizing contract liabilities upon receipt of payment. Total contract liabilities were \$20,157,385, \$17,727,182, and \$12,054,079 as of September 30, 2021, 2020, and 2019, respectively, and are recorded as contract liabilities - deferred revenue on the statement of financial position.

The following explains the performance obligations related to each revenue stream and how they are recognized:

#### **Examination Fees**

The NCLEX exam is administered primarily in the United States. Approximately 5 percent of examination fee revenue related to NCLEX in Canada for the years ended September 30, 2021 and 2020. NCSBN has a performance obligation to provide the NCLEX exam to the candidates and recognizes revenue when the exam is taken.

The revenue streams listed below are included in other program services income on the statement of activities.

#### **Nurse Practicing Exam Fees and E-Learning Online Courses**

NCSBN provides practice exams and E-learning online courses to potential candidates. NCSBN has a performance obligation to make the practice exam and online course available and recognizes revenue at this point.

#### **Licensure Verification Fees**

Nurses can verify their licenses by completing a verification profess, for which NCSBN charges a fee. NCSBN has a performance obligation to provide the verification, which is satisfied at the time of purchase.

#### **Member Dues**

NCSBN earns dues from its member states. Member dues are earned over each fiscal year, representing the period over which NCSBN satisfied the performance obligation.

#### **Publication Sales**

Customers can purchase various publications. NCSBN has a performance obligation to provide the publications, and revenue is recognized upon purchase.

#### **Royalty Fees**

NCSBN receives royalty fees from NNAAP and MACE for the development of exams. NCSBN recognizes the royalty revenue when the exams are administered and NCSBN has fulfilled its performance obligation.

#### **Cash Equivalents**

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

**National Council of State Boards of Nursing, Inc.****Notes to Financial Statements****September 30, 2021 and 2020****Note 2 - Significant Accounting Policies (Continued)*****Cash Held for Others***

Cash held for others represents cash held for one of NCSBN's 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 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 that 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.

***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.

***Due to Test Vendor***

NCSBN has an agreement with Pearson VUE to administer the examinations. NCSBN accrues a base price fee at the time the exam is taken. 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.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 2 - Significant Accounting Policies (Continued)

Due to test vendor totals \$4,818,753 and \$5,243,218 as of September 30, 2021 and 2020, respectively, and includes administered exams that had not been paid at the end of the year.

##### **Grants Payable**

NCSBN awards grants to selected institutions for nurse practice and regulatory outcome research, which are generally available for periods of one to two years. Unconditional grants are recorded by NCSBN in the period awarded. The expenditures in the accompanying financial statements include the amount expensed for the years ended September 30, 2021 and 2020. Conditional grants, if any, are expensed when such conditions are substantially met. There were no conditional grants awarded as of September 30, 2021 and 2020.

##### **Deferred Rent Credits**

Deferred rent credits were established in conjunction with NCSBN's lease for its office space. 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.

##### **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

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).

##### **Restatement**

NCSBN engaged a firm to develop software for internal use during the year ended September 30, 2020. The vendor began providing services to NCSBN during 2020, but no work was reflected in the 2020 issued financial statements. The accompanying financial statements for 2020 have been restated to correct this error as follows:

- On the statement of financial position, property and equipment - net increased by \$3,337,919, accounts payable increased by \$3,388,750, and net assets without donor restrictions decreased by \$50,831.
- On the statement of activities, total nurse competence expenses increased by \$50,831, and the increase in net assets without donor restrictions and net assets without donor restrictions - end of year decreased by \$50,831.
- On the statement of functional expenses, total nurse competence expenses increased by \$50,831.
- On the statement of cash flows, increase in net assets without donor restrictions decreased by \$50,831, changes in accounts payable increased by \$50,831, and property and equipment additions in accounts payable (supplemental cash flow information) increased by \$3,337,919.

**National Council of State Boards of Nursing, Inc.****Notes to Financial Statements****September 30, 2021 and 2020****Note 2 - Significant Accounting Policies (Continued)*****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.

***Risks and Uncertainties***

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus a pandemic. First identified in late 2019, the outbreak has impacted millions of individuals worldwide. Several countries have banned travel to and from affected regions, and many companies, both domestically and globally, have been forced to significantly reduce or suspend their operations until further notice. NCSBN, however, has not experienced a significant decrease in revenue or any significant changes to its operations as a result. Closures and reduction in allowable capacity slowed test delivery by the vendor. Test centers gradually increased capacity during 2021.

