

**NCSBN Annual Meeting**  
Chicago · Aug. 16-18, 2017

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## Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing 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 also 27 associate members.

## Mission

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

## Vision

Advance 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.

The National Council of State Boards of Nursing (NCSBN) provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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## **SECTION I: MEETING RESOURCES**



# Download the NCSBN Event App Now!

<https://crowd.cc/s/ncsbn>



Scan this code with a QR reader to easily download the app.

# SAVE THE DATE

## 2017-2018 UPCOMING EVENTS

Sept. 25, 2017

### **NCLEX® Conference**

*Rosemont, Ill.*

Oct. 11–13, 2017

### **2017 NCSBN Leadership and Public Policy Conference**

*New Orleans*

Jan. 23–25, 2018

### **2018 NCSBN Annual Institute of Regulatory Excellence (IRE) Conference**

*San Francisco*

March 5–7, 2018

### **NCSBN Midyear Meeting**

*Chicago*

FOR MORE INFORMATION, VISIT  
[www.ncsbn.org/events](http://www.ncsbn.org/events)

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## Directions for Obtaining Continuing Education (CE) Contact Hours for the 2017 Delegate Assembly

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

Please follow these directions carefully if you'd like to receive your CE contact hours:

1. 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.
2. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
3. Once we receive your electronic evaluation, NCSBN will send you an electronic CE certificate. **The deadline to complete the electronic evaluation is Friday, Sept. 8, 2017.**
4. If you have any questions, email Qiana Hampton at [qhampton@ncsbn.org](mailto:qhampton@ncsbn.org).

*Provider Number: ABNP1046, expiration date October 2018*

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# Business Agenda of the 2017 Delegate Assembly

## Wednesday, Aug. 16, 2017

9:30–11:15 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 2017 Slate of Candidates
- Nominations from Floor
- Approval of the 2017 Slate of Candidates

### PRESIDENT'S ADDRESS

### CEO'S ADDRESS

## Thursday, Aug. 17, 2017

8:30–9:00 am

### ELECTIONS

10:00–10:15 am

### ELECTION RESULTS

## Friday, Aug. 18, 2017

10:30 am–12:00 pm

### BOARD OF DIRECTORS' RECOMMENDATIONS

- Approve proposed amendments to the NCSBN Bylaws.
- Approve the proposed membership fee for exam user members.
- Approve amendments to the model rules relating to prelicensure program simulation usage.
- Approve the College of Registered Psychiatric Nurses of Alberta (CRPNA), as an associate member of NCSBN.
- Approve the College of Registered Psychiatric Nurses of Manitoba (CRPNM) as an associate member of NCSBN.
- Approve the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as an associate member of NCSBN.

### NEW BUSINESS

### CLOSING CEREMONY

### ADJOURNMENT

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



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## NCSBN Awards Schedule

On Aug. 17, 2017, NCSBN will recognize its dedicated and exceptional membership and guests at its annual awards ceremony. The following award recipients will be honored:



### **R. Louise McManus Award**

*Mary Blubaugh, MSN, RN, former executive administrator, Kansas State Board of Nursing*

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.



### **Meritorious Service Award**

*Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE, board staff, North Carolina Board of Nursing*

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



### **Elaine Ellibee Award**

*Valerie J. Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP, board president, Maine State Board of Nursing*

The Elaine Ellibee Award is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.



### **Regulatory Achievement Award**

*Minnesota Board of Nursing*

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.

### **Exceptional Contribution Award**

*Nathan Goldman, JD, board staff, Kentucky Board of Nursing (above left)*

*Mindy Schaffner, PhD, MSN, CNS, RN, board staff, Washington State Nursing Care Quality Assurance Commission (above center)*

*Catherine C. Woodard, board staff, Washington State Nursing Care Quality Assurance Commission (above right)*

The Exceptional Contribution Award is granted for significant contribution and demonstrated support of NCSBN's mission.





## **SECTION II: COMMITTEE REPORTS**



# Summary of Recommendations to the 2017 Delegate Assembly with Rationale

## Board of Directors' (BOD) Recommendations

### 1. Approve proposed amendments to the NCSBN Bylaws.

**Rationale:**

Article XIV requires that any proposed changes to the bylaws be notified to members at least 45 days prior to the Delegate Assembly and that a two-thirds affirmative vote of the delegates present and voting is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly a three-quarters affirmative vote of the delegates present and voting is required.

**Fiscal Impact:**

Minimal financial impact in the short term but potential for increased revenue from NCLEX® usage in the longer term.

### 2. Approve the proposed membership fee for exam user members.

**Rationale:**

Article III, Section 5 of the NCSBN Bylaws requires that the Delegate Assembly approve any changes to the annual membership fees structure. *Should the Delegates vote to amend the membership categories to include the Exam User Member*, the Delegate Assembly will need to set the appropriate membership fee. The proposed annual membership fee for an exam user member is \$750 and shall be payable each October 1.

**Fiscal Impact:**

Initially, a maximum modest reduction in income of \$2,250 should all present eligible associate members apply for and be approved as exam user members. In the longer term there is potential for increased revenue from NCLEX and membership fees.

### 3. Approve amendments to the model rules relating to prelicensure program simulation usage.

**Rationale:**

Boards of nursing (BONs) requested specific guidelines regarding requirements for simulation in prelicensure education and in response, an expert panel developed guidelines for BONs. Along with the guidelines are resources to assist in the adoption of the guidelines that boards can disseminate to nursing education programs to help them comply with the guidelines. Model legislative language for Nurse Practice Act Rules/Regulations has been produced to give boards the authority to enforce the guidelines.

**Fiscal Impact:**

None.

### 4. Approve the College of Registered Psychiatric Nurses of Alberta (CRPNA), as an associate member of NCSBN.

**Rationale:**

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:**

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

**5. Approve the College of Registered Psychiatric Nurses of Manitoba (CRPNM) as an associate member of NCSBN.**

**Rationale:**

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:**

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

**6. Approve the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as an associate member of NCSBN.**

**Rationale:**

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:**

Upon acceptance, the new associate member will pay a \$1,500 annual fee.

**Leadership Succession Committee (LSC) Recommendations**

**7. Adopt the 2017 Slate of Candidates.**

**Rationale:**

The LSC has prepared the 2017 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 16, 2017.

**Fiscal Impact:**

Incorporated into the FY17 budget.

# 2017 Report of the Board of Directors (BOD)

## Highlights of Business Activities Oct. 1, 2016 through May 31, 2017

### STRATEGIC IMPLEMENTATION

**Strategic Plan 2017-2019:** Based on the strategic initiatives approved by the 2016 Delegate Assembly, the Board of Directors (BOD) further elaborated the 2017–19 set of strategic objectives. These objectives ensure that NCSBN is guided by a clear set of common goals and enable the organization to focus its energy and resources to pursue agreed outcomes.

**eNLC Activity:** Building on the momentum from the fiscal year 2016 (FY16) year, work on the introduction and passage of legislation in 10 states this year has seen excellent progress toward the effective date target of 26 states. While it remains unclear whether the target of 26 states will be met this legislative cycle, it is clear that we will meet the 26-state trigger before the default effectiveness date of December 2018.

**Regulation 2030:** NCSBN hosted a meeting to examine global trends in regulatory reform that is providing insights into priority areas for further strategic work regarding how regulatory systems can be designed to meet the challenges of a highly mobile nursing workforce delivering services in a complex digital era.

**Next Generation NCLEX®:** Significant progress has been made in developing the scientific underpinnings for the next generation licensing exam. An introductory briefing on the work was presented at the Midyear Meeting and was enthusiastically received by members. A great deal of further work is still to be completed and regular updates will be provided in the coming years.

**Membership Model:** Based on the resolution adopted by the 2015 Delegate Assembly, a BOD subcommittee undertook extensive work to look at the implications of some of our associate members now using the NCLEX-RN® exam. This has resulted in a proposal to establish a new membership category (exam user member).

For a more comprehensive list of FY17 organizational achievements and actions see the FY17 highlights and accomplishments detailed later in this report.

## Recommendations to the Delegate Assembly

### 1. Approve proposed amendments to the NCSBN Bylaws.

#### Rationale:

Article XIV requires that any proposed changes to the bylaws be notified to members at least 45 days prior to the Delegate Assembly and that a two-thirds affirmative vote of the delegates present and voting is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly a three-quarters affirmative vote of the delegates present and voting is required.

#### Fiscal Impact:

Minimal financial impact in the short term but potential for increased revenue from NCLEX® usage in the longer term.

### 2. Approve the proposed membership fee for exam user members.

#### Rationale:

Article III, Section 5 of the NCSBN Bylaws requires that the Delegate Assembly approve any changes to the annual membership fees structure. *Should the Delegates vote to amend the membership categories to include the Exam User Member*, the Delegate Assembly will need to set the appropriate membership fee. The proposed annual membership fee for an exam user member is \$750 and shall be payable each October 1.

### Members

Katherine Thomas, MN, RN, FAAN, Texas, Area III, President

Julia L. George, MSN, RN, FRE, North Carolina, Area III, President-Elect

Gloria Damgaard, MS, RN, FRE, South Dakota, Area II, Treasurer

Suellyn Masek, MSN, RN, CNOR, Washington, Area I, Director

Adrian Guerrero, CPM, Kansas, Area II, Director

James D. Cleghorn, MA, Georgia, Area III Director

Ellen Watson, MS, APRN, FNP-BC, Vermont, Area IV, Director

Karen Scipio-Skinner, MSN, RN, District of Columbia, Area IV, Director-at-Large

Valerie Smith, MS, RN, FRE, Arizona, Area I, Director-at-Large

Lori Scheidt, MBA-HCM, Missouri, Area II, Director-at-Large

Nathan Goldman, JD, Kentucky, Area III, Director-at-Large

### Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN, Chief Executive Officer

Ashby Rosenberger, Senior Manager, Executive Office

### Board Meeting Dates

- Aug. 19, 2016
- Sept. 19–21, 2016
- Oct. 24–25, 2016 (Board Retreat)
- Nov. 30–Dec. 1-2, 2016
- Feb. 8–10, 2017
- May 15–18, 2017
- July 12–14, 2017

### Attachments

- A. Annual Strategic Plan Progress Report, October 2016–May 2017
- B. Proposed Amendments to the NCSBN Bylaws REDLINE (Revised 08.11.17)
- C. Proposed Bylaws Amendments Formatting and Rationales (Revised 08.11.17)
- D. Simulation Model Language (Revised 08.04.17)
- E. College of Registered Psychiatric Nurses of Alberta (CRPNA) Associate Member Application

## Attachments, con't

- F. College of Registered Psychiatric Nurses of Manitoba (CRPNM) Associate Member Application
- G. Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) Associate Member Application

### Fiscal Impact:

Initially, a maximum modest reduction in income of \$2,250 should all present eligible associate members apply for and be approved as exam user members. In the longer term there is potential for increased revenue from NCLEX and membership fees.

### 3. Approve amendments to the model rules relating to prelicensure program simulation usage.

#### Rationale:

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#### Fiscal Impact:

None.

### 4. Approve the College of Registered Psychiatric Nurses of Alberta (CRPNA), as an associate member of NCSBN.

#### Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

#### Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

### 5. Approve the College of Registered Psychiatric Nurses of Manitoba (CRPNM) as an associate member of NCSBN.

#### Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

#### Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

### 6. Approve the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as an associate member of NCSBN.

#### Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for associate membership meet the qualifications as stated in the NCSBN Bylaws.

#### Fiscal Impact:

Upon acceptance, the new associate member will pay a \$1,500 annual fee.

## FY17 Highlights and Accomplishments

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

- American Association of Colleges of Nursing (AACN)
- Citizen Advocacy Center (CAC) Annual Meeting



- National Student Nurses Association (NSNA)
- National Organization for Associate Degree Nursing (N-OADN)
- Nursing Organization Alliance (NOA) Fall Summit
- CGFNS International leadership meeting
- Council on Licensure, Enforcement & Regulation (CLEAR) Educational Symposium
- International Nurse Regulator Collaborative (INRC) Symposium & Business Meeting
- International Council of Nurses (ICN) congress
- National Quality Forum (NQF) Annual Conference
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- National Patient Safety Foundation (NPSF)
- Tri-Regulator Collaborative Meeting
- Tri-Council for Nursing
- American Nurses Association (ANA)
- World Health Organization Pan-American Health Organization nursing strategic directions meeting

### **Governance and Policy**

- President Katherine Thomas facilitated a board member briefing and orientation with contributions from Rob Clayborne (Chief Finance Officer) and Tom Abram (Legal Counsel) covering issues of fiduciary responsibility, governance, not-for-profit finance and 501c3 status.
- The BOD completed a review of all NCSBN Board Policies through examination of the various sections throughout the year.
- The BOD appointed Shirley Brekken as an Ex-Officio member of the BOD Subcommittee on Expanded Membership to maintain momentum and her expert contribution.
- The BOD resolved to include as an integral part of all proposals for new developments a statement describing how the development addressed the vision, mission and purpose of the organization.
- The BOD appointed Nathan Goldman to the vacant BOD position resulting from the resignation of Mary Kay Goetter.
- The BOD appointed Paula Meyer to the vacant Area I Member position and Kim Esquibel to the Vacant Area IV Member position on the Leadership Succession Committee (LSC).
- The BOD approved proposals to develop a prioritization framework to support the work associated with the American National Standards Institute (ANSI) standards development.
- The BOD appointed Joey Ridenour to the Bylaws Committee to fill a vacancy after the resignation of one committee member. The BOD also appointed Myra Broadway to the Bylaws Committee as an Ex-Officio member.
- The BOD reviewed education and advocacy efforts in Washington, D.C. throughout the year including collaborative efforts with government relations firm Prime Policy Group.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics included the ongoing issues emerging from the decision of the Supreme Court regarding the Federal Trade Commission (FTC) case against the North Carolina Dental

Board, moves towards consolidation of regulatory boards, introduction of various active supervision approaches, opioid abuse, fraudulent credentials, team-based regulation and transnational cross-border practice.

- The BOD hosted a conference call/webinar for member boards during each BOD meeting. President Thomas highlighted environmental issues identified by the BOD, solicited current issues from member boards and facilitated dialogue with participating members.
- The BOD continuously reviewed performance outcome data from NCSBN-hosted education meetings and conferences.
- The BOD continuously reviewed and discussed performance measures and outcome data related to the NCSBN Strategic Plan.
- The BOD considered a legal analysis of the status of pro-tem members and resolved that such members are not eligible to run for NCSBN office or for appointment as committee members.
- The BOD determined the education session content for the Midyear and Annual Meetings.
- The BOD held a retreat in October to explore trends affecting NCSBN and its members and to develop the objectives associated with the new FY17–19 Strategic Initiatives.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD set the initial FY18 Board meeting and retreat dates.

#### **Finance**

- The BOD approved the proposed budget for FY17.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY16.
- 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, 2016.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2016.
- The BOD reviewed the 2016 IRS 990 form.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.

#### **Testing**

- The BOD discussed and approved no-change to the NCLEX-PN passing standard and that the current standard would remain in place until March 31, 2020.
- The BOD discussed and approved no-change to the Medication Aide/Assistant Certification Examination (MACE<sup>®</sup>) passing standard and that the current standard would remain in place.
- The BOD considered and declined a request by CCRNR to translate the Information Services Division NCLEX preparatory course into French.
- The BOD reviewed the NCLEX update reports on the NCLEX examination program.
- The BOD monitored NCLEX implementation in Canada.

- 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.

### **Information Technology (IT)**

- The BOD reviewed operational and performance outcome data related to Nursys® and programs, products and services from the Interactive Services department throughout the year.
- The BOD received an update on the initial results regarding an algorithm to support the exchange of licensure and discipline information between Canadian regulatory bodies and member boards.
- The BOD received the results of an NCSBN data security audit and were pleased to note the results.
- The BOD resolved to enter into a contractual relationship with the National Registry of Emergency Medical Technicians (NREMT) to provide the necessary software code to enable NREMT to implement their licensure compact.
- The BOD reviewed the progress and implementation of the Optimal Regulatory Board System (ORBS) project and agreed to provide additional temporary consulting staff to support the timely implementation of the phase two rollout to member boards.

### **Nursing Regulation and Research**

- The BOD considered and agreed to undertake a new research pilot-study into BON Conduct Case Measurement.
- The BOD reviewed and discussed the updated report on Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP®) usage and 4,000 cases of practice breakdown.
- The BOD reviewed and approved a proposal to conduct a study into the use of collaborative practice agreements between advanced practice registered nurses (APRNs) and physicians.
- The BOD reviewed and discussed the annual environmental scan.
- The BOD reviewed and discussed performance outcome data derived from the uploading of Board Actions to the National Practitioner Database (NPDB).
- The BOD received regular updates on the work associated with eNLC legislative action as well as the work of the associated implementation group.
- The BOD approved a proposal to develop a CORE portal that would enable members to run their own reports of their data.

## Annual Strategic Plan Progress Report, October 2016–May 2017

The Annual Progress Report is provided as a summary of the year's activities and accomplishments in the work toward aligning the strategies with NCSBN's vision, mission and values and achieving the organization's strategic initiatives. This scorecard provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results.

### A. Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind and recognizing the fast pace of change occurring in the health care environment, NCSBN needs to be on the cutting edge of evidence, knowledge and practice relating to regulatory systems that support contemporary health care. NCSBN must be a thought leader, informed by wider global and regional changes, and fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed licensure. NCSBN will be proactive in identifying emergent trends so as to propose innovative yet pragmatic solutions. To this end NCSBN will communicate extensively with all its stakeholders so as to interpret and prioritize multiple complex perspectives, data and information.

#### STRATEGIC OBJECTIVE A1

##### **Create a global regulatory platform to facilitate understanding, dialogue and collaboration between nurse regulators.**

One of the major challenges and critical outcomes of regulatory efforts is reaching a common, consistent and unified definition of what the work entails. NCSBN continues to diligently explore ways to achieve common ground amongst all the major stakeholders. With this in mind, NCSBN is assembling the first ever comprehensive resource of nursing regulation around the world. Providing invaluable information to nurses, educators and researchers, this publication will detail the regulatory bodies of each country, registration or licensure requirements, levels of nursing and mandatory education as well as many other aspects of regulatory data. This resource will be free of charge and be ready for distribution at the Annual Meeting/Delegate Assembly in 2018.

#### STRATEGIC OBJECTIVE A2

##### **Develop and promote measurable performance competencies for achieving excellence in regulatory governance.**

Defining the end state is crucial for providing the appropriate strategic direction to pursue. For its major outcomes, NCSBN has identified and defined performance competencies for key dimensions of Board governance and operations and has incorporated those results into the Commitment to Ongoing Regulatory Excellence (CORE) project. CORE requirements for key dimensions are defined and consistent monitored across all member jurisdictions.

#### STRATEGIC OBJECTIVE A3

##### **Help the BON's achieve operational excellence and efficiency.**

In order to help BONs achieve operational excellence and efficiency, NCSBN has enhanced Nursys.com to clearly display practice privileges by jurisdiction for employers, nurses and the public. In addition, NCSBN is working closely with those Boards that are not part of the Nursys License Verification for Endorsement so as to secure comprehensive coverage. As a result fraud is reduced and a standardized, secure system is utilized for all licensure verification requests in the US. Lastly, via the CORE Portal, the CORE program helps BONs demonstrate their effectiveness and efficiency in protecting the public using a rigorous and valid set of performance measures. BONs have objective, jurisdictionally comparable measures that accurately reflect their efficiency and effectiveness in carrying out regulatory functions, including key aspects of regulatory governance.

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## **STRATEGIC OBJECTIVE A4**

**Amongst all relevant stakeholders, facilitate the generation and transfer of knowledge that supports decision making and evidence based regulation.**

Recognizing the need for regulatory and educational systems to be aligned and in sync to the changing and evolving health care environment, NCSBN has put in place initiatives that will drive the use of best and evidence-based practices. NCSBN has developed a public policy course together with George Washington University, which will increase the participant's public policy knowledge and skill as a regulator. NCSBN members play an active role in advancing nursing regulation and shape public policy at the state and federal level. NCSBN has also identified the gaps in scientific evidence around nursing regulatory issues, conducting rigorous studies and analysis, with plans to publish results in peer-reviewed journals. NCSBN supported research fills evidence gaps and is used to inform regulation and develop policy. In order to advance the knowledge of nursing regulation throughout the profession, NCSBN has developed the Regulatory Scholars Program for nursing students at various levels. Nurses have knowledge of regulation and focus their research and policy interests on advancing nursing regulation. NCSBN also encourages the increase in the number of proposals submitted to the CRE Program from doctoral students as well as international researchers. A growing number of new researchers conduct regulatory research and NCSBN is a global resource to develop research capacity in investigators interested in advancing the science of nursing regulation.

## **STRATEGIC OBJECTIVE A5**

**Increase the visibility and impact of the organization and establish it as the preeminent voice in regulation.**

NCSBN is interested in increasing its visibility and impact of the organization and establishing itself as the preeminent voice in regulation. Currently, NCSBN is undergoing a rebranding effort of the NCSBN message and value-added contribution. When complete, more peers, customers and stakeholders will understand NCSBN's vision and mission and align their efforts and forge partnerships in achieving common goals and strategies.

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

Defining the nurse licensure regulatory framework for borderless health care delivery over the next few years will be complex and challenging. It will require increased collaboration with multiple stakeholders and involve working synergistically by utilizing advanced technology to deliver optimal results. Telehealth's influence in health care has increased over the last two decades. It has taken on new political influence that will impact jurisdiction-based licensure systems and will require new ways of working outside our traditional jurisdictional borders. Being cognizant of the legislative process, keeping an eye on current and emergent issues, as well as knowledgeable of where and how regulators can get involved will help accelerate the achievement of desired results for BONs and public protection.

## **STRATEGIC OBJECTIVE B1**

**Promote and implement mechanisms that facilitate trans-jurisdictional practice.**

NCSBN is concentrating on building relationships with state stakeholders to achieve consensus on this model of licensure in order to enable practice beyond jurisdictional boundaries. At this time, there are 21 jurisdictions who have enacted the eNLC, 1 is pending the governor's signature (MT), and 6 are pending passing their state legislature in FY17 (DE, ME, MA, NJ, NC and TX). NCSBN is also testing a solution to exchange nurse licensure and discipline information with Canadian regulatory bodies. Licensure information is shared securely and regulators can make better informed licensure decisions. As significant numbers of Canadian Nurses have licenses in the United States and vice versa this development will further contribute to public protection. NCSBN openly supports the eNLC and assists states in adopting and implementing it. When complete, all states will have adopted the eNLC and licensees will understand their state is in the compact and its implications for licensure. Likewise, NCSBN assists states in adopting and enacting the consensus model and the APRN Compact. Two states have adopted APRN in 2017, three states have legislation pending, and one state passed independent practice authority.

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## **STRATEGIC OBJECTIVE B2**

### **Develop a North American model of licensure with U.S. trading partners.**

NCSBN is currently awaiting clarity once the U.S. Government conducts discussions regarding NAFTA, etc. Once complete, NCSBN will convene a consensus conference between U.S., Canada and Mexico to develop a model capable of facilitating borderless practice between countries.

## **STRATEGIC OBJECTIVE B3**

### **Identify normative tools that facilitate trans-jurisdictional mobility at the international/global level.**

NCSBN believes in identifying normative tools that facilitate trans-jurisdictional mobility at the international/global level. One of these will entail conducting of practice analysis in the CARICOM nations. Discussions with the regional nurse in the Pan-American Health Regional Office is at an early stage. Another active initiative is to develop and deploy ORBS licensing system to the boards of nursing. Boards are able to significantly reduce paper in their operations by introducing electronic applications and communication with applicants, nurses, educational institutions, employers and the public. Still another initiative is increasing the number of boards submitting standardized MDS nurse supply workforce data to the Nurse Workforce Repository managed by NCSBN. Boards are better equipped to take informed nurse and workforce decisions.

## **STRATEGIC OBJECTIVE B4**

### **Develop contemporary regulatory language and models.**

In 2017 a proactive and rigorous attempt was made at identifying, defining, agreeing and enacting major trends and themes surrounding nursing regulation in the year 2030. This effort has been referred to a "Regulation 2030". Bibliometric Analysis and consequence maps have been created for all 25 trends and a report of the findings are in the final stages of production.

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

NCSBN's success in achieving its vision, mission and goals is directly proportional to the active engagement and leadership of our members. NCSBN is committed to developing programs and services that support BON performance and facilitate sharing of best practice, mentoring of talent and diffusion of expertise. This initiative will concentrate on; exploring structured methods for leadership development to build and further the dissemination of regulatory expertise; implementation of leadership succession planning; address the specific needs of the executive officer; embrace and respond to generational changes in nursing regulation; and leverage the role of the regulator in complex inter-dependent systems that collectively secure public safety.

## **STRATEGIC OBJECTIVE C1**

### **Support BON's in identifying and achieving policy and legislative change that drives and advances the attainment of the organizations vision and mission.**

NCSBN can support BONs in identifying policy and legislative change by linking and aligning regulatory outcomes to specific actions and then drilling down and disseminating those actions to all levels of the boards. All individuals and plans are aligned and calibrated to the structured methods required to accomplish goals and deliverables within the scope and timeframes allowed.

## **STRATEGIC OBJECTIVE C2**

### **Promote standardization and the use of evidence-based criteria and decision making when supporting BON's in the achievement of regulatory excellence.**

NCSBN believes that establishing a national standard for licensure requirements is necessary to assure that health care providers are safe and competent. NCSBN also believes that by achieving Standards Developer accreditation, it will be able to further advance its mission by focusing on the protection of the public through evidence based standards, addressing the future of nursing through inclusivity and consensus building, achieving public awareness, demonstrating leadership in nursing regulation and nurse licensure, influencing government regulation through ANSI participation and visibility, and evolving regulatory models. In 2016, NCSBN achieved two standards as American National Standards, bringing the total number to three. The new standards are 1) Reporting of Disciplinary Actions by Boards of Nursing and 2) Primary Source Verification Licensure by Endorsement.

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### **STRATEGIC OBJECTIVE C3**

**Continue to identify and promote behaviors that transform how the BON's define and accomplish value-added work, and challenge innovative ways of getting things done.**

Developing leadership competencies for the membership to adopt that creates a pathway from service to leadership is a direction that excites and interests leaders. Boards shift their approach and move beyond just providing service to a body that demonstrates and delivers leadership and the transfer of knowledge to their membership. NCSBN leadership is currently reviewing and analyzing the competencies developed in the last EO Job Analysis, as well as the competencies developed by the EO Succession Resource Committee. The analysis is also including the associate EOs/members as well.

### **STRATEGIC OBJECTIVE C4**

**Alert and support members to proactively address contemporary legal, environmental and social issues and challenges that impact nursing regulation.**

Alerting and supporting members to proactively address legal, social and environmental issues is one of the biggest responsibilities NCSBN has. This is currently being pursued by a special Committee formed to address Marijuana Regulatory Guidelines for nurses. The Committee is developing and disseminating educational content (position statements, reports, etc.) on cannabis and other forms of substance use. The following tools, resources and deliverables have been defined so far; report which includes the literature review, assessment of quality articles and conclusions based on the evidence; model guidelines for the APRN authorization/certification of qualifying conditions for medical marijuana; Model guidelines for APRN, RN, and LPN care of patients using marijuana; Recommendations for marijuana-specific curriculum content in APRN education programs; recommendations for marijuana-specific curriculum content in RN and LPN education programs; and model guidelines for assessing safeness to practice of licensees who use marijuana.

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

NCSBN is dedicated to providing state-of-the-art competency assessments that are psychometrically sound, secure and legally defensible. Maintaining the industry benchmark for consistency and value, and defining its future development and application requires a team effort. Areas of focus include further enhancing precision of measurement, optimizing ease of delivery of NCLEX® to candidates through the use of technologies as well as exploring alternative usage of exam items.

### **STRATEGIC OBJECTIVE D1**

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

NCSBN enhances the precision of the NCLEX exam by developing assessment processes that ensure the fidelity as well as the reliability/validity of the measurement of entry to practice and ensuring that the evidence provided by the measure of NCLEX reflects entry-level practice. Wave 2 Next Generation NCLEX (NGN) items are undergoing usability testing to ascertain whether the new items measure clinical judgment with clear item instructions. Study participants are recruited among senior level nursing students in the Chicagoland area. The team is currently identifying innovative item types and are conducting usability research of technology enhanced item types to ensure continued reliability and validity of RN and PN minimal entry level.

Wave 1 NGN item prototypes will be administered to NCLEX-RN candidates beginning in July 2017 as a special research section at the end of their NCLEX exam session. The data collected from the special research session will inform the viability of the Wave 1 NGN items and the directions of future NGN item development.

The 2017 entry-level RN practice analysis launched in April 2017 and the survey results will form the basis of the 2019 NCLEX RN test plan. The 2017 NCLEX PN test plans went into effect on April 1, 2017. NCSBN also develops NCLEX prototype items that use technology to enhance item types focused on measuring clinical decision making/judgment.

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## **STRATEGIC OBJECTIVE D2**

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

NCSBN is exploring the development of RN/PN licensure maintenance assessment tools which can be used by nurses and member boards to help identify strengths and weaknesses related to knowledge, skill and ability necessary for safe and effective nurse practice. NCSBN must develop a psychometrically sound/legally defensible assessment tool to support the licensure maintenance activities of the member boards. The licensure maintenance assessment tools can be used by practicing nurses to focus continuing education efforts as well as by member boards to enhance licensure maintenance decisions. Examinations staff originally presented a feasibility study for the development of a licensure maintenance product at the December 2015 BOD business meeting. Examinations staff plans on presenting an updated feasibility study to the BOD at their September 2017 meeting. NCSBN is also exploring the development of a primary source data portal for member boards and education programs that would provide flexible and direct access of NCLEX data by boards of nursing and education programs. A prototype data portal developed by exams staff was presented to the NEC over the course of FY16. Exams staff is working with the IS team to implement the portal. Lastly, exam staff is developing a NCLEX practice examination designed to provide candidates who are registered to take the NCLEX with the opportunity to experience the look and feel of the exam prior to sitting for the actual exam, while providing a positive revenue to NCSBN. Exams staff is working with vendor, Breakthrough Technologies, to import retired NCLEX items into the practice examination item bank. Concurrently, the vendor and internal staff are developing the e-commerce platform associated with the practice examination product.