No impairments were recorded as of the statement of financial position date, as the carrying amounts of NCSBN's assets are expected to be recoverable; however, due to significant uncertainty surrounding the situation, management's judgment regarding this could change in the future. In addition, while the results of NCSBN's operations, cash flows, and financial condition were not significantly impacted, the extent of any future impact cannot be reasonably estimated at this time.

***Upcoming Accounting Pronouncement***

The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-02, *Leases*, which will supersede the current lease requirements in ASC 840. The ASU requires lessees to recognize a right-of-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 activities. Currently, leases are classified as either capital or operating, with only capital leases recognized on the statement of financial position. The reporting of lease-related expenses in the statements of activities 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, 2023 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.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including December 14, 2021, which is the date the financial statements were available to be issued.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 3 - Adoption of New Accounting Pronouncement

As of October 1, 2020, NCSBN adopted FASB ASU No. 2014-09, *Revenue from Contracts with Customers*. 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. Prior to the adoption of this ASU, examination fee revenue and the corresponding administration fee expense due to Pearson VUE was recognized at the time of registration. As stated in Note 2, both the revenue and expense are now recognized when the exam is taken. 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. NCSBN adopted the new standard using the full retrospective method.

The following financial statement line items for fiscal years 2021 and 2020 were affected by the change in accounting principle:

#### Statement of Activities

	2020		
	As Computed Under ASC 605 - As Restated (Note 2)	As Reported Under ASC 606	Effect of Change
Revenue	\$ 106,227,676	\$ 100,552,966	\$ (5,674,710)
Expenses	91,821,960	89,246,887	(2,575,073)
Increase in net assets	14,405,716	11,306,079	(3,099,637)
Net assets - Beginning of year	233,065,256	231,056,937	(2,008,319)
Net assets - End of year	\$ 247,470,972	\$ 242,363,016	\$ (5,107,956)

#### Statement of Financial Position

	2020		
	As Computed Under ASC 605 - As Restated (Note 2)	As Reported Under ASC 606	Effect of Change
Due to test vendor	\$ 17,821,184	\$ 5,243,218	\$ (12,577,966)
Contract liabilities - Deferred revenue	41,260	17,727,182	17,685,922
Other liabilities	11,218,400	11,218,400	-
Total liabilities	29,080,844	34,188,800	5,107,956
Net assets	247,470,972	242,363,016	(5,107,956)
Total liabilities and net assets	\$ 276,551,816	\$ 276,551,816	\$ -

As a result of the transition adjustments, net assets as of October 1, 2019 decreased from \$233,065,256, as originally reported, to \$231,056,937. The accompanying financial statements for 2020 have also been restated to reflect changes implemented to reflect the functional allocation of expenses. Total nurse competency expenses for 2020 decreased by \$2,575,073.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 4 - Cash Concentrations

The cash and cash equivalents balance as of September 30, 2021 and 2020 consisted of the following:

	2021	2020
JPMorgan Chase:		
Checking account	\$ 2,437,403	\$ 986,860
Savings account	10,694,488	22,691,941
Credit card merchant accounts	288,056	276,723
Petty cash	229	229
	<u>\$ 13,420,176</u>	<u>\$ 23,955,753</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 5 - 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, 2021 and 2020 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 (NAV) - Shares or interests in investment companies at year end where the fair value of the investment held is estimated based on net asset value per share (or its equivalent) of the investment company.

In instances where 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, 2021 and 2020, there were no such transfers.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2021			Fair Values as of September 30, 2021
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 33,029,142	\$ -	\$ 33,029,142
Treasury Inflation-Protected Securities	-	8,185,045	-	8,185,045
Government agency obligations:				
Zero coupon bonds	-	276,144	-	276,144
U.S. agency fixed-rate notes and bonds	-	907,812	-	907,812
Federal Home Loan Mortgage Pool	-	934,091	-	934,091
Federal National Mortgage Association Pool	-	5,367,327	-	5,367,327
Government National Mortgage Association Pool	-	108,398	-	108,398
Government National Mortgage Association II	-	619,577	-	619,577
Other agency loan pool	-	6,139,183	-	6,139,183
Corporate bonds:				
Corporate bonds - Fixed	-	26,300,884	-	26,300,884
Corporate CMO	-	159,141	-	159,141
Corporate ABS	-	5,467,532	-	5,467,532
Mutual funds:				
Mortgage-backed fixed-income mutual fund	4,405,741	-	-	4,405,741
Developed market institutional fund	13,727,302	-	-	13,727,302
Institutional index fund	85,221,656	-	-	85,221,656
Small-cap Index-Institutional Fund	36,864,640	-	-	36,864,640
American EuroPacific Growth Fund	7,607,672	-	-	7,607,672
Equities - Common stock	36,898,550	-	-	36,898,550
Total	<u>\$ 184,725,561</u>	<u>\$ 87,494,276</u>	<u>\$ -</u>	<u>272,219,837</u>
Investments measured at NAV - Real estate investment trust				<u>14,205,681</u>
Total investments at fair value				<u>\$ 286,425,518</u>