# Proposed Amendments to the NCSBN Bylaws REDLINE

As of 8/11/2017



## 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

### 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 state 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) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.~~
- ~~b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.~~
- ~~c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.~~
- 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 ~~state-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 ~~state-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 ~~geographical~~ Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication encourage 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, ~~and an Associate Member~~ 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 ~~each Member Board~~ 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.
- ~~a)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.
- ~~b)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 ~~elected by the Delegate Assembly.~~ One member shall be elected from each of the areas by the Delegate Assembly and the ~~—~~ The remaining members shall be ~~at large members~~ 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. ~~Area members shall be elected in even numbered years. At large members shall be elected in odd numbered 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) ~~Election~~ Selection. The ~~Committee 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 ~~recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning;~~ 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~~employee of a Member Board 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>
<u>Area 1 Member</u>	=	<u>X (one-year term)</u>	<u>X (two-year term)</u>	=
<u>Area 2 Member</u>	=	<u>X (two-year term)</u>	=	<u>X (two-year term)</u>
<u>Area 3 Member</u>	=	<u>X (one-year term)</u>	<u>X (two-year term)</u>	=
<u>Area 4 Member</u>	=	<u>X (two-year term)</u>	=	<u>X (two-year term)</u>
<u>Member-at-Large</u>	<u>X (two-year term)</u>	=	<u>Appointed by BOD (one-year term)</u>	<u>Appointed by BOD (two-year term)</u>
<u>Member-at-Large</u>	<u>X (two-year term)</u>	=	<u>Appointed by BOD (two-year term)</u>	=
<u>Member-at-Large</u>	<u>X (two-year term)</u>	=	<u>Appointed by BOD (two-year term)</u>	=

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



- (ii) *Public*. All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums*. Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings*. 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 ~~members and employees of Member Boards~~, 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. ~~Associate Members~~ 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

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**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.

# Proposed Bylaws Amendments Formatting and Rationales

As of 8/11/2017

## Proposed Amendments to NCSBN Bylaws August 2017

### Preface to Proposed Amendments to NCSBN Bylaws

Proposed amendment #1 has “conforming amendments” attached to them. Briefly stated a conforming amendment is one that is required to be adopted because the amendment to which it conforms is being adopted.

The principle of conformity is based on the following from *Robert’s Rules of Order Newly Revised* as follows:

. . . CONFORMING AMENDMENTS. Sometimes several changes throughout a motion or resolution are needed in order to achieve one end, in which case these separate amendments are proposed and adopted by a single motion to amend. . . . In such cases where all of the individual amendments must be made, if any one of them is made, in order to leave a coherent resolution pending if the motion to amend is adopted, the proposed amendments are offered in a single motion. Such proposed amendments may not be divided. [RONR (11<sup>th</sup> ed.), p. 273, ll. 33 - 274, ll. 18]

Conforming amendments are offered in order to smooth the transition from what is now in the bylaws to what is being proposed. During the consideration of Amendment #1, one motion will be made in the following manner: “On behalf of the Board of Directors I move to adopt this amendment and all of its conforming amendments.”

Thus after the motion is made “to approve Amendment #1 and all of its conforming amendments” The Delegate Assembly will then consider Amendment #1 and at the same time all of its conforming amendments together in a single action.

If any delegate wishes to propose a motion to strike out or to otherwise amend a main amendment or any of its conforming amendments, such a change must fall within the “scope of the previous notice.” This means that the change proposed must fall between what exists now and what would exist if the amendment for which previous notice has been given was adopted. A delegate wishing to do this must offer their proposed change in wording during the time that the series is being considered because a single vote will be taken on the main amendment along with all of its conforming amendments.

Amendment #1 related to membership categories will require numerous conforming amendments scattered throughout the Bylaws in order that there not be any internal conflicts or missing information in the Bylaws.

**Delegates wishing to offer any changes to the proposed bylaws amendments are strongly urged to visit with the parliamentarian during office hours so they may be assisted in forming their proposals in a manner that will allow them to be properly considered by the Delegate Assembly.**

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**Proposed Amendments to NCSBN Bylaws  
August 2017**

**Bylaws Amendment #1 – Membership Categories**

Amend Article III, Section 1 by striking out the entire section and substituting for it the following:

- 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:*** Amendment #1 and its conforming amendments shall become effective on the day and upon the adjournment of the 2017 Annual Meeting Session of the Delegate Assembly 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.

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
<p>a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.</p> <p>b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.</p> <p>c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.</p>	<p><del>a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.</del></p> <p><del>b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.</del></p> <p><del>c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.</del></p> <p>a) <b><u>Jurisdictional Board of Nursing. A jurisdictional board of nursing is the agency empowered to</u></b></p>	<p>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.</p> <p>b) Member Board. A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.</p> <p>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</p>	<p><i>Rationale:</i></p> <ul style="list-style-type: none"> <li>• There was an overwhelming vote at the 2015 Annual Meeting to look at how Canadian members who use NCLEX® can become members of NCSBN.</li> <li>• The NCSBN Articles of incorporation are more broadly stated than the current Bylaws.</li> <li>• Examination of other 501 (c) 3 regulatory organizations identified a range of membership types and several with membership in the US and Canada.</li> </ul>

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	<p><u>license and regulate nursing practice in any country, state, province, territory or political subdivision of the country.</u></p> <p>b) <u>Member Board. A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.</u></p> <p>c) <u>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.</u></p> <p>d) <u>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.</u></p>	<p>Assembly as an Exam User Member of NCSBN.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• To position NCSBN for the future the Board of Directors examined these issues and determined that, a limited set of categories of membership that: introduced flexibility, were coherent in their rights and responsibilities and maintained the commitment to protecting the public as well as reducing the burdens on our core membership, would serve NCSBN best.</li> <li>• Economic analysis of the changes revealed that in the short term only marginal costs would be incurred as a result of these changes and that in the longer term the potential for additional income could be realized.</li> </ul> <p>The conforming amendments #1A through #1M are considered so closely associated with Amendment #1 that they could not be voted on separately. Proposed changes to these “Conforming Amendments” would be in order only during the time when Amendment #1 is being considered. Ultimately the adoption of Bylaws Amendment #1 will carry with it the approval of all of its conforming amendments.</p>
<p><b>Board of Directors Recommendation:</b> The Board of Directors and the Bylaws Committee recommend that this amendment and all of its conforming amendments be adopted.</p>			

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**Conforming Amendment #1A:**

Amend by striking out the word “state” in the following articles and sections and inserting in its place the word “jurisdictional.”

Article II, Section 1  
Article III, Section 2  
Article III, Section 3

**Conforming Amendment #1B:**

Amend by inserting the words “and Exam User Member” or the words “or Exam User Member” in appropriate places in the following Articles and Sections:

Article III, Section 2  
Article III, Section 6  
Article IV, Section 1 a  
Article IV, Section 1 b  
Article IV, Section 2 b  
Article IV, Section 3

Article IV, Section 5  
Article IV, Section 6  
Article V, Section 8 c i  
Article X, Section 1 a  
Article XIV, Section 1 a

**Conforming Amendment #1C:**

Amend Article III, Section 3 by inserting after “Member Board” the following: “Exam User Member, or Associate Member.”

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
Section 3. Admission. A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.	<b>Section 3. Admission.</b> A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board. <b>Exam User Member, or Associate Member</b> upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.	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.	<ul style="list-style-type: none"><li>• All applications for organizational-level membership should be subject to full scrutiny of the Delegate Assembly so as to ensure that any applicant is in alignment with the vision mission, purpose and values of the organization.</li></ul> <p>This is a conforming amendment to amendment #1.</p>



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**Conforming Amendment #1D:**

Amend Article III, Section 5 by striking out the words “and an Associate Member” and inserting in their place the words “Exam User Member, and Associate Member.”

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
<b>Section 5. Fees.</b> The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.	<b>Section 5. Fees.</b> The annual membership fees, for a Member Board, <del>and an Associate Member</del> <b>Exam User Member, and Associate Member</b> shall set by the Delegate Assembly and shall be payable each October 1.	<b>Section 5. Fees.</b> 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.	<ul style="list-style-type: none"> <li>• <b>This will ensure that the Delegate Assembly has the authority to set fees for all classes of organizational membership.</b></li> </ul> <p>This is a conforming amendment to amendment #1.</p>

**Conforming Amendment # 1E:**

Amend Article IV, Section 1, Paragraph a) by inserting after the first occurrence of the words “Member Board” the words “and no more than one (1) delegate designated by each Exam User Member”

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
a) <i>Designation of Delegates.</i> The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.	a) <i>Designation of Delegates.</i> The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board <b>and no more than one (1) delegate designated by each Exam User Member</b> as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.	a) <i>Designation of Delegates.</i> 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 may replace a delegate and assume all delegate privileges.	<ul style="list-style-type: none"> <li>• <b>This differentiates the strength of the two categories of member that are eligible to attend the Delegate Assembly as a formal delegate.</b></li> </ul> <p>This is a conforming amendment to amendment #1.</p>

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**Conforming Amendment #1F:**

Amend Article IV, Section 2, Paragraph a) by inserting the following after the second sentence: "Each Exam User Member shall be entitled to one vote to be cast by the designated delegate."

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
a) <i>Annual Meetings.</i> Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.	a) <i>Annual Meetings.</i> Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. <b><u>Each Exam User Member shall be entitled to one vote to be cast by the designated delegate.</u></b> There shall be no proxy or absentee voting at the Annual Meeting.	a) <i>Annual Meetings.</i> 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.	<ul style="list-style-type: none"> <li>• This differentiates the voting strength of the two categories of member that are eligible to vote at the delegate assembly.</li> <li>• Analysis of the total universe of potential Exam User Members concludes that, even if all eligible jurisdictions were to apply and be adopted as Exam User Members, their combined voting weight would still be less than the existing membership voting power.</li> </ul> <p>This is a conforming amendment to amendment #1.</p>

**Conforming Amendment #1G:**

Amend Article IV, Section 4 by striking out the words "each Member Board" and inserting in their place the words "all members".

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
<b>Section 4. Annual Meeting.</b> 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 each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may	<b>Section 4. Annual Meeting.</b> 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 <del>each Member Board</del> <b>all members</b> at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds	<b>Section 4. Annual Meeting.</b> 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	<ul style="list-style-type: none"> <li>• This ensures that all members are provided sufficient notice.</li> </ul> <p>This is a conforming amendment to amendment #1.</p>

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cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.	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.	cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.	
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**Conforming Amendment #1H:**

Amend Article V, Section 7 by inserting after the words “salaried position in a state” the words “territorial, provincial”.

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
<b>Section 7. Limitations.</b> No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the 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.	<b>Section 7. Limitations.</b> 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, <b>territorial, provincial,</b> 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.	<b>Section 7. Limitations.</b> 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.	<ul style="list-style-type: none"> <li>• This adds clarity and alignment with the definition set out in Article III section 1.</li> </ul> <p>This is a conforming amendment to amendment #1.</p>

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**Conforming Amendment #II:**

Amend Article VIII, Section 1, Paragraph a), Subparagraph (i) by striking out “*Member Boards. Members and employees of Member Boards*” and inserting in their place the following: “*NCSBN Members. All categories of NCSBN members*”.

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
(i) <i>Members Boards.</i> Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).	i) <del><i>Member Boards. Members and employees of Member Boards</i></del> <b><i>NCSBN Members. All categories of NCSBN members</i></b> 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).	i) <i>NCSBN Members.</i> 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).	<b>•This adds clarity.</b>  This is a conforming amendment to amendment #1.

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**Conforming Amendment #1J:**

Amend Article VIII, Section 1, Paragraph c) by striking out the words “members and employees of Member Boards” and inserting in their place the words “all categories of NCSBN members.”

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
a) <i>Meetings.</i> 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 members and employees of Member Boards.	b) <i>Meetings.</i> 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 <del>members and employees of Member Boards:</del> <b>all categories of NCSBN members.</b>	c) <i>Meetings.</i> 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.	<p>• <b>This adds clarity.</b></p> <p>This is a conforming amendment to amendment #1.</p>

**Conforming Amendment #1K:**

Amend Article X, Section 1, Paragraph a) by inserting after the words “of at least nine” the word “committee”.

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
a) <i>NCLEX® Examination Committee.</i> The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and	a) <i>NCLEX® Examination Committee.</i> The NCLEX® Examination Committee shall be comprised of at least nine <b>committee</b> 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,	a) <i>NCLEX® Examination Committee.</i> 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,	<p>• <b>This adds clarity.</b></p> <p>This is a conforming amendment to amendment #1.</p>

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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.	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.	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.	
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**Conforming Amendment #1L:**

Amend Article X, Section 1, Paragraph b) by inserting after the words "of at least four" the word "committee".

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
b) <i>Finance Committee.</i> The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the 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.	b) <i>Finance Committee.</i> The Finance Committee shall be comprised of at least four <b>committee</b> 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.	b) <i>Finance Committee.</i> 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.	<p>• <b>This adds clarity.</b></p> <p>This is a conforming amendment to amendment #1.</p>

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**Conforming Amendment #1M:**

Amend Article X, Section 4, Paragraph a) by striking out from the last sentence the words “Associate Members” and inserting in their place the words “All categories of NCSBN members”.

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
<p>a) <i>Composition.</i> 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. Associate Members shall have full voting rights as committee members.</p>	<p>a) <i>Composition.</i> 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. <del>Associate Members</del> <b>All categories of NCSBN members</b> shall have full voting rights as committee members.</p>	<p>a) <i>Composition.</i> 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.</p>	<p>• <b>This adds clarity.</b></p> <p>This is a conforming amendment to amendment #1.</p>

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**Bylaws Amendment #2 – Eligibility of Exam User Members to Serve on the BOD**

- a) Amend Article V, Section 3 by inserting a new paragraph b and renumbering the remaining paragraphs as follows: “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.”

**Proviso:** Amendment #2 will take effect in time for the FY2020 election. Since the first time that Exam User Member applications can be considered (if the FY17 Delegate Assembly accepts the category) would be the FY18 Delegate Assembly, no Exam User Members would be in a position to apply for the FY18 round of elections.

Current Wording	Proposed Wording	If Adopted It Will Read	Rationale
	b) <u>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.</u>	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.	<ul style="list-style-type: none"><li>• This will provide opportunities for Exam User Members to apply for a director-at-large position on the BOD and be eligible to stand for election alongside Member Boards for director-at-large.</li><li>• The first time that Exam User Member applications can be considered will be during the Delegate Assembly in August 2018 and until this point there will be no Exam User Members; hence the proviso of this change coming into effect in time for the FY20 election cycle when director-at-large positions will be voted on.</li></ul>

**Board of Directors Recommendation:** The Board of Directors and the Bylaws Committee recommend that this amendment be adopted.



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**Bylaws Amendment #3 – Participation in Nursys®**

Amend Article III, Section 2 by inserting after the last sentence the words: “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:** *If Amendment #3 is adopted, 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.*

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state 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).	Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state 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). <b><u>Member Boards must additionally agree to comply with:</u></b> <ul style="list-style-type: none"> <li>a) <b><u>all applicable terms and conditions for the use of Nursys®; and</u></b></li> <li>b) <b><u>participation in Nursys® which includes discipline and licensure.</u></b></li> </ul>	Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state 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: <ul style="list-style-type: none"> <li>a) all applicable terms and conditions for the use of Nursys®; and</li> <li>b) participation in Nursys® which includes discipline and licensure.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Manual systems are vulnerable to fraud and as a result secure, digital, primary source equivalent systems provide much enhanced security to all members.</b></li> <li>• <b>The vast majority of members are already fully participating as indicated.</b></li> <li>• <b>This amendment is offered to clarify what participation in Nursys® means and makes clear that participation in Nursys® is a qualification for membership as a member board.</b></li> <li>• <b>Having a fully digital system enhances security and reduces the opportunity for fraud thereby reducing risk to all members and improves the efficiency of the system</b></li> </ul>
<b><i>Board of Directors Recommendation:</i></b> The Board of Directors and the Bylaws Committee recommend that this amendment be adopted.			

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**Bylaws Amendment #4 – Leadership Succession Committee**

Amend Article VII Leadership Succession Committee Section 1 by striking out the entire section and inserting in its place the following:

**Section 1. Leadership Succession Committee**

- a) *Composition.* The Leadership Succession Committee shall be comprised of seven committee members. One member shall be elected from each of the areas by the Delegate Assembly and the remaining members shall be appointed by the Board of Directors, one of whom shall have served on the Board of Directors.
- b) *Term.* The term of office shall be two years. Odd numbered area members shall be elected in each odd numbered year and even numbered area members shall be elected in each even numbered year. The terms of the appointed members shall be staggered so that at least one is appointed each year. A committee member shall serve no more than two consecutive terms in the same position on the committee excluding time served by appointment and/or election pursuant to Section 1e of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected or appointed.
- c) *Selection.* The area members shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the area representatives on the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a of this Article. A vacancy occurring in the board-appointed members shall be filled by the Board of Directors. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
- g) *Eligibility.* Any board member or employee of a Member Board or Exam User Member is eligible to serve as a member of the Leadership Succession Committee.

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

Positions	2017 Election	2018 Election	2019 Election	2020 Election
Area 1 Member	-	X (one-year term)	X (two-year term)	-

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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

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
<p><b>Section 1. Leadership Succession Committee</b></p> <p>a) <i>Composition.</i> The Leadership Succession Committee shall be comprised of seven members elected by the Delegate Assembly. One member shall be elected from each of the areas. The remaining members shall be at large members.</p> <p>b) <i>Term.</i> The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms 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.</p> <p>c) <i>Election.</i> The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only</p>	<p><b>Section 1. Leadership Succession Committee</b></p> <p>a) <i>Composition.</i> The Leadership Succession Committee shall be comprised of seven <u>committee</u> members <del>elected by the Delegate Assembly.</del> One member shall be elected from each of the areas. <u>by the Delegate Assembly and the</u> The remaining members shall be <u>at-large members appointed by the Board of Directors, one of whom shall have served on the Board of Directors.</u></p> <p>b) <i>Term.</i> The term of office shall be two years. <del>Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years.</del> <u>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.</u> A</p>	<p><b>Section 1. Leadership Succession Committee</b></p> <p>a) <i>Composition.</i> 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.</p> <p>b) <i>Term.</i> 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</p>	<ul style="list-style-type: none"> <li>• The Board of Directors govern the affairs of NCSBN and make the best decisions in the interest of the organization. Expertise, experience and all types of diversity not present in the elected LSC members can be brought to the committee by the BOD identifying individuals who would benefit the organization.</li> <li>• In the past five fiscal years, the BOD has appointed five LSC members due to insufficient interest in the positions. The amendment codifies current process and allows BOD to more effectively plan for the appointment of qualified members.</li> <li>• In a 2016 membership survey, the majority of member boards voted in favor of the LSC members being a majority elected by the delegates and for a</li> </ul>

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<p>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.</p> <p>d) <i>Limitation.</i> 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.</p> <p>e) <i>Vacancy.</i> A vacancy occurring in 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. The person filling a vacancy shall serve the remainder of the term.</p> <p>f) <i>Duties.</i> The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; 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</p>	<p>committee member shall serve no more than two consecutive terms <b><u>in the same position on the committee</u></b> 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 <b><u>or appointed</u></b>.</p> <p>c) <del><i>Election-Selection.</i></del> The <del>Committee</del> <b><u>area members</u></b> 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.</p> <p>d) <i>Limitation.</i> 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.</p> <p>e) <i>Vacancy.</i> A vacancy occurring in the <b><u>area representatives on the committee</u></b> 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. <b><u>A vacancy occurring in the board-appointed members shall be filled by the Board of Directors.</u></b> The person filling a vacancy shall serve the remainder of the term.</p>	<p>Article. Members shall assume duties at the close of the Annual Meeting at which they are elected or appointed.</p> <p>c) <i>Selection.</i> The committee members from areas 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.</p> <p>d) <i>Limitation.</i> 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.</p> <p>e) <i>Vacancy.</i> 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.</p> <p>f) <i>Duties.</i> 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</p>	<p><b>minority of members be appointed by the BOD.</b></p> <ul style="list-style-type: none"> <li>• <b>Examination of the bylaws of four similar organizations included both elected and board appointed members to nominations committees.</b></li> <li>• <b>Persons who have served on the Board of Directors have a greater understanding of the needs of the organization and competencies needed to identify the best candidates for the LSC role.</b></li> </ul>
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<p>nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.</p> <p>g) <i>Eligibility.</i> Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.</p>	<p>f) <i>Duties.</i> The Leadership Succession Committee shall <del>recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning</del>; 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.</p> <p>g) <i>Eligibility.</i> Any board member <del>or employee of a Member Board or Exam User Member employee of a Member Board</del> is eligible to serve as a member of the Leadership Succession Committee.</p>	<p>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.</p> <p>g) <i>Eligibility.</i> 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.</p>	
<p><b>Board of Directors Recommendation:</b> The Board of Directors and the Bylaws Committee recommend that this amendment be adopted.</p>			

**Bylaws Amendment #5 – Clarifying Areas**

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Amend Article III, Section 4 by striking out the word “geographical”.

<b>Current Wording</b>	<b>Proposed Wording</b>	<b>If Adopted It Will Read</b>	<b>Rationale</b>
<i>Section 4. Areas.</i> The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication encourage engagement on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.	<i>Section 4. Areas.</i> The Delegate Assembly shall divide the membership into numbered <del>geographical</del> 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.	<i>Section 4. Areas.</i> 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.	<ul style="list-style-type: none"><li>• To provide the Delegate Assembly with greater latitude to assign areas based on factors other than geography.</li></ul>
<b>Board of Directors Recommendation:</b> The Board of Directors and the Bylaws Committee recommend that this amendment be adopted.			

**Technical and Conforming Changes:**

As recommended by *Robert’s Rules of Order Newly Revised* (11<sup>th</sup> Edition), at the conclusion of the consideration of the proposed amendments to the NCSBN Bylaws listed above, the following resolution will be presented for the consideration of the Delegate Assembly:

**RESOLVED**, That NCSBN staff be authorized to correct article and section designations, punctuation, and cross-references and to make such other technical and conforming changes as may be necessary to reflect the intent of the Delegate Assembly in connection with the amendments to the NCSBN Bylaws just approved.

## Simulation Model Language

### PROPOSED NCSBN MODEL RULES ON THE USE OF SIMULATION IN A PRELICENSURE NURSING EDUCATION PROGRAM

#### CHAPTER 2. DEFINITIONS

j. "Simulation" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. (Gaba, 2004)

k. "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.

#### CHAPTER 6. PRELICENSURE NURSING EDUCATION

##### 6.4 Simulation

A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

##### 6.4.1 Evidence of Compliance

A program shall provide evidence to the Board of Nursing that these standards have been met.

##### 6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

##### 6.4.3 Facilities and Resources

- a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

##### 6.4.4 Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

##### 6.4.5 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

##### 6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. short-term and long-term plans for integrating simulation into the curriculum;
- b. method of debriefing each simulated activity; and
- c. plan for orienting faculty to simulation.

##### 6.4.7 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

##### 6.4.8 Annual Report

- a. The program shall include information about its use of simulation in its annual report to the Board of Nursing.

# College of Registered Psychiatric Nurses of Alberta (CRPNA) Associate Member Application

## NCSBN Associate Member Application

### Organization Information

Full Legal Name of Your Organization	
College of Registered Psychiatric Nurses of Alberta (CRPNA)	
Chief Staff Person	Credentials
Barbara Lowe	Executive Director
Email Address	Direct Phone Number
Barbara.lowe@crpna.ab.ca	780 434-7666

Organization Mailing Address			
Suite 201, 9711-45 Ave			
City	State	Country	Postal Code
Edmonton	Alberta	Canada	T6E 5V8
Organization Physical Address (if different than mailing address)			
City	State	Country	Postal Code
Organization Main Phone Number	Organization E-mail Address	Website	
780 434-7666	crpna@crpna.ab.ca	www.crpna.ab.ca	

### Organization Description

1. Please list all the professions your organization regulates:

Registered Psychiatric Nurses (RPN)

2. Please list the number of persons regulated (by profession):

RPNs = 1,500 members



3. Please describe the authority under which your organization regulates:

The CRPNA regulates RPNs under the Health Professions Act of Alberta

4. Please describe why your organization wants to be an Associate Member of NCSBN:

As a regulatory organization we are dedicated to matters of common nursing interest and concerns and the promotion of evidence based regulatory excellence in the protection of the public. We are aware of the exceptional educational resources and research that NCSBN offers and are eager to more fully utilize these resources.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

Yes we are an incorporated non-profit

6. Are you a membership organization?

We license the members of CRPNA to practice psychiatric nursing in Alberta

7. Include your mission statement in the space below:

MISSION STATEMENT

The mission of the CRPNA is to:

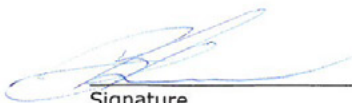
- Protect and serve the public interest by ensuring members provide safe, competent and ethical practice; and
- Address the needs of members and the public through education and regulation.

8. List the date your organization was founded.

Founded in 1950

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your 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 associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*



Signature

Executive Director

Title

March 21, 2017

Date

## College of Registered Psychiatric Nurses of Manitoba (CRPNM) Associate Member Application

### NCSBN Associate Member Application

#### Organization Information

Full Legal Name of Your Organization College of Registered Psychiatric Nurses of Manitoba (CRPNM)	
Chief Staff Person Laura Panteluk	Credentials RPN/BSPN
Email Address lpanteluk@crpnm.mb.ca	Direct Phone Number (204) 888-4841 (ext 3)

Organization Mailing Address 1854 Portage Ave			
City Winnipeg	State MB	Country Canada	Postal Code R3J 0G9
Organization Physical Address (if different than mailing address)			
City	State	Country	Postal Code
Organization Main Phone Number (204) 888-4841	Organization E-mail Address crpnm@crpnm.mb.ca	Website www.crpnm.mb.ca	

#### Organization Description

1. Please list all the professions your organization regulates:

- Registered Psychiatric Nurses
- Graduate Psychiatric Nurses

2. Please list the number of persons regulated (by profession):

As at November 8, 2016, we have 1100 members. Depending on the time of year, we may have up to 60 Graduate Psychiatric Nurses. These are individuals who have completed all requirement of the psychiatric nursing education program (Bachelor of Science in Psychiatric Nursing) and who have

met all of the requirements for registration except for completing/passing the national registration examination (called the Registered Psychiatric Nurses of Canada Examination or RPNCE). Graduate registration status is temporary while exam candidates are waiting to write the exam or are waiting for the results of the exam.

3. Please describe the authority under which your organization regulates:

Our College regulates under the authority of a provincial statute, in the province of Manitoba, Canada, called the *Registered Psychiatric Nurses Act*.

4. Please describe why your organization wants to be an Associate Member of NCSBN:

As one of the three regulated nursing professions in Canada, we have established strong and collaborative relationships with our Canadian registered nurse and practical nurse regulatory colleagues and are now seeking to extend those relationships to nursing regulators beyond our borders.

NCSBN is recognized as a leader in nursing regulation. We would be very pleased to be an associate member of your organization so that we might benefit from your research and policy making leadership, resources, and the collaborative relationships and networks of a global nursing community. We share a common interest in achieving excellence in nursing regulation to meet our public protection mandates.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

We are incorporated as a non-profit organization.

6. Are you a membership organization?

Yes.

7. Include your mission statement in the space below:

**MISSION**

The College of Registered Psychiatric Nurses of Manitoba regulates the psychiatric nursing profession to protect the public by ensuring safe, competent and ethical practice

8. List the date your organization was founded.

The organization was incorporated on March 26, 1960.

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your 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 associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*

  
Signature

  
Title

  
Date

# Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) Associate Member Application

## NCSBN Associate Member Application

### Organization Information

Full Legal Name of Your Organization	
REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN	
Chief Staff Person	Credentials
CANDACE ALSTON	REGISTRAR
Email Address	Direct Phone Number
<a href="mailto:CALSTON@RPNAS.COM">CALSTON@RPNAS.COM</a>	306-586-4617 X 804

Organization Mailing Address			
2055 LORNE STREET			
City	State	Country	Postal Code
REGINA	SK	CANADA	S4P 2M4
Organization Physical Address (if different than mailing address)			
City	State	Country	Postal Code
Organization Main Phone Number	Organization E-mail Address	Website	
306-586-4617	<a href="mailto:INFO@RPNAS.COM">INFO@RPNAS.COM</a>	WWW.RPNAS.COM	

### Organization Description

- Please list all the professions your organization regulates:
  - REGISTERED PSYCHIATRIC NURSES
- Please list the number of persons regulated (by profession):
  - 850
- Please describe the authority under which your organization regulates:
 

PROVINCIAL LEGISLATION – REGISTERED PSYCHIATRIC NURSES ACT, 1993.

4. Please describe why your organization wants to be an Associate Member of NCSBN:

ACCESS THE RESOURCES AVAILABLE ONLY TO NCSBN MEMBERS FOR THE BETTERMENT OF OUR ASSOCIATION AND MEMBERS. THIS COULD INCLUDE NETWORKING AND COMMUNICATING WITH OTHER REGULATORY PROFESSIONALS THAT SHARE COMMON CHALLENGES AND GOALS.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

YES, NON-PROFIT

6. Are you a membership organization?

YES

7. Include your mission statement in the space below:

The mission of the Registered Psychiatric Nurses Association of Saskatchewan is to provide Saskatchewan People with competent psychiatric nursing.

The mission involves the achievement of the following ends:

1. Ensuring the supply of competent Registered Psychiatric Nurses
2. Protecting the public through regulation
3. Continual development of a body of knowledge
4. Developing practice opportunities
5. Advocating for quality integrated mental health services and policy

8. List the date your organization was founded.

1948

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your 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 associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*



Signature

Registrar

Title

Feb 16/2017

Date

## Members

Tony Graham, CPM, North Carolina, Area III, Member-at-Large, Chair

Jane Christianson, RN, APRN, North Dakota, Area II, Member-at-Large

Stacey Cropley, DNP, RN, Texas, Area III Member

Kim Esquibel, PhD, MSN, RN, Maine, Area IV Member

Melissa Hanson, MSN, RN, North Dakota, Area II Member

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

Tracy Rude, LPN, Washington State, Area I, Member-at-Large

## Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN, Chief Executive Officer

Linda Olson, PhD, RN, NEA-BC, FAAN, Senior Program Advisor, Nursing Regulation

Ashby Rosenberger, Senior Manager, Executive Office

## Meeting Dates

- Oct. 10-11, 2016
- Jan. 11-12, 2017
- Feb. 7-8, 2017
- May 8-10, 2017

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

- Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.
- 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 (BOD) and the Leadership Succession Committee (LSC).

## Attachments

- A. 2017 Slate of Candidates
- B. 2017 Leadership Brochure

# Report of the Leadership Succession Committee (LSC)

## Recommendation to the Delegate Assembly

### 1. *Adopt the 2017 Slate of Candidates.*

#### Rationale:

The LSC has prepared the 2017 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of the NCSBN. Full biographical information for each candidate follows. Each candidate will present himself or herself at the Candidate's Forum at the 2017 NCSBN Annual Meeting in Chicago.

#### Fiscal Impact:

Incorporated into the FY17 budget.

## Background

During fiscal year 2017 (FY17), the LSC met in four face-to-face meetings. The LSC continues to be a visible participant in engaging members to be actively involved as leaders in NCSBN and in engaging members to identify themselves or others to run for NCSBN offices.

## FY17 Highlights and Accomplishments

### Charge #1: Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.

The LSC seeks every year to increase member engagement in NCSBN activities and in seeking elected office through various engagement activities and assuring visibility of the committee. FY17 LSC activities included:

- Reviewed and updated the Leadership Development Plan located on the NCSBN website. Additional links were added for easy access to the Journal of Nursing Regulation, to knowledge networks and HIVE, and to the committee webpage. The LSC will formally review the Leadership Development Plan as needed and every two years to keep it current.
- Developed a new document: BOD Candidates Self-Inventory of Leadership and Governance Competencies (see attachment C). This was made available to members at the NCSBN Midyear Meeting, is on the Leadership Development Plan, and is provided as a link on the LSC application page.
- Decided to continue the Leadership Development calls on a timeframe of at least twice a year, however will not include it as a component of the LSC Team Charter
- The LSC is continuing to sponsor an article on leadership for In Focus e-magazine, with three articles in FY17.

### Charge #2: 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.

- Met with the chair of the Bylaws Committee, which is charged with reviewing and developing a contemporary approach to the LSC development and nomination process, based on what is right for NCSBN.
- Met with the BOD to discuss the nominations and interview processes, campaign processes, universal competencies and self-inventory checklist, plan for increasing the numbers of candidates for offices, and the process for bylaws changes to include a contemporary viewpoint of the role of LSC.

- The application period was changed to allow for more time before and after the Midyear Meeting (from Feb. 1 – April 14, 2017), with interviews scheduled for May.
- Produced a new member engagement video, which was placed on the call for nominations page and LSC page on the website. This video was displayed continuously via kiosk at the Midyear Meeting.
- Developed an early connectivity strategy for first time attendees (FTAs), which included calling card handouts (see attachment D), a page on ncsbn.org designated for FTAs with monitoring of their visits to the FTA webpage, and encouraging FTAs to visit the LSC table at Midyear Meeting where they were given a welcome gift.
- Banner ads for LSC were added to the NCSBN meetings app (Midyear Meeting and Annual Meeting) to inform members of open positions for NCSBN office and to link directly to the Call for Nominations page and the LSC page on ncsbn.org.
- Reviewed and updated the pool of interview questions with questions for new applicants, questions for incumbents, and separate questions for board applicants, officers, and LSC members. Reviewed and modified the confidential LSC Scoring Rubric for Applicant Vetting.
- LSC continued to have a presence at NCSBN conferences.
- The candidate portal on ncsbn.org, developed as a site for candidates for elected office to display their campaign materials, was used for the third year.
- WebEx video conference and traditional teleconference formats continue to be used to interview applicants for elected positions.

#### **Attachments, con't**

- C. Self-inventory of Leadership and Governance Competencies
- D. Calling Card for First-time Attendees



**Detailed Information on Candidates**

Information is taken directly from nomination forms and organized as follows:

1. Name, Jurisdiction and Area
2. Present board position and board name
3. Date of term expirations and eligibility for reappointment

Application Questions

**Board of Directors:**

1. Describe all relevant professional, regulatory and community experience.
2. What is your perspective regarding the following issues affecting nursing regulation?
  - a. Borderless health care delivery
  - b. Regulation of nursing education
  - c. The role of regulation in evolving scopes of practice
3. Why do you want to serve in the role you are applying for?

**Leadership Succession Committee:**

1. Describe all relevant professional, regulatory, and community experience.
2. What are your strategies for the ongoing sustainability and advancement of the organization?
3. Why do you want to serve in the role you are applying for?

**Attachment A**

**2017 Slate of Candidates**

The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2017 Delegate Assembly.

**Board of Directors**

**Treasurer**

Gloria Damgaard, South Dakota, Area I..... 69

**Area I Director**

Vicki Allen, Idaho, Area I..... 71

Cynthia LaBonde, Wyoming, Area I..... 73

**Area II Director**

Adrian Guerrero, Kansas, Area II..... 75

**Area III Director**

Jim Cleghorn, Georgia, Area III..... 77

**Area IV Director**

Ann Coughlin, Pennsylvania, Area IV..... 79

**Director-at-Large (one position)**

Elizabeth Lund, Tennessee, Area III ..... 81

**Leadership Succession Committee**

**Member-at-Large (three positions)**

Kaci Bohn, Arkansas, Area III ..... 83

Patricia Dufrene, Louisiana, Area III ..... 85

Tracy Rude, Washington, Area I..... 87

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



## Treasurer

### Gloria Damgaard, MS, RN, FRE

Executive Director, South Dakota Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

My nursing career started in 1975, following graduation from an associate degree nursing program. I worked in the clinical areas of medical-surgical and psychiatric nursing. In 1978, I earned a Bachelor of Science degree in nursing from Moorhead State University and in 1988, I completed a Master of Science Degree in Adult Health Nursing with a focus on nursing education from South Dakota State University. Nursing education was my field of practice for more than 13 years in South Dakota, teaching in associate degree, diploma and bachelor's degree programs. I was appointed to the South Dakota Board of Nursing and served as a board member and President from 1982-86. In 1991, I was hired as the Nursing Education Specialist for the Board, a position that I held for 11 years. In 2002, I was promoted to the position of Executive Director. 2017 marks my 15th year in the Executive Director position. I maintain active membership in the American Nurses Association, South Dakota Nurses Association and Zeta Zeta Chapter of Sigma Theta Tau. I have been actively involved in NCSBN over the course of my 26 year career with the South Dakota Board of Nursing. I have served two terms on the Board of Directors as a Director at Large and most recently, one year as the organization's Treasurer. I was elected in 2016 to fill a 1 year vacancy in the Treasurer position. I am now seeking election to a full two year term as Treasurer. As Treasurer this past year, I have served as the Chair of the Finance Committee. I am oriented to the position and ready to serve a full term in this capacity. Additionally, I have served as a Board Liaison and member of the CORE committee and various other short term committees. I served in a leadership capacity for the Nurse Licensure Compact Administrator's organization as President and Director at Large.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

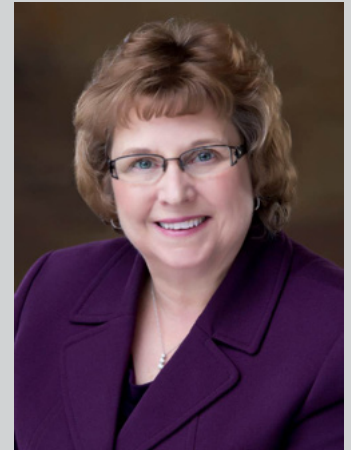
My perspective on borderless health care delivery is that nursing regulation should be an integral part of ensuring the safety of the public as it relates to nursing practice. To me, this means that we need to be flexible and innovative in how we license our professionals. We need to have licensing laws in place that maximize the use of our nursing workforce through the use of technology and other emerging models of health care delivery while at the same time uphold the standards that offer assurance that only qualified individuals are allowed to practice nursing. We need to have systems in place that quickly identify and remove those practitioners from practice that pose a threat to public safety.

##### **B. REGULATION OF NURSING EDUCATION**

My perspective on the regulation of nursing education is that it is an essential component of the work of Boards of Nursing. I also believe that regulators need to work closely with educators and accreditors to achieve the goal of setting and maintaining standards that prepare our graduates to enter the profession of nursing safely. I also believe that there should be consistent metrics by which programs are evaluated by Boards of Nursing.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

My perspective on this issue is that boards of nursing are continuously being asked to make scope of practice determinations. I believe strongly that any determination must be made using an evidence based or evidence informed process. A scope of practice decision model was published in the Journal of Nursing Regulation to assist boards, employers and individual nurses with a tool to make scope of practice determinations. This model was a joint effort with



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NCSBN and other national organizations. We need to work closely with our practice experts and researchers in assessing the safety of scope of practice changes.

**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I am seeking re-election to the position of Treasurer for the NCSBN. I have served in this capacity for one year, fulfilling part of a term that was vacated. I have served in the capacity of chair of the finance committee long enough to learn the role. I would now like to continue to serve a full 2 year term of office. I also believe that my experience on the Board of Directors as a Director at Large has prepared me to serve in one of the three elected officer positions on the Board. I see this as a highly responsible position, one that is achieved through experience and skill development in board governance. I have greatly appreciated the support of the NCSBN membership in my desire to serve the organization in the capacity as a member of the Board of Directors and will continue to uphold your trust in the position of Treasurer.

## Area I Director

### Vicki Allen, RN, CLNC

Board President, Idaho Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

My professional experience began over forty years ago. I have been an active member of the nursing community in Wisconsin, Minnesota, and Idaho. I practiced as a staff nurse in Level III NICUs, MICUs, and SICUs. I have been the manager of an Urgent Care, Chief Nursing Officer of a 'boutique' hospital and Chief Process Officer in a Critical Access Hospital. I became a certified legal nursing consultant (CLNC) in 2006. I am currently an Instructor and Director of Clinical Site Development for the Physician Assistant Program at Idaho State University.

My regulatory experience began in 2006 as a member of the Idaho Board of Nursing; serving as Vice Chair for 6 years and Chairperson since July 2016. My exposure to NCSBN began my first year on the Idaho Board as a first-time attendee at NCSBN's Annual Meeting. In 2010, I was appointed to the NCSBN CORE committee, serving two terms. I returned to the CORE committee in 2015 and currently serve as chairperson. In addition, I have served on multiple community committees and governing boards.

My involvement as a hospital administrator and Chair of multiple local organizations has provided me the opportunity to appreciate regulation from the recipients' point of view. My experiences on the Idaho Board of Nursing and the NCSBN CORE committee have provided me an understanding from the regulator's perspective. I have a strong base on how to think from the legal/legislative perspective being mindful of the potential unintended consequences of the well-intended regulation. All of my experiences, local, state, and national have focused on protection of the public.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY**

Mobility of the health care workforce as well as the recipients of the care coupled with changes in delivery styles, (e.g., telehealth, organizations with facilities in multiple states), makes borderless health care the delivery model required to provide the seamless care needed by the public both nationally and globally. NCSBN has been instrumental in addressing the need for borderless health care delivery by championing the eNLC and the APRN compact. These innovative compacts meet the mission of protecting the public while decreasing barriers to those needing and those providing health care in the 21st century.

##### **B. REGULATION OF NURSING EDUCATION**

Boards of Nursing, through education regulation, ensure nursing programs provide didactic and clinical experiences needed to prepare nurses to enter the health care field with a base knowledge and skill set enabling them to provide safe effective care. Their mission to protect the public requires Boards to regulate in partnership with institutional and program accreditors as well as other interested stakeholders to ensure parity in the nation's educational programs. Boards must be mindful of emerging issues and trends and the accompanying necessary changes if they are to facilitate successful entry and progress within the health care field for nurses.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

Where health care is provided, how the health care is provided, and who provides the health care are all evolving at a rapid pace. Regulators need to have a sharp eye on the changing environment in order to ensure evolving scopes of practice do so within regulatory parameters



that safeguard the public while not creating unnecessary barriers. Strong interprofessional relationships within the regulatory community will support evolving, complementary scopes of practice in and among the health professions. These interprofessional relationships are necessary to address issues of workforce shortages and the vital need for accessible, affordable health care.

**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

My health care leadership experience inside and outside of the nursing profession provides me a unique perspective that I am confident will contribute to the work of NCSBN. I have spent most of my career working to remove health care silos and embrace the team concept to provide the best-evidenced based care to protect the public. I have worked as a regulator and health care administrator to allow health care providers to function to the full extent of their educational preparation and scope of practice. I continue to provide essential leadership when health care workers are concerned about encroachment of others into their specific healthcare discipline.

NCSBN's success in promoting the eNLC, the APRN Consensus Model and the APRN Compact, tirelessly working with stakeholders to ensure they feel respected, heard and remain an integral part of the change process, is an example of the type of collaborative innovation where I excel. I am an enthusiastic listener, genuinely interested in the views of others. I am unquestionably a lifelong learner and believe I have the finesse necessary to work with the diverse group of stakeholders I will represent in Area 1.

NCSBN is a leader both nationally and internationally in the regulatory field. As an organization, I have found NCSBN to be attentive to the changing health care arena ever mindful of the mission to promote evidenced-based regulatory excellence for patient safety and public protection. I have a passion to be part of an organization that works in the present and plans for the future. I want to contribute to the exciting future of NCSBN.

## Area I Director

### Cynthia LaBonde, MN, RN

Executive Director, Wyoming State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have been a RN in Wyoming for the last 36 years w/ one year as an RN in Idaho Falls, ID after graduation from nursing school at Montana State University. The bulk of my nursing experience has been in Perioperative Services, including the Operating Room, Central Sterile, Outpatient Services, Post-Anesthesia Care Unit and Management with forays into Staff Development, Patient Education and Instructor for high school Health Occupations classes. As a Wyoming resident for the past 36 years, my professional nursing career has been shaped by practice in small, rural communities. Though the hospital and surgery centers I worked in may have had limited budgets and technology, we offered quality patient care and utilized available resources to stay abreast of trends and technologies. We learned to be “scrappy” and resourceful! In a small community, it is important to communicate clearly with stakeholders including patients, community leaders, physicians and fellow nursing staff. We were encouraged by nursing administrators to “question everything! “This “scrappy”, “question everything” mentality carried over to my work at the Wyoming State Board of Nursing, starting in 2011, first as a Nurse Investigator then as the Executive Director. I am fully integrated into the world of regulatory nursing and the importance of “protecting the public through nursing education and practice.” Collaboration with Wyoming licensees, nursing educators, employers, legislators and professional nursing groups has been essential to promote the mission of WSBN. In the community, I believe it is important to be involved and to give, not just money, but time and expertise for personal causes. I have volunteered and raised donations in Wyoming for Multiple Sclerosis Bike Rides, Ride for Sight, Master Gardeners and multiple “walk” fundraisers. My participation projects a willingness to be involved and committed to others.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY**

Borderless health care delivery within the United States has been actualized with the current Nurse Licensure Compact. The enhanced Nurse Licensure Compact expands the current compact model. The new model was achieved by developing standards acceptable to all stakeholders. Borderless health care delivery amongst different countries will require cooperation and standardization/acceptance among regulatory agencies.

##### **B. REGULATION OF NURSING EDUCATION**

The health care world is rapidly evolving! How do we ensure our graduating nursing students are prepared to provide competent nursing care upon graduation? Nursing regulation should be mindful of nursing education programs utilizing creative/resourceful methods to achieve nursing program outcomes.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

Registered nurses are frequently asked to engage in skills beyond their scope of practice in a variety of healthcare settings. Nursing regulators must determine if the requested skill set is safe and can be supported by evidence. In Wyoming, we recognize practice decisions at the Board level will determine practice across the state. It is important to find that balance between perceived practice restriction and safe, evidence-based nursing care.

#### **WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I would like to serve on the Board of Directors at NCSBN because I want to “give back” at the national level. I have enjoyed my last 6 years in the world of regulatory nursing. Though



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Wyoming is a small state in terms of nursing provider numbers, I believe we have much to offer. I understand the needs of stakeholders be it patients, nurses and educators who are separated from one another by an expanse of geographical emptiness. I have learned to “question everything!” I understand the unique needs of the healthcare communities in our rural state. I desire to represent Area 1 in order to collaborate with other regulators, to assist in directing the future of NCSBN and to share the knowledge/experiences I have gleaned as a nurse, regulator and resident of Wyoming.

## Area II Director

### Adrian Guerrero, CPM

Director of Operations, Kansas State Board of Nursing

#### DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I started my state government career in 1997 with the Kansas Department of Social and Rehabilitation Services. After three years of gaining valuable experiences, in 2000 I made the move and began my journey with the Kansas State Board of Nursing as an Information Technology Professional. In 2011, I was promoted to the Director of Operations. I oversee the Licensing Division, IT, HR, Procurement, and help with the creation of the agency's budget. I was elected to the NCSBN Board of Directors as the Area II Director in 2015.

#### Board & Committees:

State of Kansas IT Advisory Board – Board Member

Statewide FOCUS Committee for Accounting & HR Systems

Statewide IT Security Council

Statewide Architecture and Standards Committee

State Health Workforce Partnership Committee

IT Services Wireless Committee

Statewide E-Mail Consolidation Committee

Statewide Managed Print Services Committee

Small Agency HR & Policy Team

Statewide Training Services Committee

INTERFACE Technology Advisory Council

Influence ImageNow Advisory Council

Electronic Records Committee

#### NCSBN Experiences:

NCSBN Board of Directors – Area II Director – 2015-2017

NCSBN CORE Committee – Board Liaison

Nursys® Committee – Chair

Fraud Detection Committee

Nursys® Advisory Panel

2014 IT/Operations Conference – Fireside Chat on Social Media | eTranscripts – Presenter

2013 IT Conference – Paperless Board Meetings – Presenter

2012 Operations Conference – Paperless Systems – Presenter

2011 IT Summit – Network Exchange Moderator

2010 IT Summit – Fingerprint System Criminal History Check – Presenter

2008 IT Summit – Proactive Information Distribution – Presenter

2008 Annual Meeting – Breakout Sessions: Nursys®/NPDB – Presenter

2007 IT Summit – Presenter

2007 Nursys® Users Meeting – Facilitator, Moderator & Presenter

2006 IT Summit – Presenter

2006 Nursys® Users Meeting – Presenter

2005 IT Summit – Presenter

#### Certifications & Awards:

2014 – Topeka's Top 20 Under 40

2013 – George Askew National Award- Top CPM Capstone Project

2012 – University of Kansas Public Management Center – Certified Public Manager

2000 – Alpha Beta Kappa Honor Society



**Community Experience:**

USD #345 School District – IT Advisory Committee, Band Boosters, Debate & Forensics Judge

Boy & Cub Scouts – Parent Volunteer

March of Dimes – Volunteer Topeka Rescue Mission – Volunteer

Previous children's Soccer & Baseball Team – Parent Coach

**WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?****A. BORDERLESS HEALTH CARE DELIVERY**

With modern technology, state and national borders are becoming invisible. The advances in technology have improved the ability for quicker licensing by the use of the enhanced nurse licensure compact or by electronic licensing in non-compact states. One important aspect to remember, is that the mission of states boards of nursing is public protection, and that must be the driving force and should remain the center of developing borderless healthcare delivery policies.

**B. REGULATION OF NURSING EDUCATION**

Clinical sites, faculty and distant learning continue to be an issue for many states. Nursing regulation should be involved in the approval of nursing education programs to ensure quality education for public protection. This approval process should also include distant learning to assure nursing students are meeting the minimum requirements to be a safe and effective nurse. Because of the advancement of information technology in nursing education, simulation can now enhance clinical learning for nursing students. The nursing faculty shortage is due to many factors such as retirements and salaries. State input is important to help develop strategies and policies to assist with recruitment and education of nursing faculty.

**C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

Scope of practice for health care professions has overlapped for many years. The demand for health care continues to bring scope of practice issue to the front for nursing regulators. Standards should be reviewed by nursing regulators to assure quality-nursing care to the public. The nursing regulators should assure that everyone working in the nursing realm should be safe to practice and are qualified for their role.

**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

As the current NCSBN Area II Director, I have made great efforts to serve the entire membership by being accessible and ready to listen to the issues and concerns of the membership. I am proud of the reputation that follows me as being a go-to person in areas of technology and office automation. One of my most valuable leadership skills, is that I thrive being around people, and have done many things in my personal and professional life that have exposed me to those with different personalities, backgrounds and cultures. I have the ability to make personal connections with those around me and when working in groups, can bring diverse teams together to accomplish a common goal; moreover, I have the ability to understand complex real-world processes and envision ways to reinvent and streamline those processes. I am able to recognize when there is a need to change direction to address internal or external organizational challenges and stay relevant to the customers we serve. I understand the necessity to think strategically and as the world continues to change around us, I am someone who keeps my eyes on the horizon, ready to engage in new opportunities. I have been asked to do presentations, moderate conferences and lead committees on the state and national level. Over the past 17 years, I have helped our small agency become a model for other state agencies to follow both within our state and across the nation. I am proud that we have won several awards as an agency, one of which helped our entire state win the top government award citing that model e-government licensing for state governments across the country. I am proud to serve as the Area II Director. If re-elected, I will continue to focus on the needs of our membership. I am honored to serve you on the NCSBN Board of Directors!



## Area III Director

### Jim Cleghorn, MA

Executive Officer, Georgia Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

Serving as the executive director of the Georgia Board of Nursing since August 2010, I have instituted several innovative program changes to streamline the regulatory processes and have taken advantage of the opportunities afforded to me through involvement with NCSBN. The executive coaching program in 2012-2013 provided a “jump start” in a broader look at regulation. As a member of the Commitment to Ongoing Regulatory Excellence (CORE) Committee from 2012 through 2014 the importance of documenting and defining the immediate outcomes of the regulatory work became clear in helping identify promising practices for public safety. In September 2014 I was appointed to the Board of Directors as Area III Director and have worked ardently over the last three years to learn the essential elements of representing the membership and the organization. Prior to my work with the Georgia Board of Nursing I served as business analyst with the Georgia Secretary of State’s Office. In that role, I worked with the agency’s Professional Licensing Boards Division to review licensure and discipline processes, identify inconsistencies and inefficiencies and recommend improvements to maximize constituent services, agency productivity and protection of the public. My service with NCSBN has provided me with many rewarding opportunities to learn from the examples set by leaders in nursing regulation. The invaluable education and experience has enabled me to increase my personal knowledge of board operations, regulation and management principles and has challenged me to become a well-rounded leader. Our family is very involved with our local church where my wife and I participate in various ministries and lead a Sunday School class for young couples.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY**

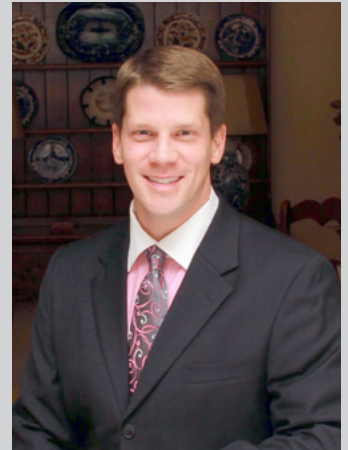
The health care delivery system is rapidly changing and the number of patients seeking care is rising. Telemedicine has enabled providers to work to meet the new demands by expanding their practice across jurisdictional lines into other states and even into other countries. I am enthusiastic about the future of the enhanced Nurse Licensure Compact and look forward to working with boards of nursing and NCSBN to identify issues and barriers and develop solutions to ensure that our constituents continue to have access to safe and competent care through every possible delivery model.

##### **B. REGULATION OF NURSING EDUCATION**

New models of nursing education are being developed to meet the demands of an increasingly complex health care system. Advances in technology are changing the classroom and increasing access for interested students. Boards of nursing must work to advance regulatory structures for programs using evidence based research to maintain high quality program outcomes. This effort will require collaboration and partnerships with education programs and practice settings.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

As our health care system continues to grow and evolve, the scope of practice for nurses will have to expand to meet the increasing needs. As practice changes, we will see tasks shifted and ultimately, tasks reserved for a person who has been in nursing for many years will be performed by entry level nurses. As the nursing profession advocates for increased scope of practice, nursing regulation must be a partner in the process and work to enable nurses to practice to the full extent of their knowledge and training to ensure safe and competent care is available to all consumers.



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## **WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

National Council of State Boards of Nursing (NCSBN) was created to lessen the burdens of state government and provide boards of nursing an opportunity to work together on matters of common interest. Over the past thirty-nine years, NCSBN has set the standard for regulation. I want to work with the membership to continue to build on that legacy. I would like to serve as Area III Director for three reasons: First, I want to work with member boards and the organization to identify common challenges and concerns and use available resources to provide solutions. NCSBN will be able to help lead the initiative by collecting and sharing research data that allows boards to make informed, evidenced based decisions; facilitating collaboration with other organizations with common responsibility to share ideas and promising practices; providing toolkits and resources to streamline processes; and by continually encouraging boards to aim for regulatory excellence. Second, I want to continue to grow my personal leadership skills through the invaluable experience provided by serving on the board of directors. Every opportunity that I have encountered with NCSBN has led to significant learning and development. My involvement has enabled me to become a better regulator and a more confident leader. This position has challenged me to think at a different level and has deepened my understanding of nursing regulation. As I prepare for each board meeting I find that there are new things to learn and new ideas to consider. Finally, I want to give back. NCSBN and member boards have been by my side throughout my career as a nursing regulator and serving on the board of directors has been the highlight of my regulatory journey. It is a great privilege to serve the organization that has provided so many opportunities to me.

## Area IV Director

### Ann Coughlin, MSN, MBA, RN

Member, Pennsylvania State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have over 23 years' experience in the healthcare industry; including a clinical nurse in an acute care hospital, case management supervisor in the insurance industry, triage nurse for a disease management company, clinical nursing supervisor for a large university hospital and a nurse regulator. My previous position as a regulatory affairs and compliance auditor for a large mail order pharmacy, specialty pharmacy and infusion company demanded a focus on regulations. My supervisory position in regulatory affairs has enhanced my knowledge and experience with regulations. My role as an Internal Auditor required review of regulations for individual states as well as review of federal regulations. My current role as manager for the department of Patient and Family Experience at an academic medical center has broadened my knowledge in patient safety, satisfaction, quality of care and risk management. I was honored to be appointed to the Pennsylvania State Board of Nursing in 2010 and to be named Vice-Chair 2012 and Chair for 2013 & 2014 term. In addition, I served on the following committees: IT, Finance, Probable Cause and Application Review. For three years I served on the Leadership Succession Committee (LSC) for NCSBN. I am dedicated to continuing my commitment and passion for regulation in order to enhance the development of regulation to promote public safety and advance the role of nursing in the healthcare environment. I look to support the NCSBN and will lend the skills and knowledge I have gleaned from my diverse background to advance the mission and vision. It would be an honor to continue to work with this talented group of professionals to identify and nurture leadership in nursing that is pivotal to the advancement of nursing regulation and the safety of the public.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY**

Technological innovation is driving treatment options in the health care market. Virtual tools to monitor and maintain health are utilized across the world. Telehealth and telerounding are utilized in many venues and impact borderless delivery. We will continue to see tremendous growth in this industry. It will be crucial for nurses to work together to maintain high standards and generate regulations that lead the activities rather than follow them. Borderless health care can assist with efforts to improve multidisciplinary collaboration and the ability to share resources, information and knowledge. This method of delivery will need to be monitored and closely regulated in order to maintain professional standards and patient safety. In the current health care setting, borderless health care delivery is vital and will continue to expand across the globe. Policymakers, stakeholders and practitioners working together must strive to implement creative solutions when crossing borders. The necessity for access to health care continues to grow so we must consider factors that address health care delivery on a national and global level to be able to meet those needs.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

We must regulate nursing education in order to standardize the preparation necessary to qualify for the profession. We need to maintain quality, evidence based standards of education and ongoing nursing research to promote excellence in nursing practice. Nurses must hold one another accountable for safe patient care and the highest standards of professional practice. Nurses must be the able to practice to their full scope of authority. Boards of Nursing, nursing schools, nursing programs, regulators and accreditors all need to work together to maintain the highest standards of nursing education since it provides the foundation for practice. Nurses



must commit to being collaborative, creative and innovative to protect the safety of the public and maintain the highest standard with nursing education.

### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

I have had exposure to the issues related to education and nursing regulation with the Pennsylvania Board and NCSBN. NCSBN is very involved and leading the required collaborative efforts that are necessary between regulators and accreditors. The RN Model rules are an excellent example of this endeavor. The current work involving distance education should be embraced by regulators to meet the IOM initiative for nurses to advance their education. We need to continue to work together to develop the best practice standards and to assist all states with implementation of them. A key part is education and communication; we all need to be respectful to concerns of the individual states as well as support initiatives, goals and national standards to promote evolving scopes of practice.