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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2020			Fair Values as of September 30, 2020
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 31,535,129	\$ -	\$ 31,535,129
Treasury Inflation-Protected Securities	-	8,606,904	-	8,606,904
U.S. Treasury bill	-	1,219,931	-	1,219,931
Government agency obligations:				
Zero coupon bonds	-	300,091	-	300,091
U.S. agency fixed-rate notes and bonds	-	729,045	-	729,045
Federal Home Loan Mortgage Pool	-	1,373,558	-	1,373,558
Federal National Mortgage Association Pool	-	5,612,398	-	5,612,398
Government National Mortgage Association Pool	-	122,169	-	122,169
Government National Mortgage Association II	-	28,879	-	28,879
Other agency loan pool	-	6,334,126	-	6,334,126
Corporate bonds:				
Corporate bonds - Fixed	-	21,306,293	-	21,306,293
Corporate CMO	-	346,151	-	346,151
Corporate ABS	-	5,119,111	-	5,119,111
Mutual funds:				
Mortgage-backed fixed-income mutual fund	4,256,852	-	-	4,256,852
Developed market institutional fund	10,843,529	-	-	10,843,529
Institutional index fund	65,565,668	-	-	65,565,668
Small-cap Index-Institutional Fund	25,587,463	-	-	25,587,463
American EuroPacific Growth Fund	6,103,660	-	-	6,103,660
Equities - Common stock	25,373,255	-	-	25,373,255
Total	<u>\$ 137,730,427</u>	<u>\$ 82,633,785</u>	<u>\$ -</u>	<u>220,364,212</u>
Investments measured at NAV - Real estate investment trust				<u>12,260,130</u>
Total investments at fair value				<u>\$ 232,624,342</u>

Not included in the above table is \$1,948,719 and \$7,409,858 in money market accounts as of September 30, 2021 and 2020, respectively.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 5 - Fair Value Measurements (Continued)

##### 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.

##### Level 2

U.S. Treasury notes and bonds, Treasury Inflation-Protected Securities, government agency obligations, and corporate bonds securities 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, 2021 and 2020:

	September 30, 2021	September 30, 2020	September 30, 2021	
	Fair Value	Fair Value	Redemption Frequency, if Eligible	Redemption Notice Period
Real estate investment (a)	\$ 14,205,681	\$ 12,260,130	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.

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 6 - Property and Equipment

The composition of property and equipment as of September 30, 2021 and 2020 is as follows:

	2021	2020	Depreciable Life - Years
		(As Restated)	
Furniture and equipment	\$ 1,496,678	\$ 3,195,797	5-7
Course development costs	907,284	907,284	2-5
Computer equipment and software	21,887,651	23,503,114	3-7
Leasehold improvements	2,746,604	2,746,604	Useful life or life of lease
Software in development	6,135,386	3,337,919	-
Total cost	33,173,603	33,690,718	
Less accumulated depreciation	23,438,971	26,052,581	
Net property and equipment	<u>\$ 9,734,632</u>	<u>\$ 7,638,137</u>	

Depreciation expense for 2021 and 2020 was \$789,944 and \$587,769, respectively.

#### Note 7 - 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 seven grants ranging in amounts from approximately \$50,000 to \$240,000 and six grants ranging in amounts from approximately \$30,000 to \$300,000 during the years ended September 30, 2021 and 2020, respectively.

The following summarizes the changes in grants payable as of September 30, 2021 and 2020:

	2021	2020
Grants awarded in the current year	\$ 566,915	\$ 607,111
Grants awarded in prior years	153,546	401,926
Total	<u>\$ 720,461</u>	<u>\$ 1,009,037</u>

#### Note 8 - Operating Leases

NCSBN has a lease agreement for office space. On May 15, 2019, NCSBN amended its previous lease agreement to extend the lease term for the space through February 28, 2030. The amended agreement includes lease incentives, including a free rent period and a tenant improvement allowance of \$2,011,455.