### **WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I have many qualities that will contribute to advance the NCSBN organization. I bring emotional intelligence, critical thinking, flexibility, problem-solving skills, systems thinking, and the ability to listen and openly communicate to diverse groups. I am passionate about excellence in nursing regulation. I am also personable and collaborative in my approach. In attaining both my MSN and MBA I have expanded my academic and professional knowledge of nursing and the healthcare industries. My diverse work experiences and education have assisted me with developing my leadership skills competencies. The experience on the PA BON has nurtured my visionary leadership abilities in the profession of nursing with a focus on regulation. I obtained focused experiences, knowledge, skills, and abilities by serving on the LSC for 3 years. A crucial skill set I possess is the ability to remain committed, proactive and build consensus during change processes. I will strive to share my energy, enthusiasm and passion for nursing regulation within the organization. I am ready, willing and able to contribute to advance the mission and vision of NCSBN. I have reviewed the responsibilities of the position, qualifying information, eligibility requirements, and believe I am highly qualified to serve and hope to attain your support.

## Director-at-Large

### Elizabeth Lund, MSN, RN

Executive Director, Tennessee State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

My experience as a nurse regulator began thirty-two years ago when I was appointed executive director of the Tennessee Board of Nursing after nine years in academic nursing. I jumped at the first opportunity to volunteer for an NCSBN Committee, appointed to the Bylaws Committee where I served six years, four as chair. During that tenure, the committee accomplished the first comprehensive revision of the bylaws that positioned NCSBN to more nimbly respond to changing environments, allowing greater participation by members through special committees. Later I chaired the Regulation Subcommittee that examined the existing model of nursing regulation. After considering such models as a federal/national model and “fast” endorsement, the committee proposed a new mutual recognition model, thus beginning the journey that led to the interstate nurse licensure compact. Later, I chaired the 25th Anniversary Planning Committee which began the tradition of an evening gala event that has served as a cherished model for subsequent anniversary celebrations. I have served on all the subsequent anniversary committees. Other committee service includes membership on the Finance Committee, the Awards Panel and co-lead of the executive officer group. More recently, I chaired the Executive Officer Succession Resource committee which produced a flexible online toolkit that has been used successfully by a number of boards to assist with leadership transition. I have volunteered as a mentor for many executive officers over the years. Currently I serve as treasurer of the executive committee of the Nurse Licensure Compact Administrators and a member of the e-NLC Workgroup. In 2015, I was honored to be awarded the Meritorious Service Award.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY**

Partnerships with international colleagues have helped us appreciate that we share the common goal to deliver health care more safely and efficiently irrespective of borders. We recognize the value in congruent standards for delivery and expectations for providers. Health care delivery continues its transformation at a breathless pace and our traditional regulatory model challenges us in advancing nursing regulation worldwide. Our primary challenge is to remain relevant and bring value in a consumer and entrepreneurial driven world teeming with technological advances such as wearable artificial intelligence devices and robotics that have potential for enhancing health outcomes and enjoyment of life.

##### **B. REGULATION OF NURSING EDUCATION**

With a rise in schools struggling to achieve mission, now is not the time to retreat from regulating nursing education. We need to foster research in promising pedagogical efforts such as the NCSBN Simulation Study. It is time to explore best practices in measuring program outcomes to reduce reliance on NCLEX pass rates for measuring quality. We need to support efforts to reduce redundancies in data collection among boards and accrediting bodies to reduce the burden for schools and to standardize data collected. Let us continue the effective teamwork to support students impacted by abrupt school closures.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE**

Nursing regulation has an ethical duty to support the provision of care by those qualified at every point along the caregiver continuum when grounded by sound evidence. Studies demonstrate that APRNs provide care equivalent to that of physicians. RNs and LPN/LVNs must be more effectively utilized to practice to the full scope of their education, harnessing the capabilities



of these licensees to participate more fully in improving health outcomes. We must critically examine traditional models and build safe models for our burgeoning population of patients, many of whom would prefer to receive care at home or electronically.

**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I have never been more optimistic about the potential for actualizing NCSBN's vision to advance regulatory excellence worldwide. Ground breaking initiatives such as Nursing 2030, Next Generation NCLEX, the e-NLC and the new APRN compact add to NCSBN's solid foundation of programs that ease the regulatory burden to protect the public. Leadership is vital to innovation. It is imperative that we have information informed by evidence and made useful for us to successfully navigate challenges such as the opioid epidemic, APRN consensus and borderless practice.

Election to the NCSBN Board of Directors would fulfill a professional goal to serve NCSBN in a new and important role. The opportunities derived from by membership in NCSBN have been the source of a great deal of the success we have had in our jurisdiction. Over the years, I have developed treasured relationships across the membership. These friends represent a diversity of background that has enriched my perspective across a multitude of issues. I will bring the skills and knowledge obtained through thirty-two years of nursing regulation to the position as director at large. My values mirror those of NCSBN. I pledge to serve with integrity, collaborate with all in seeking solutions, to always strive to do my best and to remain open and accountable. It would be an honor to be given the opportunity to serve NCSBN in the director at large role and join the ranks of those who have served and whom I have admired over the years. It is exciting and humbling to consider serving as a director at large to serve the purpose, mission, vision and values of NCSBN to the betterment of public protection and patient safety.

## Leadership Succession Committee Member-at-Large

### Kaci Bohn, PhD

Secretary, Arkansas State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I was appointed as the consumer member of the Arkansas State Board of Nursing in 2015, and now serve as the Secretary of the board and the Nursing Education Committee Chair. I received my bachelor's degree in biology education from West Texas A&M University and a PhD in Pharmaceutical Sciences from Texas Tech University. I currently teach pharmacology at Harding University College of Pharmacy where I am the director of the Harding University drug take back program, Medication Cleanout™, in partnership with the Searcy Police Department and White County Sheriff's Department. This program has collected more than 1000 lbs of medication which not only protected the community but the environment as well. I am passionate about protecting our community and children from both illegal and prescription drugs of abuse. As a result, I have written a children's book teaching medication safety and am in the process of developing a full curriculum for children 12 years and under.

In addition, I have recently been appointed to the NCSBN Marijuana Regulatory Guidelines Committee and am honored to be taking a role in this regulatory capacity. I plan to use my background in pharmacology to advise the committee in regards to the pharmacokinetics and pharmacodynamics of marijuana and how they relate to regulation and education of nurses.

While serving on the Arkansas Board of Nursing, we have overseen the implementation of an alternative to discipline program which was recently signed into effect by the governor. I believe this program will help our board to better protect the public while supporting nurses as well.

I am passionate about my service on the board and look forward to serving on the NCSBN leadership succession committee.

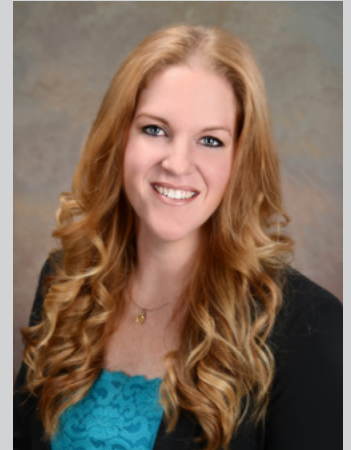
#### **WHAT ARE YOUR STRATEGIES FOR THE ONGOING SUSTAINABILITY AND ADVANCEMENT OF THE ORGANIZATION?**

I believe the NCSBN is the perfect umbrella agency to unite the different state boards in this country. I feel the future of our organization is dependent upon identifying and training future leaders capable of engaging with and guiding the organization and various state boards. We must identify members with vision, experience, and action in order to ensure effective leadership. For this reason, the leadership succession committee is critical to identify these future leaders. This means networking, getting out of our comfort zone, and staying up to date with current issues effecting nurses and the nursing profession.

Technology is changing the face of nursing and I feel we must stay abreast of the innovative ideas to further communication, presence, and running of our organization. This includes consistent review of the NCLEX examination, supporting local boards of nursing, and effective assessment of the efficacy of the organization as a whole. As a consumer member, pharmacologist, and educator, I feel I bring a unique perspective for serving on the leadership succession committee and am honored to be considered.

#### **WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I have always been a driven and outspoken individual and am incredibly honored to be chosen to serve on the Arkansas State Board of Nursing as the consumer member. I am passionate about the health sciences and feel I have served as an important resource for the Arkansas board in regards to pharmacology, drug information, and toxicology facts. And due to my background in both the health sciences and education, I have experience in curriculum design and assessment.





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Since I am not a nurse, I feel my consumer perspective gives me different insight to situations involving the protection of the public. When in attendance at the NCSBN, I have been in awe of the running of the organization and how effective NCSBN is in regards to uniting the different boards of nursing for a common goal. I want to be a part of the organization and serve on the national level while taking in as much as I can and becoming a more effective board member and leader. One must always be in pursuit of opportunities to improve character, advance leadership skills, and most importantly to serve others.

My husband and I stay involved not only in our local church but in the community as well. I want to be an example to my children of setting goals and working hard to reach them while also teaching them that serving others and the community is not only a responsibility but an honor.



## Leadership Succession Committee Member-at-Large

### Patricia Dufrene, PhD, RN

Director of Education and Licensure, Louisiana State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have over 30 years' experience as a Registered Nurse. During my career I advanced my education from a Diploma RN to a PhD in Nursing Education and Administration. I have served in many leadership roles throughout my nursing career in the areas of clinical, nursing education, simulation, and regulation. Since 2009, I have served as the Director of Education and Licensure at the Louisiana State Board of Nursing. My role includes overseeing the Registered Nurse and Advanced Practice Registered Nurse Education Degree Programs operating in or offering distance education clinical experiences in Louisiana. My role focuses on program compliance, approval of undergraduate students applying for clinical, approval of candidates for licensure by examination, and monitoring criminal background checks of these applicants. Additionally, I oversee the Board approved continuing education providers and RN refresher course providers, and assist in evaluation of applications for licensure through endorsement.

My background with NCSBN spans my entire career in regulation through attending conferences, participating in webinars, serving as the Education Consultant for Louisiana RN Board, and the serving on the Leadership Succession Committee from 2014-2016.

I have served on boards and committees for several specialty related organizations on the local, regional and national level throughout my career. I continue to serve on advisory committees. I remain active in professional and specialty nursing organizations including Sigma Theta Tau International, Society of Pediatric Nurses, and the American Nurses Association.

Over the years, I have been active with several local community and church agencies. I particularly enjoy participating in activities for Gods special children with Down Syndrome.

#### **WHAT ARE YOUR STRATEGIES FOR THE ONGOING SUSTAINABILITY AND ADVANCEMENT OF THE ORGANIZATION?**

Sustainability and advancement of NCSBN is dependent on leadership that is engaged in the strategic plan of the organization. Leaders need to anticipate issues and opportunities that may impact the organization's sustainability. Leaders must develop strategies and implement action plans that will address those issues and opportunities. An issue to address is leadership development and succession planning. Members of the organization must be inspired and stimulated to develop their own capabilities to become leaders.

Leadership development involves strategies to identify leaders and those to retain and advance leaders within the organization. Development of a diverse group of mentors, coaches, and leaders committed to advancing members in the organization is essential for success. Equally important is the reduction of barriers to service. Strategies implemented must support the integration of service with multiple life commitments. Educational opportunities for leadership development through virtual workshops and modules and increasing the availability of virtual meetings can address this need.

Performance of an annual needs assessment to determine alignment of the organization's strategic plan with the expertise and engagement of the current Board allows for identification of gaps in expertise and provides for enriched recruitment efforts. Similarly, annual self-evaluation by current Board members can reflect the effectiveness of fulfilling duties and identify needs for further development.



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**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

I had the fortunate opportunity and honor to be elected by the House of Delegates to serve as the Area III representative on the Leadership Succession Committee from 2014-2016. The Leadership Succession Committee serves to respond to the identified needs of the organization and strives to empower members to become leaders. Leadership is an integral component of my professional role. I strive for evidence based excellence in my endeavors. I have served in leadership capacities in employment and organizations and bring the many competencies to reflect support of the mission, vision and values of NCSBN. I am goal oriented and remain driven and focused in my regulation role. I meet challenges as opportunities for growth and learning. I embrace change as a chance to improve processes and move organizations forward. My varied experiences in clinical, education and regulation have allowed me to develop the ability to analyze issues from different focal points to determine a clear course of action. I possess integrity and value the principles of honesty, fairness, equality and diversity.

It is my sincere desire to serve on the Leadership Succession Committee for 2017-2019. It would be a privilege and an honor to represent the membership in this capacity and be involved with development of future NCSBN leaders. I will be committed to carrying out the charge of the committee to the best of my ability.

## Leadership Succession Committee Member-at-Large

### Tracy Rude, LPN

Commissioner, Washington State Nursing Care Quality Assurance Commission

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

An active LPN since 1981 and was an officer in North Dakota Licensed Practical Nurses Association until moving to Washington in 1986. Work experience includes using my license to the full scope of practice allowed in my state regulations. In Long Term Care, specialty practice to include general, vascular surgery and ENT office based setting. acute care clinic setting and in-patient hospice facility. Educator in public school, K -12. I continue to teach 11th and 12th grade applied medical sciences and nursing assistant certified (NAC) classes. I obtained my Career and Technical Education teaching certificate in Washington in 2011. This certification enables me to teach health and health occupations. I served in a leadership role and continue membership with Washington Association of Career and Technical Educators.

#### **Regulatory:**

2013 Governor Inslee appointed me to Washington Nursing Care Quality Assurance Commission as a Commission (board) member. This term expires June 30, 2017 and I am eligible for reappointment for 4 additional years. Leadership roles include: Nursing Assistant Program Approval Panel Chair, mentor for new Commission members, reviewing commission member and panel chair, hearing panel chair, active member on the sub committees for Discipline and Consistent Standards of Practice as well serve on the Legislative Panel and Nominations Panel. These roles include acting as chair when necessary. I work with commission attorneys, staff and other commissioners with discipline cases to provide recommendations for nurse discipline. This also includes chairing hearing panels for respondents when they choose to have their cases heard before a health law judge and the Commission panel. What an honor it was for Washington to be awarded with the 2015 NCSBN regulatory excellence award! At that same meeting, I was elected to LSC and was inspired to become more involved with NCSBN.

#### **Community:**

WA state Clark County Public Health Advisory Committee member since 2014

Medical Reserve Corps since 2007, charter member

Health Occupations Student Association

Trauma Intervention Program since 2011

#### **WHAT ARE YOUR STRATEGIES FOR THE ONGOING SUSTAINABILITY AND ADVANCEMENT OF THE ORGANIZATION?**

Strategies for Ongoing Sustainability: In my long-term plan for continued sustainability NCSBN should work toward NCLEX as the internationally accepted competency examination for nurses. Being recognized by the international community, I would like to see global expansion of NCSBN's proven influence in education and regulation. Providing opportunities for and offering an atmosphere of inclusion will encourage dialog from all corners of the world. I believe keeping the focus on similarities rather than differences will result in developing a cohesive coalition for excellence in education and regulation.

The current plan is to continue to access within NCSBN leadership programs already established. We still need to strongly advocate for early engagement from states for their board member since they generally have term limits. Securing leaders from a broad swath will provide a well-rounded and much deeper view of nursing and nursing education. Inclusion of board members



is so important because they are working industry leaders and have a different perspective from staff. Board members see firsthand the impact of technology on our profession and must quickly adapt to the ever-changing environment.

**WHY DO YOU WANT TO SERVE IN THE ROLE YOU ARE APPLYING FOR?**

WHY DO I WANT TO SERVE? I have had the pleasure of serving "At Large" with the Leadership Succession Committee and have been able to expand my leadership skills and horizon beyond my dreams and expectations. It has been a short couple of years and I want to continue to work with the leaders from all over to move NCSBN forward. I am just now beginning to get my feet under me, so to speak, and can see the direction more clearly from Delegate Assembly and NCSBN BOD. I want to light the way for other leaders to take the leap of faith they have before them to move this wonderful organization into the future with pride and determination. It will take all of us to do it and I am proud to be able to be a small part of it. To inspire others to be active in NCSBN Leadership roles. The joy I feel when I see someone be successful in what they have sought out and fought hard for is immeasurable. We have these leaders in our organization and I want to see them collaborate and share their ideas to take NCSBN into the future.

## Attachment B 2017 Leadership Brochure

Individuals who serve in NCSBN leadership positions and committees have much to gain:

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



### 2017 LEADERSHIP SUCCESSION COMMITTEE

**Tony Graham**, Chair, Member-at-Large (2013–2017)  
tgraham@ncsbn.org

**Paula Meyer**, Area I Member (2016–2018)  
paula.meyer@doh.wa.gov

**Melissa Hanson**, Area II Member (2016–2018)  
mhanson@ncsbn.org

**Stacey Cropley**, Area III Member (2016–2018)  
stacey.cropley@bon.texas.gov

**Kim Esquibel**, Area IV Member (2016–2018)  
kim.esquibel@maine.gov

**Jane Christianson**, Member-at-Large (2015–2017)  
jmjncristianson@gmail.com

**Tracy Rude**, Member-at-Large (2015–2017)  
tracyrude58@gmail.com

### 2017 BOARD OF DIRECTORS

**Katherine Thomas**, President (2016–2018)

**Julia George**, President-elect (2016–2018)

**Gloria Damgaard**, Treasurer (2016–2017)

**Suelyn Masek**, Area I Director (2015–2017)

**Adrian Guerrero**, Area II Director (2015–2017)

**Jim Cleghorn**, Area III Director (2014–2017)


**Ellen Watson**, Area IV Director (2015–2017)

**Karen Scipio-Skinner**, Director-at-Large (2015–2018)

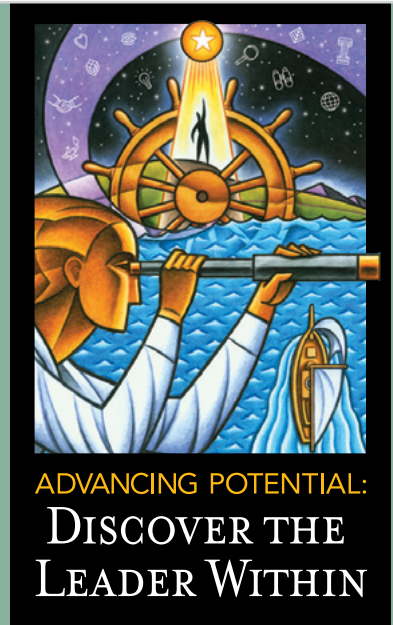
**Valerie Smith**, Director-at-Large (2015–2018)

**Lori Scheidt**, Director-at-Large (2016–2018)

**Nathan Goldman**, Director-at-Large (2016–2017)


**NCSBN**  
*National Council of State Boards of Nursing*  
 111 E. Wacker Drive, Suite 2900  
 Chicago, IL 60601-4277  
 312.525.3600  
 ncsbn.org

10/16



Leadership  
Succession is Everyone's  
Responsibility

## NCSBN needs experienced and emerging leaders who:

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

### ELIGIBILITY AND COMPETENCIES

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

#### BOARD OF DIRECTORS COMPETENCIES:

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



#### LEADERSHIP SUCCESSION COMMITTEE COMPETENCIES:

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

### TIME COMMITMENT

#### BOARD OF DIRECTORS:

Five 3-day meetings per year, in addition to Midyear and Annual Meetings.

#### LEADERSHIP SUCCESSION COMMITTEE:

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



### 2017 ELECTION POSITIONS

#### BOARD OF DIRECTORS

##### Treasurer (2017–2019)

- Serves as the chair of the Finance Committee
- Assures quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly

##### Director-at-Large (1 position) (2017–2018)

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

#### Area Directors

- Ensures geographic diversity on the Board of Directors
- Serves as a representative of all member boards
- Transacts the business and affairs, and acts on behalf of NCSBN

##### Area I Director (2017–2019)

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming



##### Area II Director (2017–2019)

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

##### Area III Director (2017–2019)

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia

##### Area IV Director (2017–2019)

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

### LEADERSHIP SUCCESSION

#### Member-at-Large (3 positions) (2017–2019)

- Recommends strategies for the ongoing sustainability and advancement of NCSBN through succession planning
- Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

### RESOURCES

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

#### Leadership Development Plan:

[ncsbn.org/ldp.htm](https://ncsbn.org/ldp.htm)

#### NCSBN Courses:

<https://courses.ncsbn.org>

##### ▪ NCSBN 101

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



## Self-inventory of Leadership and Governance Competencies



### Board of Directors Candidates

### Self-Inventory of Leadership and Governance Competencies

#### Introduction

The leadership of the National Council State Boards of Nursing (NCSBN) consists of the NCSBN Board of Directors and the NCSBN Delegate Assembly (representative of the 59 member boards of nursing). As NCSBN carries out its mission of providing education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection, the organization will continue to need a diverse pool of leaders who possess both leadership and governance competencies that enable them to lead effectively and strategically.

- **Leadership Competencies:** Leadership competencies were derived from the Center for Creative Leadership's® defined set of leadership competencies<sup>1</sup> and associated behaviors for advanced leaders<sup>2</sup> in three distinct domains: Leading Yourself, Leading Others, and Leading the Organization.
- **Governance Competencies:** There are key governance competencies<sup>3</sup> that are needed for members of the NCSBN Board of Directors to discharge their duties effectively. As fiduciaries of the organization, members of the NCSBN Board of Directors must act at all times in the organization's best interest, oversee financial and operational performance, and safeguard the organization's resources.

#### Voluntary Self-Inventory of Competencies

The Leadership Succession Committee encourages individuals interested in seeking election to the NCSBN Board of Directors to engage in a voluntary self-Inventory of their leadership and governance competencies to a) determine the degree to which they possess the competencies that have been deemed important to serve successfully and efficiently, and b) identify competency areas that they may wish to develop more fully before seeking election to the NCSBN Board of Directors. This self-inventory was modeled after The American Nurses Association's (ANA) Self-Reflection of Leadership and Governance Competencies document which was developed in collaboration with the Center for Creative Leadership®.

<sup>1</sup> See Appendix A for definitions and concepts related to competence.

<sup>2</sup> The competencies for advanced leaders are derived from the Center for Creative Leadership® Competency Library.

<sup>3</sup> The governance competencies were derived from the following three sources: *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness* (February 2009) and *The Guide to Good Governance for Hospital Boards* (December 2009) both published by the American Hospital Association's Center for Healthcare Governance and *Board Member Competencies* developed by Judith A. Oulton for the International Council of Nurses (2011).



### Self-Inventory: Leadership Competencies

*Instructions: Read the behaviors listed under each leadership competency and reflect on whether you consistently demonstrate the indicated behaviors.*

LEADING YOURSELF		
COMPETENCY	YES	NO
<b>Adaptability</b>		
Think “outside the box” and adjust to changes easily		
Understand the impact of your decision on other people		
Able to effectively negotiate a new approach when appropriate		
<b>Integrity</b>		
Articulates values		
Follows through on promises		
Decisions and actions are guided by ethics		
<b>Self-Awareness</b>		
Identify strengths and weaknesses		
Leverage your strengths		
Learn from your experiences and make needed adjustments in your behavior		
Exercise self-care and is aware of your biases		
LEADING OTHERS		
COMPETENCY	YES	NO
<b>Communication</b>		
Communicates organizational goals effectively		
Inspires through the presentation of information		
Involves others, listens, and builds commitment		
<b>Conflict</b>		
Negotiates adeptly with individuals and groups		
Manages conflict and confrontations effectively and skillfully		
<b>Relationships</b>		
Builds productive working relationships with co-workers and external parties		
LEADING THE ORGANIZATION		
COMPETENCY	YES	NO
<b>Business Acumen</b>		
Understands the different functional areas in NCSBN		
Understands external conditions affecting NCSBN		



COMPETENCY	YES	NO
<b>Change</b>		
Supports activities that position NCSBN for the future		
Offers novel ideas and perspectives based on evidence		
<b>Courage</b>		
Willing to present position in the face of opposition		
COMPETENCY	YES	NO
<b>Influence</b>		
Promotes an idea or vision		
Influences others while respecting differences of opinion		
<b>Problem Solving</b>		
Understands complex issues		
Develops solutions that effectively address problems		
Makes timely decisions		
<b>Vision and Strategy</b>		
Understands, communicates, and stays focused on NCSBN's mission, vision and values.		

Did you identify an area for further growth? NCSBN provides resources to assist you in your leadership development.

To expand your leadership competencies or to obtain additional copies of this checklist, visit the NCSBN Leadership Development Program resources page at: [NCSBN.org/LDP](https://www.ncsbn.org/LDP)

### Self-Inventory: **Governance** Competencies

Read the behaviors listed under each governance competency and reflect on whether you consistently demonstrate the indicated behaviors.

OFFICERS AND DIRECTORS		
COMPETENCY	YES	NO
<b>Board Experience</b>		
Has served on public sector, private sector, or not-for-profit boards; has experience with governance policies		
Acts in the best interest of the organization and not that of a special group or interest		
Understands and accepts that a board of directors speaks with one voice		
Serves as an ambassador and advocate of the organization		
Understands the importance of continuous self-improvement through participation in professional development		
<b>Governance Experience</b>		
Familiar with NCSBN's governing documents (Articles of Incorporation, Bylaws)		
Understands the difference between the role of management and the role of governance		
Understands the fiduciary responsibilities of the board of directors: Duty of Care, Duty of Loyalty, Duty of Obedience (or Fidelity to Purpose)		
Has experience in board governance (e.g., bylaws review, policy development)		
<b>Committee Experience</b>		
Has experience chairing and/or serving on an NCSBN committee		
<b>Risk Management and Assessment</b>		
Understands the elements of risk management: nature and sources of enterprise risk and risk management strategies		
Ensures that appropriate systems are in place to manage risks		
COMPETENCY	YES	NO
<b>Strategic Planning</b>		
Contributes, evaluates, and implements strategic plans		
Develops mission, vision, and core values		
Sets strategic direction		
Provides strategic oversight		
Focuses on longer term goals and strategic outcomes		
Employs performance oversight, management, and measurement systems to assess organizational performance		

COMPETENCY	YES	NO
<b><i>Business/Corporate Planning Experience</i></b>		
Has experience in business/corporate planning for public/private sectors, or not-for-profit boards		
<b><i>Financial/Investment/Accounting Knowledge</i></b>		
Understands financial operational management		
Interprets balance sheets and income and cash flow statements		
Understands the proper application of internal controls		
Provides input to and appropriately challenges budgets and financial statements		
Has knowledge of other considerations and issues associated with auditing requirements for public/private sectors, or not-for-profit boards		
<b><i>Human Resources/Executive Personnel Performance Review</i></b>		
Understands human resources, considerations and issues for executive recruitment, compensation structures, and performance review		
<b>PRESIDENT-ELECT (in addition to the competencies for Officers and Directors)</b>		
<b>COMPETENCY</b>	<b>YES</b>	<b>NO</b>
<b><i>Board Leadership</i></b>		
Has served as a delegate, committee member, director or officer (as required by NCSBN bylaws)		
Experienced in long-term planning and priority setting		
Skilled at policy development and advocacy		
Skilled at keeping the board focused at a governance <i>rather than</i> management level		
Encourages active, equitable participation at meetings through managing time effectively, keeping the discussion on topic, and clarifying decisions		
Creates a climate where feedback on performance is given and received to continually improve personal, board, and organizational performance		
Establishes and maintains effective relationships with board members, management, and stakeholders		

Did you identify an area for further growth? NCSBN provides resources to assist you in your leadership development.

To expand your governance competencies or to obtain additional copies of this checklist, visit the NCSBN Leadership Development Program resources page at: [NCSBN.org/LDP](http://NCSBN.org/LDP)

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## Appendix A: Definitions and Concepts Related to Competence

A number of terms are central to the discussion of competence:

- An individual who demonstrates “competence” is performing at an expected level.
- A *competency* is an expected level of performance that integrates knowledge, skills, abilities, and judgment.
- Knowledge encompasses thinking, understanding of theories, professional standards of practice, and insights gained from context, practical experiences, personal capabilities, and leadership performance.
- Skills include communication, interpersonal, and problem-solving skills.
- Ability is the capacity to act effectively. It requires listening, integrity, self-awareness, emotional intelligence, and openness to feedback.
- Judgment includes critical thinking, problem solving, ethical reasoning, and decision making.
- *Interprofessional* refers to the shared relationship among individuals, groups, and organizations from different disciplines. The synergies created through groups, committees, and projects that comprise individuals from different disciplines; the impact of teamwork.
- *Interdisciplinary* as used in this context refers to cross disciplines of health and health care (e.g., medicine, pharmacology, nursing) and business (e.g., leadership, communications, finance).
- *Transformational leadership* includes the competencies required to inspire and stimulate followers to achieve extraordinary outcomes and in the process, develop their own leadership capacity. They help followers grow and develop into leaders by responding to needs, empowering the individual, and aligning the goals and objectives across the span from follower/subordinate to leader to organization.
- *Formal learning* most often occurs in structured, academic, and professional development practice environments, while informal learning can be described as experiential insights gained in work, community, home, and other settings.
- *Reflective learning* represents the recurrent thoughtful personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement. Such insights should lead to the creation of a specific plan for professional development and may become part of one’s professional portfolio.

## Calling Card for First-time Attendees



NCSBN's Leadership Succession Committee is dedicated to ensuring you are aware of resources available to support your leadership goals.

Contact us to get involved...you'll be glad you did!

[ncsbn.org/newleaders](https://ncsbn.org/newleaders)

## Members

Demetrius Chapman, MPH,  
MSN(R), APRN, New Mexico, Area I

Julia L. George, MSN, RN, FRE,  
North Carolina, Area III

Elizabeth Lund, MSN, RN,  
Tennessee, Area III

Stacey Pfenning, DNP, APRN, FNP,  
FAANP, North Dakota, Area II

## Staff

Alicia Byrd, RN, Director, Member  
Relations

## Meeting Dates

- April 13, 2017 (Conference Call)

## Attachments

None

# Report of the 40th Anniversary Committee

## Background

The Board of Directors (BOD) appointed the 40th Anniversary Committee to assist in planning and implementing the 40th Anniversary of the National Council of State Boards of Nursing (NCSBN). On Aug. 17-19, 2018, the NCSBN Annual Meeting and 40th Anniversary celebration will be held in Minneapolis, Minnesota. Celebratory activities will launch at the Midyear Meeting in March 2018. In fiscal year 2017 (FY17), efforts were concentrated on the development of a Regulatory Atlas by a team of NCSBN staff. The atlas is designed to be a web-based resource that will provide a shared, searchable, digital platform to document and communicate regulatory approaches worldwide. The goal is to include regulatory information from 150 jurisdictions.

## FY17 Highlights and Accomplishments

- Reviewed and approved the recommendation for the proposed site for the Annual Meeting opening reception.
- Received a status update from Regulatory Atlas Project Manager on the development of the atlas.
- Discussed ideas for scholarships and donations in honor of the 40th Anniversary.
- Revisited and refined 40th Anniversary celebratory activities the committee discussed in FY16.

## Future Activities

The committee will work on finalizing plans for the NCSBN 40th anniversary.

# Report of the Awards Committee

## Background

The NCSBN Awards Program recognizes outstanding achievement of members and celebrates significant contributions to nursing regulation at the annual awards program. Award recipients are selected based on the strength of the nomination in meeting the award criteria.

The committee selected a member as an honoree in the following award categories: R. Louise McManus, Meritorious Service, Elaine Ellibee, Regulatory Achievement and Exceptional Contribution. Executive officers who have reached milestones in their careers as regulators are being recognized with the Executive Officer Recognition Award. Members celebrating their centennial and Institute of Regulatory Excellence (IRE) Fellows will also be honored during the awards ceremony. Additionally, the Founders' Award will be presented to Thomas G. Abram in honor of his service as legal counsel to NCSBN for over 20 years. The awards ceremony and dinner will be held at the 2017 Annual Meeting in Chicago on Aug. 17, 2017. The awards will be presented by NCSBN Board President Katherine Thomas.

## FY17 Highlights and Accomplishments

- Redesigned the awards webpage for easier navigation for members.
- Reformatted the awards nomination template to provide guidance to ensure nominations addressed all criteria.
- Incorporated videos of the 2016 award recipients and awards ceremony to the NCSBN website.
- Developed and posted to the website a sample nomination form as a resource for members and a sheet of "frequently asked questions" about the nomination process.
- Developed a promotional flyer and distributed it to meeting attendees at the 2017 Midyear Meeting and to committee members from January through March.
- Sent email communications to the membership to highlight the various award categories and past award recipients.
- Promoted the awards program on the Midyear Meeting mobile app.
- Sent e-blast announcement to the membership to announce the launch of the awards program.
- Identified four members celebrating their centennial in 2017.
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five and 15 years of service.
- Staff reviewed all nominations to ensure compliance with the blind review process.
- Awards Committee conducted a blind review of the award nominations.
- Awards Committee selected the 2017 award recipients.
- Awards Committee reviewed *Policy 2.12 NCSBN Awards Policy*.
- The 2017 award recipient selections were reported to the Board of Directors at the May meeting.
- Official notification was sent to the 2017 award recipients.

### AWARD RECIPIENTS:

#### R. Louise McManus Award

Mary Blubaugh, MSN, RN, former executive administrator, Kansas State Board of Nursing

### Members

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

Mary Dale, Washington, Area I

Robin A. Lewis, EdD, MSN, APRN, FNP-BC, West Virginia-RN, Area II

Ann Mann, MN, RN, Nova Scotia-LPN, Associate Member

Cynthia York, MSN, RN, CGRN, Louisiana-RN, Area III

### Staff

Alicia Byrd, RN

Director, Member Relations

### Meeting Dates

- Oct. 25, 2016 (Conference Call)
- April 4, 2017

### Attachments

- A. 2017 Awards Brochure

### **Meritorious Service Award**

Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE, board staff, North Carolina Board of Nursing

### **Elaine Ellibee Award**

Valerie J. Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP, board president, Maine State Board of Nursing

### **Regulatory Achievement Award**

Minnesota Board of Nursing

### **Exceptional Contribution Award**

- Nathan Goldman, JD, board staff, Kentucky Board of Nursing
- Mindy Schaffner, PhD, MSN, CNS, RN, board staff, Washington State Nursing Care Quality Assurance Commission
- Catherine C. Woodard, board staff, Washington State Nursing Care Quality Assurance Commission

### **Executive Officer Recognition Awards**

#### **FIVE YEARS**

- Lynn Ansardi, RN, executive director, Louisiana State Board of Practical Nurse Examiners
- Carina Herman, MSN, RN, executive director/registrar, College of Licensed Practical Nurses of British Columbia
- Cynthia Johansen, MAL, MSc, registrar and chief executive officer, College of Registered Nurses of British Columbia
- Cynthia LaBonde, MN, RN, executive director, Wyoming State Board of Nursing
- Ann Mann, MN, RN, executive director/registrar, College of Licensed Practical Nurses of Nova Scotia
- Denise Nies, MSN, RN, BC, executive director, New Hampshire Board of Nursing
- Carolyn Mary Reed, MA, RN, FCNA, chief executive/registrar, Nursing Council of New Zealand
- Paula Schenk, MPH, RN, executive director, Kentucky Board of Nursing
- Suzanne Sullivan, JD, RN, executive secretary, New York State Board of Nursing

#### **15 YEARS**

- Gloria Damgaard, MS, RN, FRE, executive director, South Dakota Board of Nursing
- Jay Douglas, MSM, RN, CSAC, FRE, executive director, Virginia Board of Nursing
- Laurette D. Keiser, MSN, RN, executive secretary/section chief, Pennsylvania State Board of Nursing
- Karen Scipio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing

### **MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION (CENTENNIAL AWARD)**

- Hawaii Board of Nursing
- Saskatchewan Registered Nurses' Association
- South Dakota Board of Nursing
- Utah State Board of Nursing

### **Future Activities**

- Select the 2018 awards recipients.





2017 NCSBN  
**AWARDS**  
PROGRAM



### **MISSION**

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

### **VISION**

Advance regulatory excellence worldwide.

The NCSBN awards will be announced at the 2017 Annual Meeting to recognize the outstanding achievements of NCSBN member boards and associate members. The awards are designed to celebrate significant contributions to nursing regulation.

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.

## 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 in one complete email; partial entries will not be considered. All entries must be emailed no later than **March 17, 2017**, to Alicia Byrd, director, member relations, NCSBN, at [abyrd@ncsbn.org](mailto:abyrd@ncsbn.org).
- Members may nominate themselves or others.
- Two letters of support are required. Entries must include one letter of support from the executive officer or designee.
  - If the executive officer or designee is the nominee or nominator listed on the cover page, one letter of support should be from another member regulatory agency or a representative from an external regulatory agency in lieu of a letter from the executive officer.
  - For the Regulatory Achievement Award, entries must include one letter of support from another member regulatory agency or a representative from an external regulatory agency.
- Entries must be typed and submitted on the respective award template.
- Entries must be accompanied by the official awards program cover page. Your narrative should be between 1,000 – 1,500 words and in size 10 pt. Arial font, as is standard with the provided template.

If you have questions about the Awards Program, contact Alicia Byrd at [abyrd@ncsbn.org](mailto:abyrd@ncsbn.org) or 312.525.3666.

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## 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 will be notified following the May 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.







## 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; and
- 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

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## R. Louise McManus Award

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

### ELIGIBILITY

An individual who is a member

### DESCRIPTION OF AWARD

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

### CRITERIA FOR SELECTION

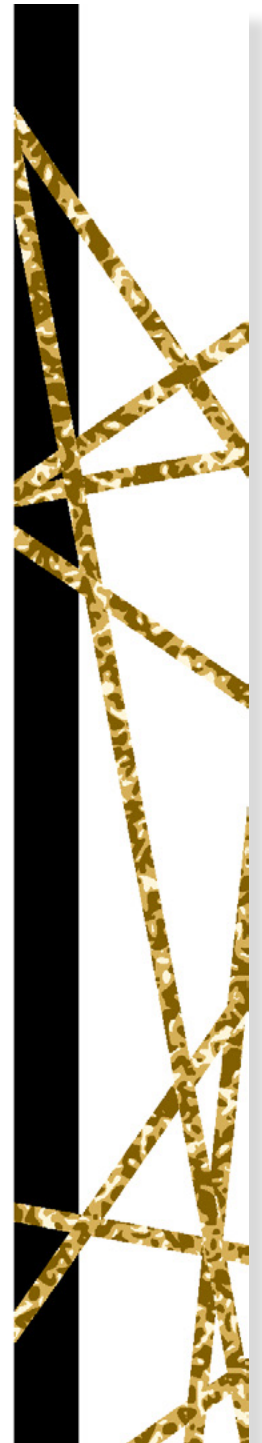
- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

### AWARD CYCLE

Annually as applicable

### NUMBER OF RECIPIENTS

One





## Meritorious Service Award

### 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

## Exceptional Contribution Award

### 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



## Elaine Ellibee Award

(formerly Exceptional Leadership 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

Service 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







## Regulatory Achievement Award

### ELIGIBILITY

A member board or associate 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

---

## Distinguished Achievement Award

### 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

## Executive Officer Recognition Award

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

### DESCRIPTION OF AWARD

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

### AWARD CYCLE

Annually as applicable

### NUMBER OF RECIPIENTS

As applicable



## Past NCSBN Award Recipients

### FOUNDERS AWARD

2015 – Kathy Apple

### R. LOUISE MCMANUS AWARD

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

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

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**  
(FORMERLY EXCEPTIONAL LEADERSHIP AWARD)

- 2016 – Susan Odom
- 2015 – Deborah Haagenon
- 2013 – Linda R. Rounds

**EXCEPTIONAL  
CONTRIBUTION AWARD**

- 2016 – Rene Cronquist  
Rhonda Taylor
- 2015 – Janice Hooper
- 2014 – Ann L. O'Sullivan
- 2013 – Susan L. Woods
- 2012 – Julia Gould  
Sue Petula
- 2011 – Judith Personett  
Mary Beth Thomas
- 2010 – Valerie Smith  
Sue Tedford

- 2009 – Nancy Murphy
- 2008 – Lisa Emrich  
Barbara Newman  
Calvina Thomas
- 2007 – Peggy Fishburn
- 2005 – William Fred Knight
- 2004 – Janette Pucci
- 2003 – Sandra MacKenzie
- 2002 – Cora Clay
- 2001 – Julie Gould  
Lori Scheidt  
Ruth Lindgren

**DISTINGUISHED ACHIEVEMENT  
AWARD**

- 2015 – Patricia "Tish" Smyer
- 2013 – Lorinda Inman

**THE FOLLOWING AWARDS ARE  
NO LONGER PRESENTED:**

**EXCEPTIONAL  
LEADERSHIP AWARD**

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

**NCSBN 30TH ANNIVERSARY  
SPECIAL AWARD**

- 2008 – Joey Ridenour  
Sharon Weisenbeck Malin  
Mildred S. Schmidt

**NCSBN SPECIAL AWARD**

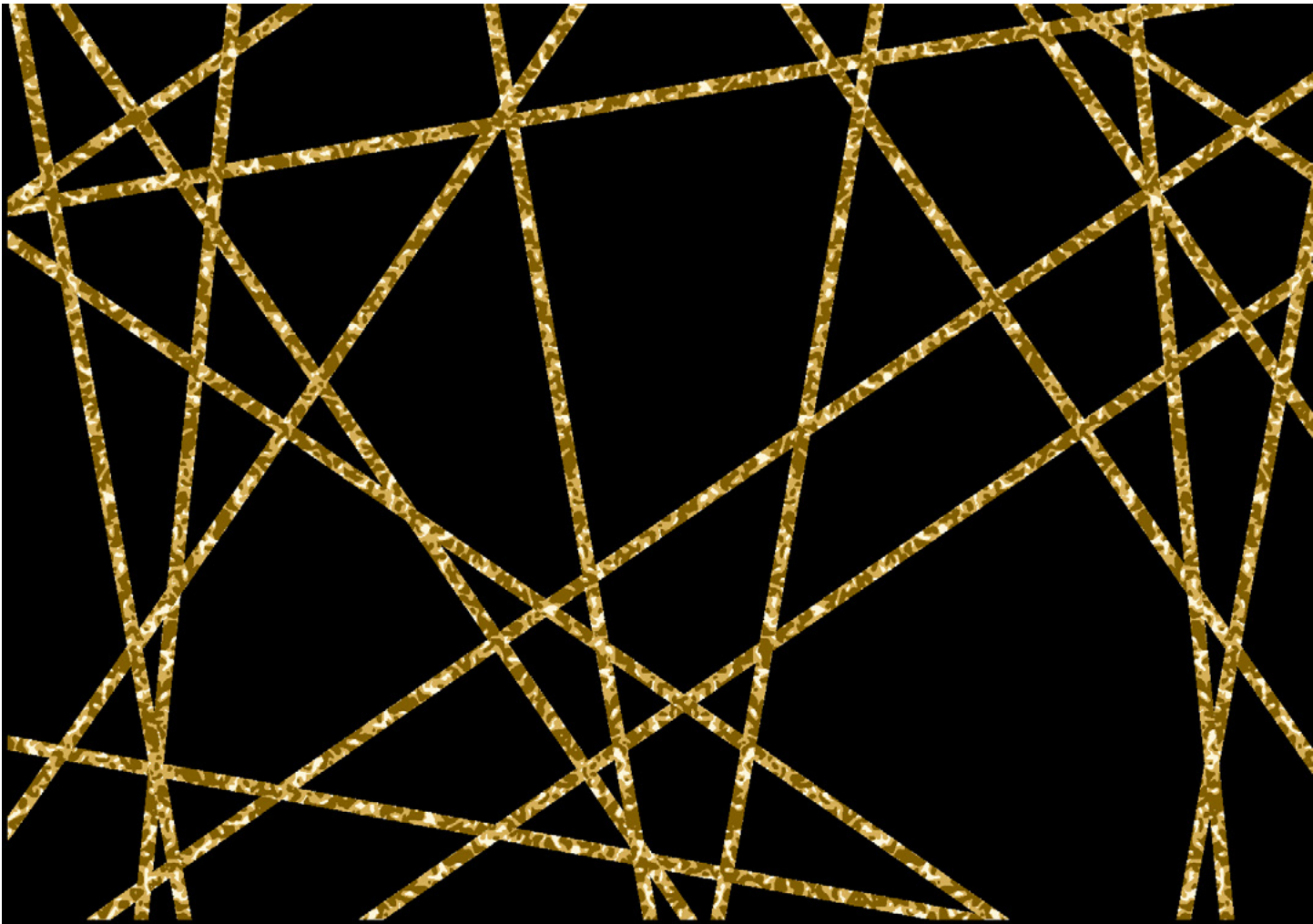
- 2008 – Thomas Abram
- 2004 – Robert Waters
- 2002 – Patricia Benner

**SILVER ACHIEVEMENT AWARD**

- 2000 – Nancy Wilson
- 1998 – Joyce Schowalter

**MEMBER BOARD AWARD**

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



■ ■ ■ ■ ■ NCSBN

*Leading in Nursing Regulation*

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312.525.3600

[www.ncsbn.org](http://www.ncsbn.org)

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## Members

Katherine Thomas, MN, RN, FAAN,  
Texas, Area III, Chair

Gloria Damgaard, MS, RN, FRE,  
South Dakota, Area II

Shirley A. Brekken, MS, RN,  
Minnesota, Area II

Suellyn Masek, MSN, RN, CNOR,  
Washington, Area I

## Staff

David Benton, RGN, PhD, FFNF,  
FRCN, FAAN, Chief Executive  
Officer

Ashby Rosenberger, Senior  
Manager, Executive Office

## Meeting Dates

- Jan. 15, 2016 (Conference Call)
- April 6, 2016 (Conference Call)
- May 9, 2016
- July 12, 2016
- Nov. 9, 2016 (Toronto)
- Dec. 16, 2016 (Conference Call)
- March 28, 2017 (Conference Call)
- April 24, 2017 (Conference Call)

## Relationship to Strategic Plan

### Strategic Initiative A

This work originated from a resolution at the FY15 Delegate Assembly and links to Strategic Initiative A whereby the organization is seeking to envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

## Attachments

- Revised Expanded Membership Rights and Responsibilities Matrix
- Matrix of Comparing Single, Double and Triple Mandate Regulators
- Expanded Membership Financial Impact Assessment

# Report of the Board of Directors (BOD) Subcommittee on Expanded Membership

## Background

At the 2015 Delegate Assembly the Board of Directors (BOD) was directed by the Delegate Assembly through a formal resolution to examine the implications for membership of 10 jurisdictions in Canada using the NCLEX-RN® exam. The resolution, which was overwhelmingly positive (95 for, five against), is as set out below:

*Whereas, membership in NCSBN is extended to those BONs that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN; and Whereas, The NCLEX-RN is now administered by 10 nursing regulatory bodies in Canada; therefore, be it RESOLVED, That the Delegate Assembly direct the Board of Directors to explore development of a procedure and criteria for eligibility for full membership by a non-State or U.S. Territory nursing regulatory body that uses a licensing examination developed by NCSBN; and be it further RESOLVED, That the Board report on this investigation by the 2017 Annual Meeting.*

## FY17 Highlights and Accomplishments

A detailed review of a wide range of similar organizations highlighted that in addition to a full membership category a range of other membership types were commonly available. The subcommittee, with the agreement of the BOD, concluded that a more comprehensive review of the membership arrangements be pursued and that a set of draft proposals be tested with the membership at the Midyear Meeting. As a consequence of these consultations a number of changes to the original proposals discussed at the Midyear Meeting have been made.

The precicensure exam user member (PLEMB) terminology used at the Midyear Meeting should be simplified and a proposal for the use of new terminology, "exam user member" should be made.

The BOD also considered initial work on two other categories of membership namely, the *affiliate member* and *emeritus member*. However, on the basis of feedback received at the Midyear Meeting the BOD have decided not to bring proposals on these additional two categories of member to the FY17 Delegate Assembly. Instead, further work on the scope and limits of such categories will be undertaken in the coming year.

In addition to considering alternative membership categories, it was also noted that with the development of technology, the increase in mobility of professionals, and the increase in fraudulent credentials that full participation in digital platforms that facilitate the secure transfer of information between members should feature as a critical component in assuring public protection. At this time, NCSBN has the technology infrastructure to support such arrangements and the vast majority of our current members already fully participate in their use. Accordingly, a requirement for full participation in Nursys® by all member boards is proposed. A five-year period of transition for those member boards who are currently non-compliant with this requirement is set out in the proposed amendments to the Bylaws.

For clarification a comparative matrix of rights and responsibilities of current member boards, associate members and the new category of exam user members are included in Attachment A. Furthermore, on the request of members at the Midyear Meeting, work to delineate the differences and similarities between regulatory bodies that have single, double and triple mandates is included as a summary table in Attachment B. Finally, Attachment C contains a financial impact assessment of creating the new exam user member category.

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## **Committee Recommendations**

The subcommittee recommends:

- The creation of a new category of membership entitled “exam user member” and that required changes to the bylaws be brought before the FY17 Delegate Assembly.
- That full participation in Nursys be introduced as a requirement for full membership and that relevant changes to the bylaws be brought to the FY17 Delegate Assembly.
- That the BOD should give further consideration to two additional categories of membership, emeritus and affiliate, and consult upon these in the coming year.

**Attachment A**

**Revised Expanded Membership Rights and Responsibilities Matrix**

This matrix below only addresses the NCSBN Bylaws based Rights & Responsibilities.

A full review of Board Policies will also need to be conducted.

<b>Rights &amp; Responsibilities</b>	<b>Member Board</b>	<b>Exam User Member</b>	<b>Associate Member</b>	<b>Section</b>
(Single Mandate) Jurisdictional Board of Nursing	Yes	Yes	Yes	Qualifications information needs to be inserted into Article III Section 2 as relevant.
(Dual/triple Mandate) Jurisdictional Board of Nursing	No	No	Yes	
Use Applicable NCSBN Licensure Examinations	Yes	Must use one or more examination	No	
Cause Candidates for Licensure to Pay NCSBN the examination fee	Yes	Yes	No	
Execute a current terms and conditions (Member agreement)	Yes	Yes	No	
Comply with all agreed terms and conditions for NCLEX®	Yes	Yes	No	
Comply with all agreed terms and conditions for Nursys®	Yes	No	No	
Admission Decision	Delegate Assembly	Delegate Assembly	Delegate Assembly	Article III Section 5
Payment of Fees Set by Delegate Assembly (Make fees progressively advantageous for members)	Yes (\$0)	Yes (\$750)	Yes (\$1,500)	Privileges Article III Section 6
Vote on Bylaws	Yes	Yes	No	
Assist on development of prelicensure exam	Yes (with existing exclusions)	Yes (with existing exclusions)	No	Article IV Section 1
Part of Delegate Assembly	Yes (Two Delegates)	Yes (One Delegate)	Observer	Article IV Section 1
Petition for Special Session of Delegate Assembly	Yes	No	No	Article IV Section 5
Votes	Yes (Two)	Yes (One)	No	Article V Various sections
Elected or Appointed to the Board	Yes	Yes (Director-at-Large only)	No	Article VII Section 1(a)
Elected or Appointed to LSC	Yes	Yes	No	Article VIII Section 1(a)(i)
Delegate Assembly Meeting Participation	May Speak	May Speak	May Speak	Article VIII Section 1(c)
Attend Open Meetings of Board & Committees	Yes	Yes	Yes	Article X Section 1(a) Section 4(a)
Members of NEC	Yes	Yes	No	Article X Section 1(b) Section 4 (a)
Members of the Finance Committee	Yes	Yes	No	Article X Section 4(a)
Members of the Bylaws Committee	Yes	Yes	No	
Committee Membership	Yes	Yes	Yes	



Attachment B

# Matrix of Comparing Single, Double and Triple Mandate Regulators

Themes and associated characteristics relating to the three organizational mandates

Theme	Regulatory	Professional Organization	Trade Union
<b>Primary Purpose</b>	To protect the public	To advance the profession	To advocate for the nurse (member).
<b>Organizational Nomenclature</b>	Board, Body, Chamber, College, Commission, Council, Division, Order, Order.	Academy, Association, Body, College, Guild, Society.	Union, Syndicate, Society
<b>Membership Status</b>	Predominantly mandatory	Predominantly voluntary	Predominantly voluntary.
<b>Individual Designation</b>	Licensee, Registrant	Member	Member
<b>Coverage</b>	All those who are authorised to practice and/or use the protected title.	Principally those that have affiliated with the association but often seeks to speak for the profession as a whole.	Those that have affiliated with the union.
<b>Cultural Alignment</b>	Impartial and evidentiary approach empowered by legal & societal mandate	Advocate and promote profession	Represent and defend the nurse
<b>Rights and Responsibilities</b>	Curtailed to public protection	Broadly based and self-determined	Generally, curtailed to labor issues and employment matters.
<b>Typical Activities</b>	Set minimum licensure, practice, education and discipline standards, maintain register, enforce discipline.	Advocate for the profession, set aspirational standards, offer advanced credentials	Negotiate terms and conditions, promote positive work environments, protect and defend member rights.
<b>Principle Policy Focus</b>	Regulatory policy	Professional & health policy	Labour policy
<b>Source of Power</b>	Statute/Legislation	Numbers, Visibility, Influence, Position statements.	Numbers, Influence, collective bargaining, withdrawal of labor.
<b>Political Partisanship</b>	No	Sometimes	Usually
<b>Methods of Advocacy</b>	Often indirect or alternatively through formal consultative processes and limited to mandate.	Mostly direct and broadly based advocacy and uses a wide range of mobilization techniques.	Mostly direct, focused on benefits, worker's rights and conditions of service, use a wide range of mobilization techniques.
<b>Board Composition</b>	Primarily appointed	Elected	Elected
<b>Accountability</b>	To public via legislative/governmental structures	To members	To members
<b>Continuing Professional Development Purpose</b>	Continuing competence of the practitioner	Career progression and professional development	Benefit to the employee
<b>Continuing Professional Development Role</b>	Validate participation in approved offerings ensure licensee meet requirements.	Provide learning content/opportunities and offer accreditation of learning.	Provide Learning content/opportunities

## Expanded Membership Financial Impact Assessment

### Synopsis

The Finance Committee met on 6th of June, 2017 to consider the financial implications of the proposals being made to the Delegate Assembly in August 2017. As a result of a number of changes made by the Board of Directors (BOD) based upon feedback from members at the 2017 Midyear Meeting, a number of amendments to the calculations of impact were made. Set out below are the key points considered and the associated assessment.

### Potential influence on assets:

Strategic decisions on the use of assets are driven by the decisions of the Delegate Assembly and by the BOD. The proposed change would expand that decision making authority to include additional members (*exam user members*). Each exam user member would have one vote at Delegate Assembly. Current member boards will continue to have two votes at Delegate Assembly. Based on a projection of the maximum number of potential international members, exam user members would not be able to outvote the overwhelming strength of U.S.-based members.

### Tax Exempt Status:

NCSBN is a nonprofit organization exempt from federal income tax under IRS code 501(c) 3. The change in membership would not affect the tax exempt mission and purpose of the organization.

### Capital Investments to implement proposed changes in membership structure:

The change in the membership would not require the addition of new programs or services. The change would require providing support to additional members.

### Financial cost of extending support to Exam User Members:

NCSBN has made a significant investment in staff, technology, and facilities to provide its programs and services. The organization's operating budget for fiscal year 2017 totaled \$89 million. The most significant cost to support programs and services is fixed over a range of activity. The total cost is not directly correlated with the number of users. Because no new investment is needed in capacity, the cost to implement the proposed membership structure change would be limited to the incremental expense to extend support to additional members. To this point the BOD Subcommittee has identified three areas requiring additional costs:

- Reduction in revenue due to current associate members (annual membership fee: \$1,500) moving to exam user member status (proposed annual membership fee: \$750).
- Access to the resource fund.
- Financial support for one exam user member to attend Annual Meeting and Midyear Meeting.

At this time there are 10 Canadian Provinces using the NCLEX-RN® exam; however, only three of the organizations are single mandate and it is these that would be eligible to apply for exam user member status. The combined total cost to extend exam user member status to the three currently eligible associate members is projected to add approximately \$25,000 to the annual operating budget.

Even if the remaining NCLEX-RN exam using associate members, all Canadian PN boards and all of the other (31) members of OECD (all high-income countries that have a similar level of healthcare delivery development) were to opt to use the NCLEX® exam in English or French, this would represent a total of 43 additional members at a projected cost of \$400,000. This scenario is highly improbable, at least in the short term, since

- in the case of Canada, legislation would be needed to change the mandates of the boards to focus exclusively on public protection;
- the Canadian PN boards would need to decide to use NCLEX-PN®, and;
- the OECD countries would need to use either the English or French version of the exam (only four additional countries have English as their language of study and four have French as their language).

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**Assessment:**

1. Change will expand the decision making authority on use of NCSBN financial assets to include members other than U.S. nurse regulatory boards.
2. Change would not affect federal income tax exemption.
3. No new capital investment required to implement change.
4. Insignificant increase in annual operating expenses ranging from an expected \$25,000 to a high-end and unlikely long term projection of \$400,000.

## Members

Mark Majek, MA, PHR, SHRM-CP,  
Texas, Area III, Chair

Michelle Harker, Minnesota,  
Area II

Jason Owen, JD, Pennsylvania,  
Area IV

Joey Ridenour, MN, RN, FAAN,  
Arizona, Area I

Lori Scheidt, MBA-HCM; Board  
Liaison, MO, Area II

Myra Broadway, JD, MS, RN,  
Ex-Officio

## Staff

David Benton, RGN, PhD, FFNF,  
FRCN, FAAN, Chief Executive  
Officer

Ashby Rosenberger, Senior  
Manager, Executive Office

## Meeting Dates

- Dec. 6-7, 2017
- Jan. 23-24, 2017
- April 10-11, 2017

## Relationship to Strategic Plan

### Strategic Initiative C

The Bylaws Committee has direct relevance to the NCSBN Strategic Initiative C of the 2017-2019 NCSBN Strategic Plan that expands the active engagement and leadership potential of all members. The proposed recommended changes will expand NCSBN membership to include additional jurisdictions, expanding organizational engagement for current associate members. Proposed recommended changes also include revisions to the structure of the Leadership Succession Committee (LSC) in order to strengthen the committee's ability to advance the leadership potential of NCSBN members.

## Attachment

None

# Report of the Bylaws Committee

## Background

The Bylaws Committee was created by the Board of Directors (BOD) in fiscal year 2017 (FY17) and given the three charges indicated below. The committee convened in person three times.

**Charge 1:** Review and develop contemporary approach to LSC development and nomination process..

**Charge 2:** Investigate the implications of introducing new categories of NCSBN membership as proposed by the BOD Subcommittee.

**Charge 3:** Propose potential changes to NCSBN Bylaws accordingly.

## FY17 Highlights and Accomplishments

Highlights of FY17 Activities:

- The committee conducted research on nominating methods of like or similar organizations.
- The committee created a survey to explore the views of the membership on leadership succession and the structure and duties of the LSC; the survey was distributed to executive officers, board presidents, current NCSBN committee members and former delegates and alternate delegates to past NCSBN Delegate Assembly meetings.
- An executive summary of the survey results was created.
- Based on member feedback, the committee prepared alternative leadership succession models and concepts and presented them to the membership at the 2017 Midyear Meeting.
- The committee received recommendations on expanded membership from the BOD subcommittee. The subcommittee recommendations were discussed and feedback was provided to the BOD subcommittee.
- The committee came to consensus on charge number one and proposed changes to the bylaws with rationale accordingly.
- The committee reviewed and approved bylaw changes to be submitted to the BOD.