The following is a summary, by year, of future minimum lease payments required under the office lease as of September 30, 2021:

Years Ending September 30	Amount
2022	\$ 582,967
2023	812,055
2024	962,606
2025	983,801
2026	1,004,996
Thereafter	3,592,553
Total	<u>\$ 7,938,978</u>

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

### Notes to Financial Statements

September 30, 2021 and 2020

#### Note 8 - Operating Leases (Continued)

Rent expense for the years ended September 30, 2021 and 2020 was \$739,788 and \$768,644, respectively, which includes allocated property taxes, utilities, and common area maintenance. Property taxes and common area maintenance expenses for the years ended September 30, 2021 and 2020 were \$520,979 and \$749,675, respectively.

#### Note 9 - 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 \$1,211,099 and \$1,185,649 for the years ended September 30, 2021 and 2020, respectively.

#### Note 10 - 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.

The following table shows the total financial assets held by NCSBN as of September 30, 2021 and 2020 and the amounts of those financial assets that could be made readily available within one year of September 30 to meet general expenditures:

	2021	2020
Cash and cash equivalents	\$ 13,420,176	\$ 23,955,753
Cash held for others	911,523	1,732,864
Investments	288,374,237	240,034,200
Accounts receivable	89,402	354,013
Due from test vendor	421,326	488,038
Accrued investment income	403,396	384,842
Financial assets - At year end	303,620,060	266,949,710
Less those unavailable for general expenditures within one year due to:		
Cash held for others	911,523	1,732,864
Board designations	125,000,000	125,000,000
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 177,708,537</u>	<u>\$ 140,216,846</u>

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

## 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 is the leading nurse aide assessment instrument in the U.S. MACE is a national examination that NCSBN developed for U.S. 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 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 exam.

On Jan. 1, 2022, Credentia became the new test administrator for the NNAAP exams. In this role, they provide 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 Credentia include initial certification, recertification and reciprocity management, as well as online public access registry verifications.

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”).

Section II: **Committee Reports**

## Staff

### **Philip Dickison, PhD, RN**

Chief Operating Officer, Operations Administration

### **Jennifer Gallagher**

Director, Examinations

### **Joe Betts, PhD**

Director, Measurement and Testing, Examinations

### **Nicole Williams, MSN, RN, NPD-BC, NE-BC**

Senior Manager, Examinations

### **José V. Martínez Rodríguez, MS, RN**

Manager, Content Processes, Examinations

### **Daniel Hydzik**

Test Development Associate II, Examinations

### **Shu-chuan Kao, PhD**

Senior Manager, Measurement and Testing, Examinations

### **Chih-Kai (Cary) Lin, PhD**

Psychometrician II, Measurement and Testing, Examinations

## Meeting Dates

### **POSTPONED**

NNAAP® Written Exam Standard-setting Panel

## Relationship to Strategic Plan

Strategic Initiative D:

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

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.

## Program Highlights and Test Development Activities

During internal planning discussions, the decision was made to not make any changes to the existing 2022 NNAAP examination until COVID-19 would allow for a return to normal business operations. Consequently, the following activities were impacted:

- NCSBN would not need to deliver updated 2022 NNAAP test forms to Pearson VUE in calendar year 2021
- No content changes to existing 2022 test forms were required until further notice
- No special NNAAP and MACE activities or requests would require to be addressed in calendar year 2022

## Future Activities

- Prepare yearly NNAAP and MACE Technical Report.
- Share information with the public about NNAAP and MACE.
- Perform appropriate statistical analyses of NNAAP and MACE pre-test items.
- Continue to maintain the bank of items for NNAAP and MACE.
- Enhance the quality of NNAAP and MACE.

## Summary of NNAAP Examination Results for Calendar Year 2021 – Pass Rates by State

Across all jurisdictions, the pass rates for NNAAP were 89% for the written or oral examinations and 77% 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 2021. 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 2021**

\* Number of candidates is in parentheses.