## ASSESSMENT

The proposed revisions to the bylaws allows for a hybrid LSC with the majority of members being elected by the Delegate Assembly and a minority of members appointed by the BOD to balance the committee with expertise and NCSBN seniority.

The proposed revisions to the bylaws regarding new NCSBN membership categories:

- address the charge given to the BOD at the 2015 Delegate Assembly;
- introduce two new categories of membership: Pre-Licensure Exam Member Boards (PLEMBs) and Emeritus Member; **(Subsequently the BOD renamed the PLEMBs as 'exam user members' and decided not to move forward with the emeritus member category)**
- provide for voting rights for the PLEMB category **(Subsequently renamed as 'exam user member' by BOD)** and a single position on the BOD **(Subsequently the BOD chose to recommend that exam user members would be eligible for Director-at-Large rather than a designated position);** and
- make a modification to the requirements for full membership regarding Nursys® participation.

## RECOMMENDATIONS FOR CONSIDERATION:

1. Review and develop contemporary approach to LSC development and nomination process.
  - a. Composition of the LSC – Would continue with seven committee members with four elected by Delegate Assembly and three appointed by the BOD.
  - b. Term of Office – A proviso creates a staggered election and appointment process for committee continuity.
  - c. Selection – Change from “election” since three members would be appointed. Also allows the BOD to continue to appoint the Chair who has past seniority with the BOD.
  - d. Limitation – No change.
  - e. Vacancy – Clarifies how an elected and appointed committee member vacancy can be filled.
  - f. Eligibility – Removed redundant language.
  - g. Duties – Remove the charge from the LSC regarding leadership development and allow the LSC to focus on identifying and recruiting highly qualified candidates.
2. Investigate the implications of introducing new categories of NCSBN membership as proposed by the BOD Subcommittee.

The committee provided feedback to the BOD Subcommittee, which was presented to the BOD at their May meeting. One area of overlap between charge number one and number two that needs to be considered is composition of the LSC whereby the BOD Subcommittee adds PLEMBs (**Subsequently renamed as ‘exam user members’ by BOD**) and the Bylaws Committee does not delineate the new category. However, since the proposal provides the opportunity for the BOD to appoint three persons to the LSC, the BOD could opt to select a person from a PLEMB (**Subsequently renamed as ‘exam user member’ by BOD**).

3. Propose potential changes to NCSBN Bylaws accordingly.

Although we do not have additional potential changes, we would recommend the BOD to look at a future charge regarding the following issues:

  - a. Voting procedure by Delegate Assembly for elected positions – preliminary data shows other like organizations using current technology to allow voting for elected positions prior to their annual meetings. This could possibly make our annual meetings more efficient and have more members run for office.
  - b. Consistency in bylaw language – as pointed out by our parliamentarian, we have some areas of inconsistent language in parts of our bylaws and other areas that should conform to Roberts Rules of Order.
  - c. Leadership development – if not delineated directly in the bylaws, would recommend the BOD develop a leadership pathway for member boards to recognize, recruit and develop leaders for NCSBN.

**Fiscal Impact:** Charge number one: None

Charge number two: See BOD Subcommittee Report

**NOTE: subsequent to the recommendations made by the Bylaws Committee as detailed above, the BOD proposed a number of changes. Please reference the BOD Report for the final summary of proposed bylaws amendments that will be voted on by the Delegate Assembly.**

## Members

Vicki Allen, RN, CLNC, Idaho, Area I, Chair

Kim Glazier, MEd, RN, Oklahoma, Area III

Mary Sue Gorski, PhD, RN, Washington, Area I

Sara A. Griffith, MSN, RN, North Carolina, Area III

Stacey Pfenning, DNP, APRN, FNP, FAANP, North Dakota, Area II

Julie Sabo, PhD, APRN, RN, CNS, Minnesota, Area II

Paula Schenk, MPH, RN, Kentucky, Area III

Margaret A. Sheaffer, JD, RN, Pennsylvania, Area IV

Brett B. Thompson, JD, Mississippi, Area III

Sharyl Toscano, PhD, MS, RN-CPN, Alaska, Area I

Adrian Guerrero, CPM, Kansas, Area II, Board Liaison

Theodore H. Poister, PhD, MPA, Consultant

## Staff

Lindsey Erickson, MS  
Manager, Special Projects,  
Research

## Meeting Dates

- Sept. 22–23, 2016
- Nov. 10–11, 2016 (small group)
- Jan. 11, 2017 (small group)
- Jan. 12–13, 2017
- Feb. 23–24, 2017

## Relationship to Strategic Plan

### Strategic Initiative E

Promote evidence-based regulation.

### Strategic Objective E2

Develop board of nursing performance measurement data.

## Attachment

- A. CORE Three-to-Five Year Plan

# Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee

## Background

CORE was developed in 1998 as a comparative performance measurement and benchmarking process for boards of nursing (BONs). Its purpose is to track the effectiveness and efficiency of nursing regulation nationally, as well as on an individual BON level, to assist BONs in improving program performance and providing accountability to higher levels of authority and the public.

The CORE project incorporates surveys of BONs, as well as three external stakeholder groups: (1) employers, (2) nursing education programs and (3) nurses, and three internal data sources: (1) Nursys, (2) Member Board Profiles and (3) NCLEX® examination data. Data has been collected through the CORE process seven times – fiscal year 2002 (FY02), FY04, FY07, FY09, FY12, FY14 and FY16.

In FY12, the CORE Committee redesigned the entire process with the purpose of providing highly valued and useful performance information to BONs. In order to accomplish this, the CORE Committee developed a logic model as their framework. The logic model takes the four pillars of nursing regulation, which are identified as practice, education, licensure and discipline and logically maps out how the different resources, activities, outputs and outcomes all lead to consumers receiving safe and competent care from nursing.

## FY17 Highlights and Accomplishments

The CORE Committee started FY17 with gathering feedback from executive officers (EOs) regarding the CORE surveys, CORE measures and CORE reports. Feedback received from the EOs was that the CORE surveys are complicated to fill out, the CORE reports are too long, and the CORE reports are not disseminated in a timely manner. The CORE Committee took the feedback into consideration when working on their FY17 charges.

**Charge 1:** Finalize the uniform performance data measures for the Nurse Licensure Compact (NLC) (carry over from FY16)

In FY16, the CORE Committee completed a logic model that mapped out the legal agreement of how the enhanced Nurse Licensure Compact (eNLC) protects the public from unsafe nurses. During the process of developing objective, standardized performance metrics for the eNLC, the CORE Committee met with the NLC Executive Committee to discuss the draft measures. They agreed that, due to the types of data the eNLC performance measures would utilize, it would be difficult to design the measures before certain elements of the eNLC had been finalized, such as eNLC Nursys reason codes, the audit checklists and eNLC Rules. The CORE Committee decided to wait until these details have been finalized before designing the performance measures. However, in order to collect data relevant to the eNLC in the FY18 data collection, the CORE Committee drafted questions to incorporate into the current stakeholder surveys about trans-jurisdictional practice, discussed reaching out to telehealth employers for data and identifying potential budget implications for a BON that might be tracked before and after joining the NLC.

**Charge 2:** Collect, report, and provide education regarding the FY16 CORE data

This year the CORE Committee adopted a new data collection and reporting timeline in order to disseminate CORE state reports to Executive Officers in a more timely manner. Stakeholder data was collected in July/August 2016 and BON data was collected in September 2016. The four state reports were disseminated between October and December 2017. This approach allowed the committee to disseminate the state reports approximately 10 months sooner than prior years. An aggregate national report was disseminated in April 2017. This year, the aggregate report featured additional statistical analyses of differences between board structures and trend data since 2009 and 2012.

The committee also took a different approach to educating members about CORE by focusing on examples of how CORE data has been successfully used by BONs to achieve important goals. A one-page flyer was created for the Midyear Meeting that displayed how various BONs had successfully used CORE data to help maintain their status as an independent board (Kansas), increase the BON authority and autonomy (Washington) and advocate for additional staffing resources (Georgia). So far, the committee has found this education approach to be successful, as five BONs have requested “customized” CORE reports to support their current needs.

In April 2017, NCSBN staff will educate new EOs on the CORE program and internal and external uses of CORE data at the EO Orientation at NCSBN. In August 2017, the committee will have a booth at NCSBN’s Annual Meeting for members connect, learn and ask questions with committee members on the CORE project.

**Charge 3:** Design an online portal that facilitates data collection and customized reporting for CORE data

The committee collaborated with NCSBN’s IT team to design a portal for members to create customized CORE reports. The portal will incorporate the data from BONs and stakeholder surveys, as well as measures using data from Nursys, NCLEX and Member Board Profiles. Users will be able to compare BON measures between compact and non-compact states, by board structure, area and size of board. The portal reports will also offer new types of statistical analyses such as tests for statistical significance. NCSBN’s IT team hired an outside consulting firm that started building the portal on May 1 and completed the work 30 days later. During this 30-day process, NCSBN’s IT team worked closely with the committee.

**Charge 4:** Develop a long-term plan to increase the utilization and impact of CORE data (Attachment A)

The committee developed a three-to-five year plan to ensure the CORE program helps BONs achieve operational excellence in protecting the public, an NCSBN FY17-19 strategic initiative. The goals of the plan are to improve the CORE measures, reporting system and increase participation in CORE by BONs and stakeholders. A major focus will be on ensuring CORE measures reflect efficiency and effectiveness of BONs, and incorporate the characteristics of performance measures and metrics identified in Regulation 2030 outcomes. In addition, more strategic approaches to stakeholder sampling and outreach to stakeholders about CORE data will be developed.

## **Future Activities**

Proposed CORE Committee Charges for FY18 include the following

1. Pilot the developed CORE portal to ensure completeness;
2. Identify and define performance competencies for key positions within board governance and operations and incorporate into the CORE project;
3. Redesign the BON survey questions about full time equivalents (FTEs) and budget to 1) ensure accuracy of reporting on BON efficiency measures 2) ensure comparability across boards, regardless of structure, and 3) reflect all aspects of BON functioning and resource utilization. The committee sees this as a large but crucial undertaking that will require additional staff work and external expertise. Some of the key steps are outlined below:
  - a. Review all BONs FTE reports and annual budget reports;
  - b. Identify commonalities and ways to best capture the entire workload and resource utilization by BONs;
  - c. Draft new question formats for FTE and budget reporting; and
  - d. Pilot new approach to budget and FTE data collection with boards.

## CORE Three-to-Five Year Plan

### CORE Three-to-Five Year Plan

In FY2012, the Commitment to Ongoing Regulatory Excellence (CORE) process was revamped to include a more systematic approach to gather reliable, actionable, and timely performance measures to support evidenced-based decision making by Boards of Nursing (BONs). However, as times continue to change, information technologies advance, and BON executive officer (EO) turnover remains high, the CORE process must evolve to maintain its commitment to state-of-the-art performance measurement. The CORE committee has consistently received feedback from members that they want to see more standardized and comparative data, the CORE reports are too complicated and long to read, and that response rates are too low. Due to this feedback and the changing in environment, the CORE committee has created a long-term plan that addresses these concerns and continues to support BONs in their efforts to achieve operational excellence and efficiency in protecting the public.

This three-to-five year plan comprises two overarching goals: 1) strengthen the CORE program by enhancing both the performance measures and the reporting platform, and 2) increase participation in CORE surveys by BONs and state-level stakeholders (nurses, employers, educators). The following four priorities encompass activities to achieve these goals.

#### **1. Strengthen CORE Performance Measures to Better Reflect Efficiency and Effectiveness of BONs in Protecting the Public**

To capture and reflect BON performance more accurately, the CORE program will include measures that are standardized, objective, evidence-based, meaningful, valid, and reflect real-time operations of BONs. Measures will also be incorporated that reflect governance, autonomy, and economic performance. Lastly, the CORE committee will begin to define performance competencies for key positions within BON governance and operations.

- The CORE Committee will continue to review existing CORE measures and identify self-reported data that could be captured from existing databases and reporting mechanism, Nursys, Member Board Profiles, NCLEX, and online databases.
  - The measures should be by-products of BON service delivery and functioning
  - The measures should reflect speed, accuracy, and rigor of regulatory functioning in the areas of licensure, education, and discipline
- To enhance the validity and reliability of critical measures related to economic efficiency as well as to ensure comparability of resource usage across all boards, the Committee will re-design both the budget and FTE sections of the CORE survey.
  - The redesign will be informed by a systematic process of reviewing BONs financial and FTE reports to understand the complete fiscal picture of the activities and personnel necessary to carry key functions that directly and indirectly help protect the public.
- Revisit the CORE Logic Model
  - Identify key areas of BON functioning that may be missing from the model, including internal and external governance, competence, and autonomy.
  - Identify measures that capture performance in the “Longer-Term Outcomes” logic model category, including HCAHPS data and nurse-sensitive outcome measures.



- Review BONs' annual reports to identify commonalities and important measures that CORE is not capturing.

## **2. Launch a New Reporting Portal for BONs to Generate Tailored Reports of Their CORE Measures**

To ease the burden of paging through four ~100-page reports of state-level CORE measures, the CORE committee engaged with NCSBN's IT team to design an online portal for customized CORE reporting. The portal will include the enhanced CORE performance measures as described above. Members will be able to create customized reports of the measures they are interested in at a given time and will be able to display them in a number of different ways.

- Members can select from comparison categories to compare their BON with others:
  - By structure (independent and umbrella)
  - By NLC (compact and non-compact)
  - By area (I, II, III, and IV)
  - By size (determined by number of licensees)
  - By measures in which their BON excels
- The reporting portal will also have the ability to include different levels of statistical analysis, including identification of when a BON is in the top or bottom 25% of all BONs in a certain measure, how close their BON is to the average of all BONs and whether a statistically significant different exists between their BON and an aggregate average of other BONs on certain measures.
- Prior to the launch of the CORE portal, the CORE committee will need to pilot the portal to confirm data is reported correctly, the comparison pieces are correct (structure, NLC, area, size, etc.), and user-friendliness.

## **3. Redesign Stakeholder Sampling Plan to Increase Participation**

The CORE Committee has utilized the same sampling strategies for the past four data collection cycles (1,500 nurses/jurisdiction, 300 employers/state, all education programs with an NCLEX code). However, the response rate from these three stakeholder groups are dropping: since FY2009, the response rate from nurses has dropped by 49%, employers has dropped by 45%, and educators has dropped by 55%. To increase the response rate to be representative of the population of stakeholders in each state, the committee will need to be strategic in its sampling, including more collaboration with BONs, greater use of online surveys, and creating and maintaining a database of stakeholders' emails and contact information.

- BONs may need to take on a greater role in the survey process
  - BONs may "push" the CORE survey to licensees in their state or, where allowed, BONs can share the nurse emails with the CORE committee for survey dissemination.
  - Ensure accurate mailing lists and contact information for CNOs and Deans/Directors of programs of nursing by asking BONs to send the Committee up-to-date email/ mailing list of these groups in their state.
    - Stakeholder groups may be more likely to open an email from their BON than from NCSBN.
- As more nurses and employers sign up for E-notify, surveys can be sent to the email addresses associated with their E-notify profile.

- Using emails will allow for reminders messages to be sent to non-responders
- For nurse employers, specifically, the committee will engage with nursing organizations and/or nurse employer organizations such as AONE and AHA state chapters to promote the survey to their members, as a way to encourage employers to complete the survey.
- For nurse educators, CORE will be cognizant not to send the survey during final exams, holiday breaks, or summer break.
- As contact information is collected for employers and educators, the Committee will maintain a database and continue to update it to ensure accurate contact information

#### **4. Outreach and Education for BONs and Stakeholder Groups**

To increase participation in CORE by both BONs and stakeholders outreach and education efforts must be more strategic and tailored to each group participating in CORE. For BONs, they must have a good understanding of what CORE is, how the data collection and reporting processes work, and how it can be of benefit to them. Stakeholders need to understand why they should bother responding to CORE surveys and how the performance of the BON relates to their work.

- Boards of Nursing
  - CORE will continue to have a booth at the NCSBN Annual Meeting for members to learn about CORE and ask questions to committee members. To make it easier to receive updates and information about CORE, members will scan their meeting QR code and be included on a CORE list serve to receive reminders on when data collection will be conducted, be notified when reports are being sent out, or new information is posted on the CORE webpage.
  - New EOs will receive information about the internal and external uses of CORE data at the annual NCSBN New EO Orientation session
  - NCSBN will develop a video library available on the CORE webpage that includes the following videos:
    - How to complete the CORE survey
      - Short, instructional videos will be available for each section of the CORE BON survey (discipline, licensure, education, administration, and budget)
    - How to read CORE reports
      - Short, instructional videos will be available to walk viewers through how to interpret each area of the CORE report
    - How CORE performance measures can assist your BON
      - A video will explain the internal and external uses of CORE data and provide examples of success stories from various BONs
  - CORE committee members or staff will participate in the regular NCSBN Knowledge Network calls to report on CORE data in the areas of discipline, education, and practice calls.
  - A Knowledge Network will be created for the CORE program
    - Members of any BON can learn about CORE, discuss issues with data collection or reporting, review survey results, and discuss ways CORE data can be leveraged or improved
  - Enhance the CORE webpage

- 
- The CORE webpage will include more information on CORE, including success stories to the CORE webpage, downloadable forms, and other resources for BONs
  - Stakeholders
    - Currently, stakeholders do not receive any results on the surveys they complete.
    - As a way to encourage continued participation on the CORE surveys, the CORE committee will create a report template for each stakeholder group (nurses, employers, and educators) that shares information on the CORE findings that year relevant to each stakeholder group
    - Certain CORE data can be shared with the public via social media, such as the NCSBN Twitter and Facebook pages.
    - The CORE committee can also create a public-facing webpage that provides information, education, and CORE data that are appropriate for public viewing.

## Members

Gloria Damgaard, MS, RN, FRE,  
South Dakota, Area II, Treasurer,  
Chair

Gayle Bellamy, North Carolina,  
Area III

Lois E. Hoell, MS, MBA, RN,  
Washington, Area I

Karen C. Lyon, PhD, MBA, APRN,  
NEA, Louisiana RN, Area III

Shan Montgomery, MBA,  
Mississippi, Area III

Lorena M. Silva, DNP, MSN-L,  
MBA, RN, Massachusetts, Area IV

Randolph L. Smith, MA, Kentucky,  
Area III

## Staff

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

## Meeting Dates

- Nov. 29, 2016
- Jan. 31, 2017 (Conference Call)
- April 27, 2017
- June 5, 2017
- July 27, 2017

## Attachment

- A. Report of the Independent  
Auditors FY16

# 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.

## FY17 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 ending Sept. 30, 2016. 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 ending June 30, 2016. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the financial statements and supporting schedules quarterly, 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 27, 2017) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2017. On June 5, 2017, the committee reviewed the financial impact of proposed changes in the NCSBN membership structure. The committee also reviewed current financial policies at the April 27, 2017 meeting.

# Report of the Independent Auditors FY16

## 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, 2016 and 2015 and the related statements of activities 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.

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

**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, 2016 and 2015 and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

*Planté & Moran, PLLC*

November 30, 2016



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

### **Statement of Activities**

	Year Ended	
	September 30, 2016	September 30, 2015
<b>Revenue</b>		
Examination fees	\$ 66,225,765	\$ 65,992,979
Other program services income	11,462,871	10,843,944
Net realized and unrealized gain (loss) on investments	10,120,396	(2,642,562)
Interest and dividend income	4,767,101	4,920,053
Total revenue	92,576,133	79,114,414
<b>Expenses</b>		
Program services:		
Nurse competence	54,640,000	54,906,399
Nurse practice and regulatory outcome Information	9,268,738	9,766,037
	9,859,513	8,196,852
Total program services	73,768,251	72,869,288
Support services - Management and general	3,912,307	4,031,526
Total expenses	77,680,558	76,900,814
<b>Net Increase</b>	14,895,575	2,213,600
<b>Unrestricted Net Assets</b>		
Beginning of year	194,845,306	192,631,706
End of year	<b>\$ 209,740,881</b>	<b>\$ 194,845,306</b>

See Notes to Financial Statements.



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

### Statement of Cash Flows

	Year Ended	
	September 30, 2016	September 30, 2015
<b>Cash Flows from Operating Activities</b>		
Increase in unrestricted net assets	\$ 14,895,575	\$ 2,213,600
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation and amortization	1,776,248	1,745,972
Net realized and unrealized (gain) loss on investments	(10,120,396)	2,642,562
(Increase) decrease in assets:		
Accounts receivable	(165,022)	(179,758)
Due from test vendor	152,913	(1,017,954)
Accrued investment income	23,595	11,954
Prepaid expenses	407,443	(331,623)
(Decrease) increase in liabilities:		
Accounts payable	(283,465)	195,034
Accrued payroll, payroll taxes, and compensated absences	71,189	(125,038)
Due to test vendor	(397,887)	2,601,777
Deferred revenue	76,274	(16,500)
Grants payable	135,832	468,322
Deferred rent credits	(149,495)	232,114
Net cash provided by operating activities	6,422,804	8,440,462
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(315,902)	(1,045,798)
Purchases of investments	(32,214,956)	(36,148,256)
Proceeds on sale of investments	27,806,990	31,702,657
Net cash used in investing activities	(4,723,868)	(5,491,397)
<b>Net Increase in Cash</b>	1,698,936	2,949,065
<b>Cash - Beginning of year</b>	33,143,787	30,194,722
<b>Cash - End of year</b>	<b>\$ 34,842,723</b>	<b>\$ 33,143,787</b>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Capital expenditures included in accounts payable	\$ -	\$ 86,517

See Notes to Financial Statements.

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

### **Notes to Financial Statements September 30, 2016 and 2015**

#### **Note 1 - Description of the Organization**

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 practice 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 to implement strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing healthcare environment to develop state and national strategies to impact public policy and regulation affecting public protection.

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

#### **Note 2 - Summary of 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 three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the assets. NCSBN does not have any temporarily or permanently restricted net assets.

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

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

### **Notes to Financial Statements September 30, 2016 and 2015**

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

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and royalty fees from the National Nurse Aide Assessment Program (NNAAP) and Medication Aide Certification Examination (MACE). Revenue is recognized when earned. Member dues are recognized over the membership period, licensure verification fees are earned when reports are requested, and publication sales are recognized when sold.

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

**Accounts Receivable** - Accounts receivable represent amounts owed to NCSBN for services dealing with board membership fees, meeting fees, and online course revenue. An allowance for doubtful accounts was not considered necessary as management believes all receivables are collectible.

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

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

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

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

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

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

### Notes to Financial Statements September 30, 2016 and 2015

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

**Financial Instruments** - NCSBN's financial instruments consist of cash, accounts receivable, due from test vendor, investments, accounts payable, accrued payroll, due to test vendor, and grants payable. Investments are carried at fair value as disclosed in Note 5. For the remaining financial instruments, the carrying value is a reasonable estimate of fair value because of the short-term nature of the financial instruments.

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

**Property and Equipment** - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the following estimated useful lives:

Furniture and equipment	5 - 7 years
Course development costs	2 - 5 years
Computer hardware and software	3 - 7 years
Leasehold improvements	Useful life or life of lease

**Intangible Asset** - The intangible asset represents the purchase of the intellectual property rights for the nurse aid certification examination and the medication aid certification examination for the National Nurse Aide Assessment Program. The investment is carried at cost and amortization is computed using the straight-line method over a 10-year period. Amortization expense for the years ended September 30, 2016 and 2015 was \$125,000 each year.

	2016	2015
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	(968,750)	(843,750)
Total	<u>\$ 281,250</u>	<u>\$ 406,250</u>

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

### Notes to Financial Statements September 30, 2016 and 2015

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

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

Due to test vendor includes accrued amounts totaling \$8,852,395 as of September 30, 2016 and \$9,203,267 as of September 30, 2015 for registered candidates who, as of year end, had not taken the exam. Also included is the amount payable to Pearson VUE for administered exams that had not been paid at the end of the year.

**Deferred Revenue** - Deferred revenue consisted of meeting and member fees totaling \$76,274 as of September 30, 2016. There was no deferred revenue as of September 30, 2015.

**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 six grants ranging in amounts from \$46,000 to \$298,000 during the current year.

As of September 30, 2016 and 2015, the amount remaining to be paid on grants awarded is as follows:

	2016	2015
Grants awarded in the current year	\$ 850,685	\$ 969,265
Grants awarded in the prior year	371,597	117,185
Total	<u>\$ 1,222,282</u>	<u>\$ 1,086,450</u>

**Deferred Rent Credits** - Deferred rent credits were established in conjunction with taking possession of new leased office space in 2003. The landlord abated a portion of the monthly rent and made cash disbursements to NCSBN in connection with the lease. These amounts are amortized to reduce rent expense over the term of the lease period ending January 31, 2013. The term of the lease was extended for the period beginning on February 1, 2013 and ending on April 30, 2022. The landlord agreed to reimburse NCSBN for tenant improvement costs related to the lease extension. These amounts will be amortized to reduce rent expense over the term of the lease period ending April 30, 2022.

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

### **Notes to Financial Statements September 30, 2016 and 2015**

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

**Functional Allocation of Expenses** - The costs of providing the program and support services have been reported on a functional basis in the statement of activities. Indirect costs have been allocated between the various programs and support services based on estimates, as determined by management. Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different amount.

**Statement of Cash Flows** - For purposes of the statement of cash flows, NCSBN considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions and petty cash. It does not include cash held for others.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 and other changes in net assets during the reporting period. Actual results could differ from those estimates.

**Subsequent Events** - NCSBN has evaluated subsequent events through November 30, 2016, which is the date the financial statements were available to be issued.

**Upcoming Accounting Changes** - The Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, in August 2016. ASU No. 2016-14 requires significant changes to the financial reporting model of organizations who follow FASB not-for-profit rules, including changing from three classes of net assets to two classes, net assets with donor restrictions and net assets without donor restrictions. The ASU will also require changes in the way certain information is aggregated and reported by NCSBN, including required disclosures about the liquidity and availability of resources. The new standard is effective for NCSBN's year ending September 30, 2019 and thereafter and must be applied on a retrospective basis. NCSBN is currently evaluating the impact this standard will have on the financial statements.

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

### **Notes to Financial Statements September 30, 2016 and 2015**

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

In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for NCSBN's year ending September 30, 2020. The ASU permits application of the new revenue recognition guidance to be applied using one of two retrospective application methods. NCSBN has not yet determined which application method it will use or the potential effects of the new standard on the financial statements, if any.

In February 2016, the Financial Accounting Standards Board issued 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 operations. 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, 2021 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 as not yet been determined.

#### **Note 3 - Income Tax**

NCSBN is exempt from income tax under provisions of Internal Revenue Code Section 501(c)(3). Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by NCSBN and recognize a tax liability if NCSBN has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by NCSBN and has concluded that as of September 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

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

### Notes to Financial Statements September 30, 2016 and 2015

#### Note 4 - Cash Concentrations

The cash balance as of September 30, 2016 and 2015 consisted of the following:

	2016	2015
JPMorgan Chase:		
Checking account	\$ 319,851	\$ 3,742
Savings account	18,817,988	17,288,105
Wells Fargo Bank - Checking account	-	543,081
Harris Bank - Money market account	15,334,433	15,242,944
Credit card merchant accounts	370,184	65,602
Petty cash	267	313
Total	<u>\$ 34,842,723</u>	<u>\$ 33,143,787</u>

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 NCBSN's assets measured at fair value on a recurring basis at September 30, 2016 and 2015 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 models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

NCSBN currently uses no Level 3 inputs.



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

### **Notes to Financial Statements September 30, 2016 and 2015**

#### **Note 5 - Fair Value Measurements (Continued)**

As of October 1, 2015, NCSBN implemented new guidance that changes the required disclosures for investments valued at net asset value (NAV) per share (or its equivalent) as a practical expedient. Previously, investments measured at fair value using the NAV practical expedient were classified in the fair value hierarchy based on the redemption features associated with the investment. Under the new guidance, investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient are no longer classified as a Level 2 or 3 investment in the fair value hierarchy below and the information for 2015 has been adjusted to conform to the new disclosure requirements.

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

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, 2016 and 2015, there were no such transfers.

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

### Notes to Financial Statements September 30, 2016 and 2015

#### Note 5 - Fair Value Measurements (Continued)

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2016	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	\$ 27,436,222	\$ -	\$ 27,436,222	\$ -
Treasury inflation-protected securities	8,079,695	-	8,079,695	-
Government agency obligations:				
Zero coupon bonds	600,518	-	600,518	-
U.S. agency fixed-rate notes and bonds	2,511,624	-	2,511,624	-
Federal Home Loan Mortgage Pool	384,534	-	384,534	-
Federal National Mortgage Association Pool	5,704,488	-	5,704,488	-
Government National Mortgage Association Pool	385,738	-	385,738	-
Other agency loan pool	9,246,128	-	9,246,128	-
Corporate bonds:				
Corporate bonds - Fixed	15,131,219	-	15,131,219	-
Corporate CMO	1,470,609	-	1,470,609	-
Corporate ABS	4,264,556	-	4,264,556	-
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,784,893	-	3,784,893	-
Developed market institutional fund	8,836,863	8,836,863	-	-
Institutional index fund	50,633,808	50,633,808	-	-
Small-cap Index-Institutional Fund	23,013,302	23,013,302	-	-
American EuroPacific Growth Fund	4,306,064	4,306,064	-	-
Total	165,790,261	\$ 86,790,037	\$ 79,000,224	\$ -
Investments measured at NAV:				
Real estate investment trust	9,933,294			
Total investments at fair value	\$ 175,723,555			

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

### Notes to Financial Statements September 30, 2016 and 2015

#### Note 5 - Fair Value Measurements (Continued)

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2015	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	\$ 27,129,337	\$ -	\$ 27,129,337	\$ -
Treasury inflation-protected securities	7,697,886	-	7,697,886	-
Government agency obligations:				
Zero coupon bonds	301,805	-	301,805	-
U.S. agency fixed-rate notes and bonds	2,332,441	-	2,332,441	-
Federal Home Loan Mortgage Pool	675,069	-	675,069	-
Federal National Mortgage Association Pool	5,825,978	-	5,825,978	-
Government National Mortgage Association Pool	463,093	-	463,093	-
Other agency loan pool	9,887,558	-	9,887,558	-
Corporate bonds:				
Corporate bonds - Fixed	15,460,993	-	15,460,993	-
Corporate CMO	1,305,850	-	1,305,850	-
Corporate ABS	1,855,036	-	1,855,036	-
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,917,790	-	3,917,790	-
Developed market institutional fund	8,178,052	8,178,052	-	-
Institutional index fund	43,872,466	43,872,466	-	-
Small-cap Index-Institutional Fund	20,018,491	20,018,491	-	-
American EuroPacific Growth Fund	3,971,927	3,971,927	-	-
	<u>152,893,772</u>	<u>\$ 76,040,936</u>	<u>\$ 76,852,836</u>	<u>\$ -</u>
Investments measured at NAV:				
Real estate investment trust	9,053,498			
Total investments at fair value	<u>\$ 161,947,270</u>			

Not included in the above table is \$2,147,978 and \$1,395,900 in money market accounts as of September 30, 2016 and 2015, respectively.

#### Level 1

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

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

### **Notes to Financial Statements September 30, 2016 and 2015**

#### **Note 5 - Fair Value Measurements (Continued)**

##### Level 2

**U.S. Treasury Notes and Bonds, Treasury Inflation-protected Securities Government Agency Obligations, and Corporate Bonds** - Fixed-income 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.

**Real Estate Investment Trust** - The estimated fair value of the real estate investment trust was based on net asset value, which is determined by reference to the fund's underlying assets and liabilities. NCSBN has a restricted redemption period of 90 days. NCSBN considers the 90-day period to be redeemable at September 30, 2016.

**International Equity Fund - Limited Liability Company** - The estimated fair value of the international equity fund was based on quoted market prices in an active market.

##### **Investments in Entities that Calculate Net Asset Value per Share**

NCSBN holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company. The investment below is valued at net asset value and there are no unfunded commitments as of September 30, 2016 and 2015.

	Fair Values as of September 30, 2016	Fair Values as of September 30, 2015	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
International equity fund:				
Real estate investment (a)	9,933,294	9,053,498	Quarterly	90 days
	\$ 9,933,294	\$ 9,053,498		

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

### Notes to Financial Statements September 30, 2016 and 2015

#### Note 5 - Fair Value Measurements (Continued)

- (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 of primarily 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 the net asset value at the last day of the calendar quarter immediately preceding the redemption date.

#### Note 6 - Property and Equipment

The composition of property and equipment as of September 30, 2016 and 2015 is as follows:

	2016	2015
Property and equipment:		
Furniture and equipment	\$ 2,004,639	\$ 1,991,152
Course development costs	765,806	744,501
Computer hardware and software	22,661,150	23,734,892
Leasehold improvements	1,852,695	1,852,695
Total	27,284,290	28,323,240
Less accumulated depreciation	(24,425,015)	(24,042,101)
Net property and equipment	<u>\$ 2,859,275</u>	<u>\$ 4,281,139</u>

Depreciation was \$1,651,248 and \$1,620,972 for the years ended September 30, 2016 and 2015, respectively. Amortization expense on the intangible asset is not included in the above amount.

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

### **Notes to Financial Statements September 30, 2016 and 2015**

#### **Note 7 - Operating Lease**

In 2011, NCSBN amended its current lease agreement for office space. The term of the lease is extended for the period beginning February 1, 2013 and will expire on April 30, 2022. The following is a summary by year of future minimum lease payments required under the office lease as of September 30, 2016:

Year Ending September 30	Amount
2017	\$ 656,426
2018	673,513
2019	690,600
2020	707,687
2021	724,774
Thereafter	428,597
Total	<u>\$ 3,881,597</u>

Rent expense for the years ended September 30, 2016 and 2015 was \$639,339 and \$622,252, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2016 and 2015 were \$508,153 and \$499,973, respectively.

#### **Note 8 - Retirement Plans**

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8 percent of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense was \$807,561 and \$768,410 for the years ended September 30, 2016 and 2015, respectively.

# Report of the Institute of Regulatory Excellence (IRE) Committee

## Background

The IRE Fellowship program, designed to contribute to the body of science of nursing regulation, is open to board of nursing (BON) members and staff, as well as associate members and staff, who study an area of interest in nursing regulation, conduct and write an integrative literature review, develop and implement a research study or project proposal, and disseminate the results through presentations and publication. Since the program requires knowledge of the research process, participants selected have a minimum of a graduate degree at the master's level. New cohorts of fellows are selected each year in October, with their fellowship officially beginning at the IRE conference held in January each year. During the time commitment of 3 ½ years in the program, the fellows participate in four IRE conferences on the themes of leadership and organizational development, public policy, public protection (disciplinary process) and continued competence. The fellows complete the research process through dissemination of their results in a poster presentation at the NCSBN Annual Meeting, which culminates in their receiving their Fellowship of Regulatory Excellence (FRE) certificates of completion and pins at the NCSBN Awards ceremony. There are currently 36 active participants in the IRE Fellowship Program.

The numbers of current participants in the IRE Fellowship program are as follows:

- Year 4 (2014 cohort, class of 2017): Six Fellows
- Year 3 (2015 cohort, class of 2018): Eight Fellows
- Year 2 (2016 cohort, class of 2019): 11 Fellows
- Year 1 (2017 cohort, class of 2020): 11 Fellows

## FY17 Highlights and Accomplishments

### Charge 1: Select 2017 IRE fellows and mentors and approve project proposals and final reports.

- Selected 10 new IRE fellows in the 2017 cohort group (class of 2020). One fellow from the 2016 cohort group moved into the 2017 cohort group.
- Approved project proposals of the 2015 cohort group (class of 2018).
- Conducted the IRE preconference and conference Jan. 25-26, 2017 in Clearwater, Fla., on the theme: *Practice Breakdown, Discipline and Patient Safety*, and reviewed conference evaluations.
- Review and approval of project proposals and reports is ongoing.

### Charge 2: Conduct an overall evaluation of the components of the IRE Fellowship Program, including the conference themes, with recommendations for change, if needed.

- The IRE Committee engaged in discussion as part of conducting an overall evaluation of the IRE Fellowship program, using a framework that evaluated each of the components of the IRE Fellowship program. The IRE Committee plans to continue to conduct this overall program evaluation, with the initiation of new strategies to start January 2018 as a pilot project. These new strategies are:
  - Time-frame: Change the time commitment for completion of the IRE Fellowship Program to a three-year comprehensive professional development program, which represents a time-frame of 2 ½ years, beginning with the 2018 IRE cohort group of fellows.

## Members

Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE, North Carolina, Area III, Chair

Natalie Baker, DNP, CRNP, RN, Alabama, Area III

Mary Baroni, PhD, RN, Washington, Area I

Cynthia Bienemy, PhD, RN, Louisiana-RN, Area III

Cynthia Gustafson, PhD, RN, Montana, Area I

Christine Penney, PhD, MPA, RN, FCCHL, CRNBC, British Columbia-RN, Associate Member

Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Pennsylvania, Area IV

Patricia A. Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, Ohio, Area II

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP, Nevada, Area I

## Staff

Linda L. Olson, PhD, RN, NEA-BC, FAAN, Senior Program Advisor, Nursing Regulation

Lindsey Gross, Coordinator, Research

## Meeting Dates

- Oct. 25-26, 2016
- Feb. 17, 2017
- March 30-31, 2017
- June 12, 2017

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective C5

Build the regulatory expertise of members through the IRE.

- Select 2017 IRE fellows and mentor and approve project proposals and reports.
- Conduct an overall evaluation of the components of the IRE Fellowship Program, including the conference themes, with recommendations for change, if needed.

## Attachments

None

- Curriculum: Change from a requirement to attend four annual IRE conferences to attendance at three annual IRE conferences and one additional conference, beginning with the 2018 cohort group of fellows.
- IRE Conference themes: Change the themes of the annual IRE conferences from Public Policy, Discipline, Continued Competence, and Leadership/Organizational Behavior. The themes will be: Leadership in the 21st Century, Education & Practice trends, and the Regulatory Environment and Governance. The fourth conference required will be for the fellows to attend one of the biennial Scientific Symposium conferences, which provides an additional way for fellows to learn about evidence-based regulation and research, as well as to disseminate their own research. The 2018 IRE Annual Conference will have the theme of Education & Practice Trends, and will be held Jan. 23-25, 2018 in San Francisco.
- Add the option of a group project for fellows with an interest in the same topic. In this situation, the mentor may be a member of the NCSBN research staff or nursing regulation staff, who will facilitate the coordination of the project or study. This will allow for the possibility of multisite projects/studies, which will potentially increase the generalizability of results.

The IRE Committee is continuing to conduct this overall program evaluation, with consideration of initiating a pilot of potential new strategies to start in January 2018.

#### **IRE Fellowship Program Status**

The purpose of the IRE is to prepare fellows to be leaders in nursing regulation who have expertise in evidence-based regulation, and the strategic goals are to: 1) expand the body of knowledge related to regulation through research and scholarly work; 2) develop the capacity of regulators to become expert leaders and 3) build a network of regulators to collaborate on research questions and improve regulatory practices and outcomes.

The current requirements and eligibility for participation in the IRE Fellowship Program are: 1) be currently involved in nursing regulation as a staff member or board member of an NCSBN member board or associate member board; 2) have a master's degree, doctorate or be enrolled in a graduate program; 3) have the support of the executive officer of their regulatory agency; 4) have a clearly delineated area of interest in nursing regulation and 5) have a minimum of three years remaining in their term as of the January 1 following their application (if a board member). Successful completion of the outcome requirements results in the designation of FRE.

#### **IRE Committee Charge Report**

Based on consistent participant feedback across all years of the program, a plan for revision of the length and sequencing of the program is under development as a pilot project. This will also allow for fellows to participate in a group project or research study.

#### **Conclusion**

The IRE Committee conducted an overall evaluation of the components of the IRE Fellowship program. Starting with the new fellows accepted to begin in January 2018, a pilot program that includes reducing the length of the fellowship program to three years will be implemented

#### **IRE Fellows**

The following will be inducted as Fellows of Regulatory Excellence (FRE) at the 2017 Annual Meeting, pending successful completion of IRE requirements:

- Jennifer Best, MN, RN, Practice Consultant, College of Registered Nurses of Nova Scotia
- Kerry Howell, MA, LPN, Board Member, College of Licensed Practical Nurses of British Columbia
- Lynn Miller, DNP, NP, Policy Consultant, College of Registered Nurses of Nova Scotia



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- Crystal Tillman, DNP, CPNP, RN, PMHNP-BC, Manager-Education and Practice, North Carolina Board of Nursing
  - Alison Wainwright, MSc, RN, Policy Research Coordinator, Policy, Practice and Quality Assurance, College of Registered Nurses of British Columbia
  - Cynthia York, MSN, RN, CGRN, Director, RN Practice & Credentialing, Louisiana State Board of Nursing

## **Future Activities**

### **FY18 Charges:**

- Select 2018 IRE Fellows and approve research/project proposals.
- Conduct an overall evaluation of components of the IRE Fellowship Program, including the conference themes, with recommendations for change if needed.

## Members

Paula S. Schenk, MPH, RN,  
Kentucky, Area III, Chair

Catherine Boden, MSN, RN,  
Alabama, Area III,

Angie Matthes, MBA, MHA, RN,  
North Carolina, Area III

Karen McCumpsey, MNSc, RN,  
CNE, Arkansas, Area III

Gregory N. Scurlock, District of  
Columbia, Area IV

Catherine Crews Woodard,  
Washington, Area I

## Staff

Kathleen Russell, JD, MN, RN,  
Senior Policy Advisor, Nursing  
Regulation

Esther White, MS, Coordinator,  
Nursing Regulation (Retired)

Kent Gowen, MAT, Coordinator,  
Policy, Nursing Regulation

## Meeting Dates

- Sept. 23, 2016
- May 26, 2017

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Initiative C3

Continue to identify and promote behaviors that transform how the boards define and accomplish value added work, and challenge innovative ways of getting things done.

## Attachments

None

# Report of the Investigator Training Committee

## Background

A primary function of boards of nursing (BONs) is to investigate complaints. This investigation must be sophisticated, expedient and thorough. Currently available investigator training courses do not address the unique characteristics of nursing investigations and the fundamental investigative techniques required for investigators of BON cases. No standardization exists; thus, current investigative training lacks consistency, comprehensiveness and specialization for BON cases. An investigator's training can influence the quality of investigations and is essential to public protection.

In fiscal year 2016 (FY16), the Investigator Training Committee completed a gap analysis, developed a business plan and a curriculum for training member board investigators. In FY16, the NCSBN Board of Directors (BOD) approved the business plan and the funding for biannual investigator training for two years.

## Highlights of FY17 Activities

- **Charge 1:** Conduct a gap analysis of currently available investigator training.
  - Completed in FY16.
- **Charge 2:** Develop a curriculum plan for investigator training for BON cases based on the gap analysis
  - Completed in FY16
  - NCSBN implemented the business plan and curriculum in the form of the Board of Nursing Investigator Training (BONIT). BONIT was held in Rosemont, Illinois on Oct. 11–13, 2016 and April 25–27, 2017.
    - Three committee members attended each of the trainings.
    - In October, 36 investigators with a variety of backgrounds (former nurse 56 percent, former law enforcement 35 percent, other 9 percent) attended.
    - In April, 39 investigators with a variety of backgrounds (former nurse 29 percent, former law enforcement 42 percent, other 29 percent) attended.
    - Evaluations of both the October and April BONIT were overwhelmingly positive.
      - 89-100 percent rating for program characteristics, specific comments included: engaging, useful to my work, should continue, enough time and physical arrangements conducive to learning.
      - Individual speakers received high to very high ratings.
      - Specific comments included: engaging and useful, well-planned, interesting, excellent, relevant, effective, engaging, balanced, exceptional, necessary, terrific and most informative.
      - Suggestions include more time for case studies and group work.
- **Charge 3:** Develop a business plan for recommendation to the BOD.
  - Completed in FY16 and approved by the BOD for biannual investigator training for two years.

## Future Activities

- BONIT is approved moving forward on a regular basis.

# Report of the Marijuana Regulatory Guidelines Committee

## Background

Currently 32 states (including the District of Columbia), Guam, Puerto Rico and all provinces/territories of Canada allow for the medical use of marijuana/cannabis. Eight states and the District of Columbia allow for various forms of legal or decriminalized recreational use of marijuana. The number of states allowing recreational use of marijuana continues to increase, and states are increasingly enacting marijuana related statutes.

Public health, nursing practice, science, legal, educational, ethical and social issues involving the use of either medical or recreational marijuana continue to evolve. The contradiction between the federal law classifying marijuana as a Schedule I substance, and various state laws that have legalized its use medically, recreationally or both presents significant challenges. Historically, this federal classification prevented open and unlimited research on marijuana. As a result, research on the efficacy of marijuana for treatment of certain medical conditions is limited and lacking. Current knowledge of marijuana's indications, dosage, route, safety, side effects and long-term effects is not evidence based to the same degree as FDA-approved medications. This limited evidence base has impeded educating nurses about marijuana.

The federal and state governments' divergent laws and perspectives, as well as the dearth of scientific research on marijuana's usefulness for many of the medical qualifying conditions noted in state medical marijuana laws, create complex regulatory issues for BONs. Given these issues, in 2016, the Board of Directors (BOD) determined that an NCSBN committee should be created to study the issues and develop guidelines and curricula recommendations that would assist BONs in managing regulatory issues related to medical and recreational marijuana.

## FY17 Highlights and Accomplishments

### Charge 1. Develop model guidelines for the APRN authorization of marijuana in patient care

- Reviewed the scientific literature for medical marijuana including benefits, risks, indications, route of delivery, therapeutic effect and side effects is completed.
- Completed a comprehensive analysis of qualifying conditions for medical marijuana based on state laws.
- Completed a comprehensive analysis of guidelines specific to the authorization of medical marijuana.
- A report to the BOD that incorporates all of the above is in progress.
- Development of the guidelines for APRN authorization/certification of qualifying conditions for medical marijuana is in progress.

### Charge 2. Develop model guidelines for APRN, RN and LPN care of patients using marijuana.

- Using the literature review from Charge 1, written guidelines for APRNs, RNs and LPNs caring for patients who use medical or recreational marijuana is in progress.

### Charge 3. Develop recommendations for marijuana-specific curriculum content in APRN education programs.

- A gap analysis was conducted of currently available training/certification (outside of entry-to-practice education programs) for health care providers who authorize medical marijuana. Eight courses for medical professionals who authorize/certify qualifying conditions for medical marijuana were identified; several are no longer available. The most commonly shared topics of these courses are history of cannabis, the endocannabinoid

## Members

Rene Cronquist, JD, RN, Minnesota, Area II, Chair  
Kaci Bohn, PhD, Arkansas, Area III  
Cathy Borris-Hale, MHA, RN, District of Columbia, Area IV  
Holly Fischer, JD, Ohio, Area II  
Diana Heywood, MN, RN, Manitoba, Associate Member  
James (Dusty) Johnston, JD, Texas, Area III  
Sherri Sutton-Johnson, MSN, RN, Florida, Area III  
Valerie Smith, MS, RN, FRE, Arizona, Area I, Board Liaison

## Staff

Maureen Cahill, MSN, RN, APN-CNS, Senior Policy Advisor, Nursing Regulation  
Kent Gowen, MAT, Coordinator, Policy, Nursing Regulation  
Kathleen Russell, JD, MN, RN, Senior Policy Advisor, Nursing Regulation

## Meeting Dates

- Oct. 17 – 18, 2016
- Dec. 15 – 16, 2016
- March 1 – 2, 2017
- May 3 – 4, 2017

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective C2

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

### Strategic Objective C4

Alert and support members to proactively address contemporary legal, environmental and social issues and challenges that impact nursing regulation.

## Attachments

None

system, methods of administration and physiological effects. Not all of the courses are based on clinical research.

- A gap analysis was conducted via survey regarding marijuana authorization-specific curriculum in APRN entry-to-practice education programs. There were 95 APRN programs that responded to the survey. Cannabis education is most often covered in pharmacology courses as a class of drug, although limited information on efficacy and dosing is included. The majority of programs offer cannabis content for less than one to three content hours in a required pharmacology course. Additionally, this content is usually only included by states that have medical marijuana statutes
- Using the literature review from Charge 1, as well as the survey data, development of the marijuana authorization-specific curriculum recommendations for APRN entry-to-practice education programs is in progress.

#### **Charge 4. Develop recommendations for marijuana-specific curriculum content in RN education programs.**

- A gap analysis was conducted via survey of marijuana specific curriculum in RN entry-to-practice education programs. There were 331 RN programs that responded to the survey. A majority of those programs offer cannabis content for less than one to three content hours in a required nursing course. Survey responses indicated that education related to medical marijuana disproportionately covers qualifying conditions, adverse effects, therapeutic effects, legal/ethical implications and substance abuse. These courses do not sufficiently cover the endocannabinoid system, dosage, preparations and drug interactions. This content is usually only taught by programs within states that have medical marijuana statutes.
- Using the literature review from Charge 1, as well as the survey data, development of marijuana-specific curriculum recommendations for RN entry-to-practice program curriculum is in progress.

#### **Charge 5. Develop model guidelines for assessing safeness to practice of licensees who use marijuana.**

- A survey of how BONs are currently addressing marijuana use in licensees and how BONs currently evaluate safeness for practice was completed and yielded results from 33 BONs. The results indicated:
  - No BON reported making changes to their safeness to practice assessments after medical/recreational marijuana legalization in their state.
  - Disciplinary cases involving a licensee's use of marijuana were infrequently related to medical marijuana use (13-19 percent of reported marijuana cases) and largely were related to legal or illegal recreational marijuana use (>70 percent of reported cases).
  - BONs are most concerned about how one can reliably determine impairment when a licensee tests positive for marijuana.
  - Additional BON concerns are related to licensees who test positive but claim their use was in a state where recreational marijuana is legal.
- A review of biological tests for marijuana and impairment revealed that there are no reliable and valid biologic tests that measure impairment or safeness to practice nursing.
- The reliability and validity of non-biologic measures to assess safeness to practice after a positive marijuana test are presently under investigation by the committee.

#### **Future Activities**

The Marijuana Regulatory Guidelines Committee will continue its work into year two of the committee appointments.

# Report of the NCLEX® Examination Committee (NEC)

## Background

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

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

## FY17 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY17.

FY17 charges:

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 member board's need for examinations.
2. Develop NCLEX prototype items that use technology enhanced item types focused on measuring clinical decision making/judgement.

## Joint Research Committee (JRC)

The JRC is composed of NCSBN and Pearson VUE 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 FY17 and focused on studies related to the Next Generation NCLEX (NGN).

- Missing data, multidimensionality and item calibration in NCLEX-RN;
- Evaluating technology-enhanced items for credentialing: methodological approaches to usability studies and cognitive labs;
- The use of evidence-centered design for developing a new edition of the NCLEX; and
- Comparative analysis of test design approaches for the next generation of the NCLEX assessments.

## NCSBN Examinations Department Internship Program

In 2017, NCSBN sponsored its fifth summer internship program for advanced doctoral students in educational measurement and related fields. The internship lasted eight weeks in June and July 2017 and was awarded to two advanced-level measurement graduate students. The selected interns participated in research under the guidance of NCSBN psychometrics staff and acquired practical experience working on licensure and certification exams. In addition, the interns worked on research projects that were presented to Examinations staff at the conclusion of the internship.

## Members

### NCLEX® Examination Committee

Betsy Houchen, JD, MS, RN, Ohio, Area II, Chair

Shirley Brekken, MS, RN, Minnesota, Area II

Anne Coghlan, MScN, RN, Ontario, Associate Member – Ex-Officio

Loraine Fleming, DNP, APRN, PMHNP-BC, Hawaii, Area I

Joy Ingwerson, MSN, RN, CNE, Oregon, Area I

Cynthia Johansen, MAL, MSc, British Columbia-RN, Associate Member – Ex-Officio

Lisa Renee Johnson, RN, LPN, Florida, Area III

Kimberly Miller, RN, MC, Minnesota, Area II

Deborah Swartz, MSN, RN, Vermont, Area IV

Rhigel "Jay" Tan, DNP, APRN, RN, GNP, ANP, PMHNP, Nevada, Area I

Crystal Tillman, DNP, RN, CPNP, North Carolina, Area III

### NCLEX® Item Review Subcommittee

Janzie Allmacher, MSN, RN, CEN, ACNS-BC, Virgin Islands, Area IV

Nina Almasy, MSN, RN, Texas, Area III

Kathleen S. Ashe, MSN, RN, CNE, Massachusetts, Area IV

Tracey Blalock, MSN, MBA, RN, NEA-BC, Georgia, Area III

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

Teresa Corrado, LPN, Washington, Area I

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

Diana O. Forst, MSBC, RNC, PCCN, OCN, Chemo, Florida, Area III

Becky Gladis, LPN, Minnesota, Area II

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

Myra Goldman, MSN, RN, Kentucky, Area III

Steven Higginson, MSN, Utah, Area I

Vicki Hill, MSN, RN, Alabama, Area III

Ramonda Housh, MNsc, APRN, CNP, C-PNP, Arkansas, Area III

Georgina R. Howard, MPA, RN, NE-BC, New York, Area IV  
Anna Hubbard, EdD, DNP, ARNP, CNE, Florida, Area III  
Kristin Husher, MSN, RN, Vermont, Area IV  
Keva S. Jackson-McCoy, MSN, RN, Maryland, Area IV  
Miriah L. Kidwell, MBA, RN, Kansas, Area II  
Marilyn Krasowski, EdD, MSN, RN, Minnesota, Area II  
Maryam Lyon, MSN, RN, CNN, Ohio, Area II  
June McLachlan, DNP, FNP, PHN, RN, Minnesota, Area II  
Teresita McNabb, MSHSA, RN, NE-A, CLNC, FACHE, Louisiana-RN, Area III  
Tammie Napoleon, DNP, APRN-RX, PPCNP-BC, Hawaii, Area I  
Lewis L. Perkins, DNP, APRN, GNP-BC, NEA-BC, Kentucky, Area III  
Catherine Prato-Lefkowitz, PhD, MSN, RN, CNE, Nevada, Area I  
Sherry Richardson, RN, CMSRN, Tennessee, Area III  
Darlene (Yolonda) Schulz, LPN, Montana, Area I  
Elizabeth Sherfy, RN, Tennessee, Area III  
Pamela Trantham, RN, CI, North Carolina, Area III

#### Staff

Philip Dickison, PhD, RN, Chief Officer, Examinations  
Jennifer Gallagher, Associate Director, Operations, Examinations  
Chelsea Kelley, Manager, Examinations  
Doyoung Kim, PhD, Senior Psychometrician, Examinations  
Betty Sanders, MBA, Test Development Manager, Examinations  
Anne Sayre, Operations Manager, Examinations  
Kristin Singer, MSN, RN, RN Test Development Associate, Examinations  
Ada Woo, PhD, Director, Measurement and Testing, Examinations

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

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

NCSBN began administering the 2017 RN and PN Continuous Practice Analysis online survey instruments in December 2016. Two forms of the electronic survey instrument were administered in all four periods for both RN and PN samples.

The two survey forms contained demographic questions and job task statements relevant to entry-level nursing practice. Invitations were sent via email and reminder emails were sent to nonresponders 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. Following each period, 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.

Currently, the 2017 RN and PN Continuous Practice Analysis survey administration is underway. Data collection for these surveys began in December 2016 and will continue through October 2017. The methodology and survey forms from the 2016 RN and PN Continuous Practice Analysis are being utilized for the 2017 surveys.

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

The triennial NCLEX-RN Practice analysis and Knowledge, Skills and Abilities (KSA) studies are currently underway. In November 2016, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level RN activity statements that form the basis of the *2017 NCLEX-RN Practice Analysis* and subsequent development of the *2019 NCLEX-RN Test Plan*. Launched in spring 2017, the NCLEX-RN Practice Analysis survey requested feedback from newly licensed nurses regarding the importance and frequency of the activity statements as it relates to client safety and decreasing client complications.

Simultaneously, the development and subsequent launch of the NCLEX-RN KSA survey is in progress. In December 2016, a separate SME panel met to develop a list of knowledge statements relevant to entry-level RN practice. The KSA survey requested newly licensed nurses as well as educators and supervisors who work with entry-level nurses to respond as it related to the importance of the knowledge statements in the delivery of entry-level RN care. Results obtained from the KSA study will be used to inform item development for the *2019 NCLEX-RN Test Plan*.

#### 2017 NCLEX-PN® Test Plan

The most recent triennial NCLEX-PN Practice Analysis study was completed in 2015. As a result, the *2017 NCLEX-PN Test Plan* was developed and subsequently approved during the NCSBN Annual Meeting in August 2016. On April 1, 2017, the *2017 NCLEX-PN Test Plan* along with the 2017 NCLEX-PN Passing standard of -0.21 logit became effective.

#### PN Standard Setting Workshop

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

A panel of SME's convened in Chicago from Sept. 7-9, 2016 to conduct a criterion-referenced NCLEX-PN Standard Setting Workshop. The SME panel was composed of nurses who represent



all four NCSBN geographic areas and practice in a variety of settings. In December 2016, the NCSBN BOD recommended that the NCLEX-PN passing standard remain unchanged at -0.21 Logit. The 2017 NCLEX-PN Passing Standard became effective April 1, 2017 along with the 2017 NCLEX-PN Test Plan.

### NCLEX® Alternate Item Types

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

### NCLEX® Test Center Enhancements

Pearson VUE opened three new Pearson Professional Centers (PPCs) in the U.S. in 2017. In addition, Pearson VUE expanded the number of seats at six test centers during 2017.

### Evaluated and Monitored NCLEX Examination Policies

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

## MONITORED CRITICAL ASPECTS OF EXAMINATION DEVELOPMENT

### Conducted NEC and NIRSC Sessions

To ensure consistency regarding the manner in which NCLEX items are reviewed before becoming operational, members of the NEC continue to chair NIRSC meetings. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items; and (2) provided direction regarding RN and PN multiple-choice and alternate format items. As an additional quality assurance measure, the subcommittee evaluates the accuracy of a random sample of all validations for pretest and master pool items scheduled for review.

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. At this time, the number of volunteers serving on the subcommittee is 30, 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.

### Monitored Item Production

Under the direction of the NEC, RN and PN pretest items were written and reviewed by NCLEX Item Development Panels. NCLEX Item Development Panels’ productivity can be seen in Tables 1 and 2. As part of the contractual requirements with the test service, 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 BON/RBs and candidates in the NCLEX Candidate Bulletin, candidate tutorial and on the NCSBN website.