Table 1: Pass Rates by Jurisdiction in 2020							
Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Alabama	83% (298)	63% (24)	<b>82%</b> <b>(322)</b>	85% (296)	87% (23)	<b>85%</b> <b>(319)</b>	<b>78%</b> <b>(308)</b>
Alaska	95% (424)	56% (41)	<b>91%</b> <b>(465)</b>	92% (424)	79% (42)	<b>91%</b> <b>(466)</b>	<b>91%</b> <b>(452)</b>
California	88% (15,790)	61% (2,413)	<b>85%</b> <b>(18,203)</b>	92% (15,800)	85% (1,656)	<b>91%</b> <b>(17,456)</b>	<b>86%</b> <b>(17,225)</b>
Colorado*	93% (6,066)	45% (263)	<b>91%</b> <b>(6,329)</b>	72% (5,126)	69% (1,685)	<b>71%</b> <b>(6,811)</b>	<b>86%</b> <b>(4,827)</b>

**Table 1: Pass Rates by Jurisdiction in 2020**

Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
District of Columbia	86% (259)	73% (56)	<b>83%</b> <b>(315)</b>	75% (259)	68% (73)	<b>73%</b> <b>(332)</b>	<b>76%</b> <b>(303)</b>
Georgia	91% (5,619)	75% (861)	<b>89%</b> <b>(6,480)</b>	76% (5,781)	67% (1,487)	<b>74%</b> <b>(7,268)</b>	<b>80%</b> <b>(6,421)</b>
Guam	81% (70)	75% (4)	<b>81%</b> <b>(74)</b>	79% (72)	100% (2)	<b>80%</b> <b>(74)</b>	<b>66%</b> <b>(77)</b>
Maryland	90% (1,282)	71% (156)	<b>88%</b> <b>(1,438)</b>	83% (1,291)	83% (189)	<b>83%</b> <b>(1,480)</b>	<b>81%</b> <b>(1,427)</b>
Minnesota	93% (5,536)	81% (997)	<b>91%</b> <b>(6,533)</b>	74% (5,535)	69% (2,108)	<b>73%</b> <b>(7,643)</b>	<b>84%</b> <b>(6,450)</b>
Mississippi	85% (1,718)	81% (525)	<b>84%</b> <b>(2,243)</b>	63% (1,768)	64% (668)	<b>63%</b> <b>(2,436)</b>	<b>64%</b> <b>(2,256)</b>
New Hampshire	100% (6)		<b>100%</b> <b>(6)</b>	100% (6)		<b>100%</b> <b>(6)</b>	<b>100%</b> <b>(6)</b>
North Carolina*	95% (12,864)	81% (785)	<b>95%</b> <b>(13,649)</b>	80% (10,932)	73% (3,160)	<b>78%</b> <b>(14,092)</b>	<b>88%</b> <b>(11,738)</b>
Northern Mariana Islands	50% (6)		<b>50%</b> <b>(6)</b>	100% (4)	100% (1)	<b>100%</b> <b>(5)</b>	<b>43%</b> <b>(7)</b>
Pennsylvania	93% (2,133)	78% (374)	<b>91%</b> <b>(2,507)</b>	72% (2,166)	69% (766)	<b>71%</b> <b>(2,932)</b>	<b>81%</b> <b>(2,543)</b>
Rhode Island	82% (1,221)	49% (178)	<b>78%</b> <b>(1,399)</b>	63% (1,223)	70% (252)	<b>64%</b> <b>(1,475)</b>	<b>66%</b> <b>(1,324)</b>
South Carolina	92% (3,112)	79% (511)	<b>90%</b> <b>(3,623)</b>	79% (3,137)	71% (910)	<b>77%</b> <b>(4,047)</b>	<b>83%</b> <b>(3,624)</b>
Virgin Islands <sup>1</sup>							
Virginia	92% (3,768)	75% (560)	<b>90%</b> <b>(4,328)</b>	70% (3,802)	63% (1,410)	<b>68%</b> <b>(5,212)</b>	<b>78%</b> <b>(4,434)</b>
Washington*	91% (6,878)	50% (448)	<b>88%</b> <b>(7,326)</b>	71% (5,367)	64% (2,019)	<b>69%</b> <b>(7,386)</b>	<b>85%</b> <b>(5,434)</b>
<b>Total</b>	<b>91%</b> <b>(67,050)</b>	<b>70%</b> <b>(8,196)</b>	<b>89%</b> <b>(75,246)</b>	<b>79%</b> <b>(62,989)</b>	<b>70%</b> <b>(16,451)</b>	<b>77%</b> <b>(79,440)</b>	<b>83%</b> <b>(68,856)</b>

<sup>1</sup> No candidate took the examination in these jurisdictions during 2021

\* The written and the skills examinations were no longer scheduled on the same day in Colorado, North Carolina and Washington as these jurisdictions transitioned to computer-based written examination. The overall pass rates for these jurisdictions include candidates who have taken both the written and the skills examinations during this reporting period.

## 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
- Bermuda Nursing and Midwifery Council
- 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 Alberta
- College of Registered Nurses of Newfoundland and Labrador
- 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)
- 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 Nurse Examiners
- 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. Board 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](http://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 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.

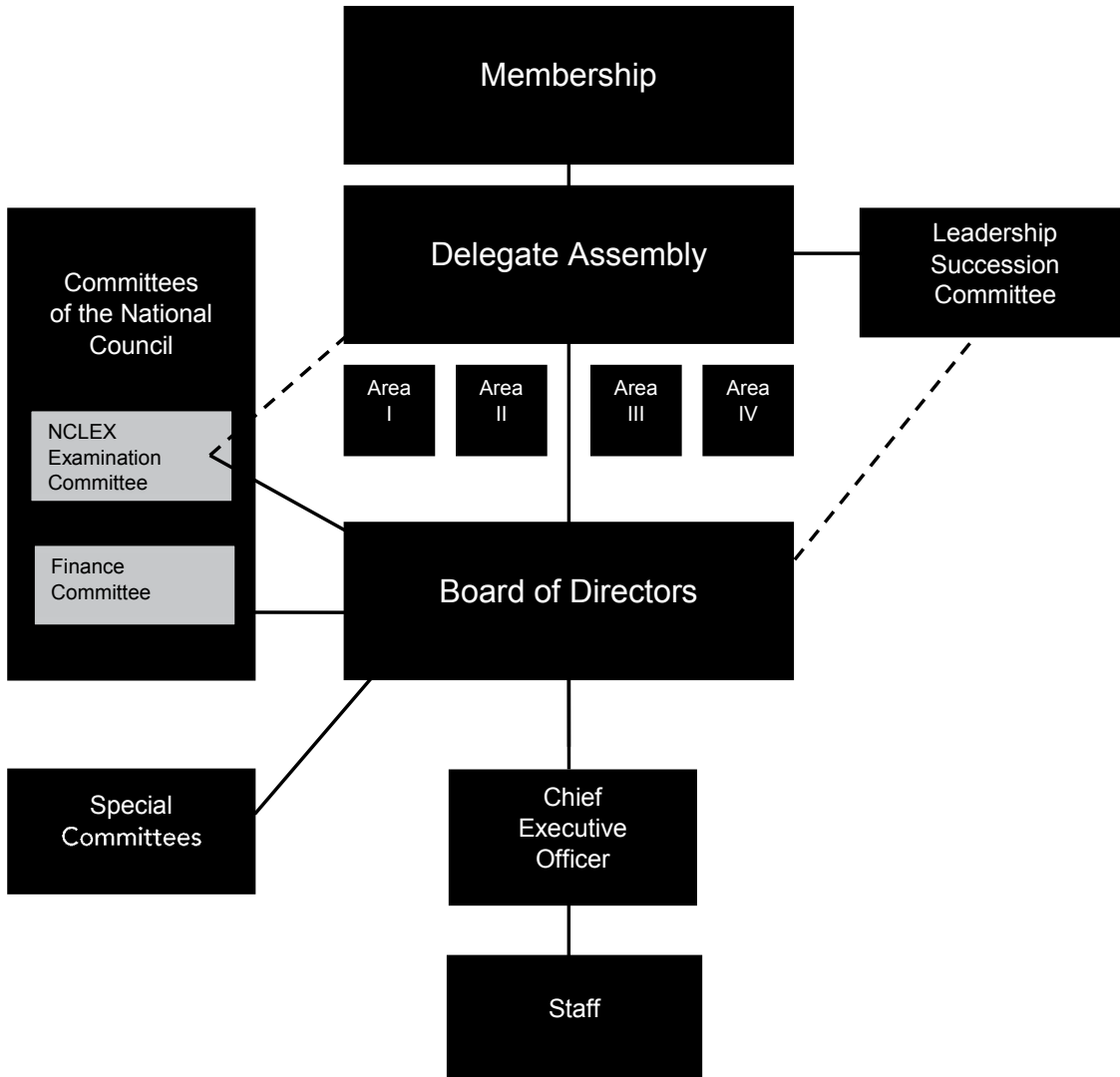
The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the DA and immediately preceding the election of officers and the LSC. The Elections 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 1<sup>st</sup> 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 1<sup>st</sup> 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:***

<b>Positions</b>	<b>2017 Election</b>	<b>2018 Election</b>	<b>2019 Election</b>	<b>2020 Election</b>
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  
2023 NCSBN Annual Meeting  
Aug. 16-18, 2023 | Chicago

For more information about upcoming events, visit [ncsbn.org/events](https://ncsbn.org/events)



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