## NCSBN Item Development Sessions Held At Pearson VUE

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 12 – March 13	4	45	1579	6	2970
April 13 – March 14	6	60	2047	7	4306
April 14 – March 15	4	40	1266	4	2700
April 15 – March 16	3	39	1688	4	2500
April 16 – March 17	5	49	2250	4	3024

### Meeting Dates

- Oct. 17-18, 2016 (NCLEX® Examination Committee Business Meeting)
- Dec. 12-14, 2016 (NCLEX® Item Review Subcommittee Meeting)
- Jan. 9-11, 2017 (NCLEX® Examination Committee Business Meeting)
- March 20-22, 2017 (NCLEX® Item Review Subcommittee Meeting)
- April 10-11, 2017 (NCLEX® Examination Committee Business Meeting)
- June 19-21, 2017 (NCLEX® Item Review Subcommittee Meeting)
- Aug. 7, 2017 (NCLEX® Examination Committee WebEx)
- Aug. 8-10, 2017 (NCLEX® Item Review Subcommittee Meeting)
- Sept. 18-20, 2017 (NCLEX® Item Review Subcommittee Meeting)

### Relationship to Strategic Plan

#### Strategic Initiative D

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

#### Strategic Objective D1

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

#### Strategic Objective D2

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

### Attachments

- A. Annual Report of Pearson VUE for the NCLEX®

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

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 12 – March 13	6	70	2570	12	5481
April 13 – March 14	6	57	1861	6	4343
April 14 – March 15	4	38	1367	4	2700
April 15 – March 16	4	40	1159	4	1875
April 16 – March 17	4	39	1821	4	2308

Pearson VUE continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

### Monitored Item Sensitivity Review

NCLEX Pretest Item Sensitivity Review procedures are designed to eliminate item wording that could be elitist, stereotypical, have different meanings for different ethnic or geographic groups or have an inappropriate tone. 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.

### Evaluated Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions conducted by the test service. NCLEX staff continues to oversee each panel. Overall, panelists and NCLEX staff in attendance have rated item development sessions favorably.

### Monitored Development of Operational NCLEX® Item Pools

NCSBN Examinations staff monitored 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 with regard to 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 with regard to 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 monitor performance of the NCLEX through these and other psychometric reports and analyses.

### BON/RB Review of Items

BONs/RBs 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 and comment for one of the following reasons: not entry-level practice, not consistent with the Nursing Practice Act/Administrative Rules or for other reasons. In October 2016, the committee reviewed the items referred from the April 2016 BON/RB Review. Additionally, in April 2017, items were reviewed from the October 2016 BON/RB Review. The committee provided direction on the resolution of each referred item. The NEC encourages each BON/RB to take advantage of the semi-annual opportunities to review NCLEX items. The October 2016 review consisted of 13 BONs/RBs (seven U.S. and six Canadian), an increase from 10 BONs/RBs during the October 2015 review. The April 2016 review consisted of 18 BONs/RBs (nine U.S. and nine Canadian), an increase from the 14 BONs during the April 2015 review. For the April 2017 review, there are 21 BONs/RBs (13 U.S. and 8 Canadian) scheduled to participate.



## **Item-related Case Reports**

Electronically filed case reports (formerly known as incident reports) may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff continue to investigate each case and report their findings to the NEC for decisions related to retention of the item.

## **MONITOR EXAMINATION ADMINISTRATION**

### **Monitored Procedures for Candidate Tracking: Candidate Matching Algorithm**

The committee continued to monitor 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.

### **Monitored the Security Related to Publication and Administration of the NCLEX®**

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

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

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

The NEC monitors compliance with the 30-/45-day scheduling rule. For the period of Jan. 1, 2016 to Dec. 31, 2016, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites exceed 80 percent capacity levels.

### **Responded to BON/RB Inquiries Regarding NCLEX Administration**

As part of its activities, the committee and the NCSBN Examinations department staff responded to BON/RB 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 A of this report.

### **Administered NCLEX® at International Sites**

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in BON/RB jurisdictions. Please see Attachment A of this report for the 2016 candidate volumes and pass rates for the international testing centers.

## **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 presented two sessions at the 2017 Association of Test Publishers (ATP) Innovations in Testing Conference in Scottsdale, Ariz., entitled “A Q&A Session with Experts to Overcome Test Development Challenges” and “Cheaters Say the Darnedest Things!: A Workshop on How to Prevent Test Taker Cheating” with testing industry colleagues. Staff also presented two sessions at the 2016 Europe ATP Conference, entitled “Peas in a Pod for Health Sector Professionals” and “Assessing Clinical Competence throughout Practitioners’ Career Span in Three Healthcare Professions.” These sessions were jointly presented with colleagues from the Australian Medical Council, the American Board of Pediatrics and the National Commission on Certification of Physician Assistants. The ATP is an organization representing providers of tests, assessment tools and services. Its annual and regional conferences provide venues where researchers and practitioners come together to improve practice and advance the field of testing and measurement.

Staff also co-presented two workshops with industry colleagues entitled “Managing Changes in Certification: Ensuring Relevance in Skills Assessments” and “Lost in Translation: Facilitating the Conversation between Psychometricians and Non-Psychometricians” at the Institute on Credentialing Excellence (ICE) Exchange Conference in Colorado Springs, Colo. ICE is a professional membership association that provides education, networking and other resources for organizations that serve the credentialing industry.

NCSBN Examinations staff presented the following research projects at the 2017 American Educational Research Association (AERA) and National Council of Measurement in Education (NCME) Annual Meetings in San Antonio: “New Stopping Rule of Computerized Adaptive Test”, “Evaluating Effectiveness of Standard Error of Score Estimation as a CAT Termination Criterion” and “Exploratory Text Analysis of DIF Items with Common Reference Groups”. AERA and NCME are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations.

In collaboration with the Pearson VUE psychometric team, staff presented “Model Comparison in the Presence of Highly Correlated Latent Traits: A Test of Dimensionality” at the 2016 Association of Psychological Science (APS) Annual Convention. The APS is a professional organization dedicated to the advancement of scientific psychology.

NCSBN Examinations staff published “Identifying and Investigating Aberrant Responses Using Psychometrics-Based and Machine Learning-Based Approaches” in the Handbook of Quantitative Methods for Detecting Cheating on Tests.

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

Additionally, as part of the department’s outreach activities, Examination content staff conducted seven sponsored NCLEX Regional Workshops. Regional Workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. NCLEX Regional Workshops were held between March 31, 2016 and April 1, 2017 in the following jurisdictions: Alabama, Georgia, Louisiana, North Carolina, Texas and Saskatchewan. These opportunities assist NCSBN’s Examinations department in educating stakeholders about the examination, as well as recruit for NCSBN item development panels.

### **NCLEX® Manuals**

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

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### **NCLEX® Candidate Bulletin and NCLEX® Information Flyer**

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

### **NCLEX® Conference**

Historically, the Examinations staff has coordinated and hosted an NCLEX Conference in order to provide BON/RBs, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2016 NCLEX Conference was held in Philadelphia on Sept. 12, 2016, with approximately 340 participants. The 2017 NCLEX Conference is scheduled for Monday, Sept. 25, 2017 in Rosemont, Ill.

### **NCLEX® Program Reports**

NCSBN Examinations staff monitors 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 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 BONs) through the NCLEX Quick Results Service. A candidate may go online to access their unofficial result 48 business hours after completing their examination. Currently, 47 U.S. BONs participate in offering this service to their candidates. In 2016, approximately 153,134 candidates utilized this service.

### **Future Activities**

- Continue to monitor 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.
- Evaluate ongoing international testing.
- Host the 2017 NCLEX Conference (Sept. 25, 2017).
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.

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## Attachment A

# Annual Report of Pearson VUE for the NCLEX®

Presented to NCSBN Board of Directors

For the reporting period January–December 2016

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## 1.0 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

## 2.0 EXECUTIVE SUMMARY

This report represents information gained during Pearson VUE's 14th full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to National Council of State Boards of Nursing, Inc. (NCSBN). This report summarizes the activities of the past year.

This report was prepared by Wendy Jackson, Kathy Spaltro, John Stahl, and Shu-chuan Kao, with input from other team members.

## 3.0 PEARSON VUE ORGANIZATIONAL CHANGES

Several staffing changes occurred during the Jan. 1 – Dec. 31, 2016, reporting period.

- In January 2016, Natalie Jorion, PhD, joined the NCLEX team as an Associate Psychometrician. She has a PhD in Learning Sciences from the University of Illinois at Chicago with a specialization in Educational Measurement and Statistics. For her dissertation, she designed an evidence-based diagnostic assessment of conceptual understanding and common misunderstandings in statistics. She also has a Master's degree from Northwestern University and a Bachelor's degree from the University of California, San Diego. Natalie's more than seven years of experience as a researcher and data analyst include posts at the Learning Sciences Research Institute, the University of Illinois at Chicago College of Nursing, Chicago Public Schools, and Market Probe. In addition, she taught undergraduate statistics for two years. She has authored more than 10 peer-reviewed publications. One of these papers was the 2015 runner-up for the Wickenden Award that recognizes the year's best paper published in the *Journal of Engineering Education*. In 2016, she was awarded a National Science Foundation data science fellowship to create visualizations of learner interactions in multimodal STEM games. Natalie is fluent in French with additional reading fluency in Spanish.
- In January 2016, Shrujal Soni joined the Pearson VUE NCLEX Content Development team as Systems Developer. Shrujal graduated in 2015 from DePaul University with his undergraduate degree in Management Information Systems and is a continuing student in the department's Master's program. He assists the Next Generation NCLEX team by creating the software code and scripts that support creating and piloting new item formats and prototypes.
- In February 2016, Tess Briones, RN, PhD, joined the Pearson VUE team as Content Developer for NCLEX. Tess reports to José Martinez Rodriguez, MSN, RN.
- In February 2016, Sunil Lamsal, PhD, joined the NCLEX team as Associate Psychometrician. At Southern Illinois University, Carbondale, Sunil studied educational measurement methods and applied statistics. His expertise and interest include Item Response Theory (IRT), Classical Test Theory (CTT), Differential Item Functioning (DIF), Applied Statistics, and Quantitative Research Methods. He is also a member of the Psychometric Society, the National Council on Measurement in Education, and the American Educational Research Association—SIGs/Educational Statisticians. He obtained his undergraduate degree in Computer Engineering and a Master's degree in Applied Mathematics. Sunil is fluent in Nepali and Hindi languages.
- In April 2016, Julie Stasko, RN, MSN, was promoted from Senior Content Developer, NCLEX, to Principal Content Developer, NCLEX.

- In June 2016, Pearson VUE restructured its NCLEX Content Development team to create two Supervisor roles filled by senior team members Latrice Johnson, RN, MSN, and José Martínez Rodríguez, RN, MSN. The restructuring was driven by Pearson VUE's increased workload incorporating Next Generation NCLEX research and development efforts; the promotions also reflected the increasing levels of responsibility and leadership Latrice and José had assumed over the past year.
- In July 2016, John Stahl, PhD, was promoted from Senior Psychometrician to Principal Psychometrician. John continues his role as part of the NCLEX and NNAAP support teams and reports to Joe Betts, PhD, NCSB, Manager, Psychometric & Research Services.
- In August 2016, Hillel Morris joined the NCLEX team as a Senior Statistical Analyst. He graduated magna cum laude with a Bachelor of Science degree in Business Data Processing from Northeastern Illinois University with a minor in Accounting. Hillel has more than 20 years of SAS programming experience, including posts at Hewitt Associates (now known as Aon Hewitt), as well as Anixter International; most recently, he spent the past 15 years at Chicago Public Schools doing statistical analysis and application development to support reporting needs. Hillel is fluent in Hebrew.
- In September 2016, Cassandra Land, RN, MSN, joined the Pearson VUE team as Content Developer, NCLEX, reporting to Latrice Johnson, RN, MSN.
- In September 2016, Luci Sabala, RN, MSN, left Pearson VUE. A replacement position was opened immediately.
- In October 2016, Emily Peterson, RN, MSN, joined the Pearson VUE team as Content Developer, NCLEX, reporting to José Martínez Rodríguez, RN, MSN.
- In October 2016, Jason Schwartz, MS, was promoted from Senior Director, Testing Services, to Vice President, Global Publishing and Client Services. Jason has played a senior role in Pearson VUE's NCSBN-related projects since 2010, and this role will continue. With the promotion, Jason now reports directly to Julie Miles, PhD, Vice President, Global Testing Services.
- In November 2016, Greg Applegate, PhD, resigned his position as Manager, Content Development, at Pearson VUE to assume the role of Director of Psychometrics for the National Registry of Emergency Medical Technicians in Columbus, Ohio.
- In December 2016, Karen Sutherland, RN, PhD, resigned her position as Principal Content Developer, NCLEX, to assume a senior position with the Oncology Nursing Society in Pittsburgh, Pennsylvania. Karen had spent the prior year contributing to Pearson VUE's work on Next Generation NCLEX.
- In December 2016, Gretchen Schlesinger, PMP, resigned her position as Project Manager, Next Generation NCLEX, to assume a project management position at NCSBN.

#### **4.0 TEST DEVELOPMENT**

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

#### **5.0 NCLEX® EXAMINATIONS OPERATIONS**

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

#### **6.0 MEASUREMENT AND RESEARCH**

The Joint Research Committee (JRC) met twice during 2016.

The JRC met at the NCSBN office in Chicago on March 11, 2016. In attendance were JRC members Ira Bernstein, Gage Kingsbury, and Steve Wise; NCSBN staff Doyoung Kim, Ada Woo, and Melissa Pomeroy; and Pearson VUE staff Betty Bergstrom and Joseph Betts. JRC guest researchers were also present: Neal Kingston, Alison Cheng, and April Zenisky. The meeting was devoted to project updates about the following topics:

- Review of the Next Generation NCLEX Multi-year Research Agenda and Ongoing Research Projects (Ada Woo)
- Review of the Revised Clinical Judgment Model (Doyoung Kim)
- Evaluating Technology Enhanced Items for Credentialing (April Zenisky)
- Test Design Approaches for the Next Generation of the NCLEX Assessment (Gage Kingsbury)
- Alternate Item Format, Low Motivation, and Dimensionality Assessment (Alison Cheng)
- NGN Status Update, Item Prototype Development Progress, and Prototype Demo (Joseph Betts)

The JRC met again at the NCSBN offices on Sept. 1, 2016. In attendance were JRC members Ira Bernstein, Gage Kingsbury, and Steve Wise; NCSBN staff Doyoung Kim, Ada Woo, and Xiao Luo; and Pearson VUE staff Betty Bergstrom and Joe Betts. JRC guest researchers were also present: Ying Cheng and April Zenisky. The JRC received updates on five ongoing projects:

- NCSBN Multi-Year Research Plan (Ada Woo)
- Missing Data, Multidimensionality, and Item Calibration in NCLEX-RN (Ying Cheng)
- Test Design Approaches for the Next Generation of the NCLEX Assessment (Gage Kingsbury)
- Pretest Design and Dimensionality Assessment (Ying Cheng)
- NGN Project Status Update (Joseph Betts)

The next JRC meeting will be held at the Pearson VUE office in Chicago on March 24, 2017.

## 7.0 PEARSON VUE MEETINGS WITH NCSBN

- Jan. 11–12, 2016      NCLEX® Examination Committee Business Meeting
- March 9, 2016        NCLEX Test Development Meeting
- March 14–16, 2016    NCSBN Midyear Meeting
- April 8, 2016        Next Generation NCLEX Research Symposium
- April 12–13, 2016    NCLEX Examination Committee Meeting
- April 14, 2016       Next Generation NCLEX Steering Committee Meeting
- April 15, 2016       Canadian NCLEX Implementation Team Meeting
- April 18, 2016       Canadian NCLEX Conference
- April 26, 2016       Next Generation NCLEX Steering Committee Meeting
- April 29, 2016       Next Generation NCLEX Status Meeting
- May 9, 2016          Next Generation NCLEX Steering Committee Meeting
- May 24, 2016        Next Generation NCLEX Steering Committee Meeting
- June 7, 2016         Next Generation NCLEX Steering Committee Meeting
- June 20, 2016        Next Generation NCLEX Content Review Meeting
- June 21, 2016        NCLEX Business Review Meeting
- June 28, 2016        Next Generation NCLEX Steering Committee Meeting
- July 19, 2016        Next Generation NCLEX Steering Committee Meeting
- Aug. 3, 2016         Next Generation NCLEX Steering Committee Meeting
- Aug. 16, 2016        Next Generation NCLEX Steering Committee Meeting
- Aug. 17–19, 2016    NCSBN Annual Meeting
- Aug. 26, 2016        Canadian NCLEX Implementation Team Meeting

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- Aug. 30, 2016      Next Generation NCLEX Steering Committee Meeting
  - Sept. 7, 2016      Next Generation NCLEX Executive Meeting
  - Sept. 15, 2016      Next Generation NCLEX Status Meeting
  - Sept. 21, 2016      NCLEX Test Development Meeting
  - Sept. 22, 2016      Next Generation NCLEX Steering Committee Meeting
  - Sept. 29, 2016      Next Generation NCLEX Status Meeting
  - Oct. 13, 2016      Next Generation NCLEX Status Meeting
  - Oct. 14, 2016      Next Generation NCLEX Steering Committee Meeting
  - Oct. 25, 2016      Next Generation NCLEX Steering Committee Meeting
  - Oct. 26, 2016      Next Generation NCLEX Item Prototype Review Panel
  - Nov. 1, 2016      Canadian Implementation Team Meeting
  - Nov. 7, 2016      Next Generation NCLEX Steering Committee Meeting
  - Nov. 10, 2016      Next Generation NCLEX Status Meeting
  - Nov. 29, 2016      Next Generation NCLEX Steering Committee Meeting
  - Dec. 1, 2016      Next Generation NCLEX Status Meeting
  - Dec. 6, 2016      Debrief on Canada Year 2
  - Dec. 13, 2016      Next Generation NCLEX Steering Committee Meeting
  - Dec. 15, 2016      Next Generation NCLEX Status Meeting

## **8.0 RECURRING MEETINGS AND CONFERENCE CALLS**

- Jason Schwartz and Phil Dickison meet in person biweekly in addition to conducting calls and other meetings on an as-needed basis.
- Jason Schwartz and Ada Woo meet in person biweekly in addition to conducting calls and other meetings on an as-needed basis.
- Jason Schwartz and Jennifer Gallagher meet in person biweekly in addition to conducting calls and other meetings on an as-needed basis.
- Marianne Griffin and Ada Woo hold weekly calls on NCLEX operations matters.
- Marianne Griffin and Anne Sayre meet biweekly regarding NCLEX operations matters.
- Marianne Griffin and Jennifer Gallagher meet biweekly regarding NCLEX operations matters.
- Phil Dickison and Tony Zara meet regularly by phone and in person.
- Betty Bergstrom, Joe Betts, Doyoung Kim, and Ada Woo meet regularly to discuss research issues.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff are held periodically as needed.
- Other visits and conference calls are conducted on an as-needed basis.

## **9.0 SUMMARY OF NCLEX® EXAMINATION RESULTS FOR THE 2016 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 2015, the overall candidate volumes were higher for the NCLEX-RN examination (about 1.36 percent) and lower for the NCLEX-PN examination (about 7.91 percent). The RN passing rate for the overall group was 0.30 percentage points higher



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for 2016 than for 2015, and the passing rate for the reference group was 0.05 percentage points higher for this period compared to 2015. The PN overall passing rate was higher by 1.54 percentage points from 2015, and the PN reference group passing rate was 1.81 percentage points higher than in 2015. 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 2016 testing year for the NCLEX-RN examination:

- Overall, 232,585 NCLEX-RN examination candidates tested during 2016, as compared to 229,467 during the 2015 testing year. This represents an increase of approximately 1.36 percent.
- The candidate population reflected 157,215 first-time, U.S.-educated candidates who tested during 2016, as compared to 157,958 for the 2015 testing year, representing a 0.47 percent decrease.
- The overall passing rate was 70.17 percent in 2016, compared to 69.87 percent in 2015. The passing rate for the reference group was 84.56 percent in 2016 and 84.51 percent in 2015.
- Approximately 44.61 percent of the total group and 48.76 percent of the reference group ended their tests after a minimum of 75 items were administered in 2016. This is slightly higher than in the 2015 testing year, in which 43.31 percent of the total group and 47.76 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 17.36 percent for the total group and 15.56 percent for the reference group in 2016. This is slightly higher than last year's figures of 17.19 percent for the total group and 15.07 percent for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2016 testing period was 2.69 hours for the overall group and 2.38 hours for the reference group (slightly shorter than last year's average times of 2.72 hours and 2.41 hours, respectively).
- A total of 60.77 percent of the candidates chose to take a break during their examinations in 2016 (compared to 60.54 percent last year).
- Overall, 3.52 percent of the total group and 1.58 percent of the reference group ran out of time before completing the test in 2016. These percentages of candidates timing out were higher for the total group but lower for the reference group than the corresponding percentages for candidates during the 2015 testing year (3.37 percent and 1.66 percent, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2016 testing period indicated patterns that were similar to those observed for the 2015 testing period. These results provide continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following points are candidate highlights of the 2016 testing year for the NCLEX-PN examination:

- Overall, 64,552 PN candidates tested in 2016, as compared to 70,097 PN candidates tested during 2015. This represents a decrease of approximately 7.91 percent.
- The candidate population reflected 47,349 first-time, U.S.-educated candidates who tested in 2016, as compared to 50,977 for the 2015 testing year (a decrease of approximately 7.12 percent).
- The overall passing rate was 70.58 percent in 2016 compared to 69.04 percent in 2015, and the reference group passing rate was 83.69 percent in 2016, as compared to 81.88 percent in 2015.
- There were 48.93 percent of the total group and 53.84 percent of the reference group who ended their tests after a minimum of 85 items were administered in 2016. These figures are slightly higher than those from the 2015 testing year, in which 47.68 percent of the total group and 51.75 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 20.10 percent for the total group and 17.69 percent for the reference group in 2016. These figures are slightly higher for the total group and for the reference group than last year's percentages (19.82 percent for the total group and 17.57 percent for the reference group).
- The average time needed to take the NCLEX-PN examination during the 2016 testing period was 2.45 hours for the overall group and 2.23 hours for the reference group (slightly shorter for the total group and for the reference group than last year's times of 2.48 and 2.26 hours, respectively).



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- A total of 61.05 percent of the candidates chose to take a break during their examinations in 2016 (compared to 61.98 percent last year).
  - Overall, 3.00 percent of the total group and 1.54 percent of the reference group ran out of time before completing the test in 2016. These percentages were slightly higher than last year's figures of 2.65 percent for the total group and 1.42 percent for the reference group.
  - In general, the NCLEX-PN examination summary statistics for the 2016 testing period indicated patterns that were similar to those observed for the 2015 testing period. These results provide continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

The NCLEX-RN examination has been used as the Registered Nurse licensing examination throughout Canada, except for the province of Quebec, since January 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2016 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 12,502 RN candidates tested in 2016, as compared to 11,690 RN candidates tested during 2015. This represents an increase of approximately 6.95 percent.
- The candidate population reflected 9,282 first-time, Canadian-educated candidates who tested in 2016, as compared to 8,966 for the 2015 testing year (an increase of approximately 3.52 percent).
- The overall passing rate was 76.27 percent in 2016 compared to 68.43 percent in 2015, and the first-time, Canadian-educated group passing rate was 80.20 percent in 2016, as compared to 70.34 percent in 2015.
- There were 48.75 percent of the total group and 53.10 percent of the first-time, Canadian-educated group who ended their tests after a minimum of 75 items were administered in 2016. These figures are higher than those from the 2015 testing year, in which 40.52 percent of the total group and 42.06 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 15.37 percent for the total group and 13.14 percent for the first-time, Canadian-educated group in 2016. These figures are lower for the total group and for the first-time, Canadian-educated group than last year's percentages (19.09 percent for the total group and 18.85 percent for the first-time, Canadian-educated group).
- The average time needed to take the NCLEX-RN examination during the 2016 testing period was 2.60 hours for the overall group and 2.38 hours for the first-time, Canadian-educated group (shorter for the total group and for the first-time, Canadian-educated group than last year's times of 2.73 and 2.60 hours, respectively).
- A total of 59.32 percent of the candidates chose to take a break during their examinations in 2016 (compared to 61.54 percent last year).
- Overall, 2.97 percent of the total group and 1.95 percent of the first-time, Canadian-educated group ran out of time before completing the test in 2016. These percentages were slightly higher than last year's figure of 2.80 percent for the total group and lower than last year's figure of 2.27 percent for the first-time, Canadian-educated group.
- In general, the NCLEX-RN Canadian English examination summary statistics for the 2016 testing period indicated patterns that were similar to those observed for the 2015 testing period. These results provide continued evidence that the administration of the NCLEX-RN English examination is psychometrically sound.
- 98.60 percent of the Canadian examinations were taken in English.

**Table 1: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2016 Testing Year**

	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Cumulative 2016	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	59,648	42,542	70,361	51,865	69,659	49,178	32,917	13,630	232,585	157,215
Percent Passing	70.45	83.59	74.12	87.44	72.56	84.38	56.14	77.31	70.17	84.56
Avg. # Items Taken	130.75	125.78	127.08	120.59	128.93	123.73	141.88	131.94	130.67	123.96
% Taking Min # Items	44.57	47.62	46.82	50.71	44.91	48.79	39.35	44.79	44.61	48.76
% Taking Max # Items	17.37	16.21	16.17	14.45	16.62	15.32	21.47	18.61	17.36	15.56
Avg. Test Time (hours)	2.77	2.50	2.50	2.19	2.63	2.39	3.11	2.66	2.69	2.38
% Taking Break	62.30	54.91	54.68	45.82	60.33	53.12	71.95	60.12	60.77	51.80
% Timing Out	3.68	1.83	2.79	1.04	2.89	1.55	6.15	2.95	3.52	1.58

**Table 2: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2015 Testing Year**

	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	54,675	39,688	69,164	51,519	71,679	52,292	33,949	14,459	229,467	157,958
Percent Passing	71.69	85.26	74.81	87.91	71.93	83.27	52.53	74.86	69.87	84.51
Avg. # Items Taken	130.02	123.17	126.02	118.48	132.53	127.41	138.60	129.88	130.87	123.66
% Taking Min # Items	43.67	47.51	47.17	52.13	41.83	44.82	37.97	43.55	43.31	47.76
% Taking Max # Items	16.75	14.64	15.65	13.46	18.17	16.58	18.98	16.54	17.19	15.07
Avg. Test Time (hours)	2.74	2.47	2.56	2.25	2.68	2.44	3.13	2.69	2.72	2.41
% Taking Break	60.94	53.80	55.52	47.09	59.86	53.29	71.54	59.75	60.54	51.99
% Timing Out	3.42	1.82	2.76	1.16	2.88	1.68	5.55	2.93	3.37	1.66

**Table 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2016 Testing Year\***

Operational Item Statistics										
	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Cumulative 2016	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.08	0.20	0.09	0.20	0.08	0.19	0.08	N/A	N/A
Avg. Item Time (secs)	75.21	25.59	70.87	25.17	73.72	28.04	80.41	32.44	N/A	N/A
Pretest Item Statistics										
# of Items	613		785		888		284		2,570	
Avg. Sample Size	663		605		559		477		589	
Mean Point-Biserial	0.08		0.08		0.08		0.11		0.08	
Mean P value	0.62		0.63		0.58		0.62		0.61	
Mean Item Difficulty	-0.46		-0.51		-0.12		-0.46		-0.36	
SD Item Difficulty	1.90		1.98		1.91		1.71		1.91	
Total Number Flagged	251		310		374		103		1,038	
Percent Items Flagged	40.95		39.49		42.12		36.27		40.39	

\*Data do not include research and retest items.

**Table 4: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2015 Testing Year\***

Operational Item Statistics										
	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.10	0.21	0.10	0.21	0.10	0.19	0.08	N/A	N/A
Avg. Item Time (secs)	76.55	23.83	72.78	22.50	73.83	22.54	78.33	22.41	N/A	N/A
Pretest Item Statistics										
# of Items	650		861		866		190		2,567	
Avg. Sample Size	380		508		506		684		488	
Mean Point-Biserial	0.09		0.09		0.09		0.09		0.09	
Mean P value	0.61		0.63		0.59		0.69		0.62	
Mean Item Difficulty	-0.34		-0.45		-0.22		-0.88		-0.38	
SD Item Difficulty	1.95		1.98		1.84		1.57		1.89	
Total Number Flagged	223		314		275		82		894	
Percent Items Flagged	34.31		36.47		31.76		43.16		34.83	

\*Data do not include research and retest items.

**Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2016 Testing Year**

	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Cumulative 2016	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	15,065	10,793	14,868	10,141	21,007	17,055	13,612	9,360	64,552	47,349
Percent Passing	68.66	82.60	67.18	83.20	77.20	86.60	66.18	80.19	70.58	83.69
Avg. # Items Taken	123.60	119.36	120.47	114.15	118.85	115.45	124.77	119.53	121.58	116.87
% Taking Min # Items	47.04	51.57	50.50	56.69	52.37	56.02	43.98	49.41	48.93	53.84
% Taking Max # Items	21.37	19.29	19.14	15.78	19.10	17.38	21.30	18.50	20.10	17.69
Avg. Test Time (hours)	2.55	2.33	2.44	2.16	2.28	2.11	2.63	2.40	2.45	2.23
% Taking Break	63.07	55.33	60.50	50.41	55.21	48.96	68.42	60.56	61.05	53.02
% Timing Out	3.23	1.97	3.13	1.35	2.10	0.95	3.97	2.30	3.00	1.54

**Table 6: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2015 Testing Year**

	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	16,138	11,881	16,014	10,943	22,754	18,030	15,191	10,123	70,097	50,977
Percent Passing	68.99	81.38	64.81	79.69	73.50	84.11	66.88	80.88	69.04	81.88
Avg. # Items Taken	121.65	118.62	120.94	116.18	119.70	116.03	125.53	120.24	121.70	117.50
% Taking Min # Items	46.62	49.47	49.10	54.19	49.39	53.11	44.75	49.35	47.68	51.75
% Taking Max # Items	19.25	17.57	19.61	17.23	18.53	16.72	22.57	19.43	19.82	17.57
Avg. Test Time (hours)	2.48	2.29	2.53	2.29	2.37	2.19	2.58	2.34	2.48	2.26
% Taking Break	62.75	55.72	63.44	54.77	57.30	50.86	66.62	58.70	61.98	54.39
% Timing Out	2.44	1.40	3.13	1.74	2.26	1.24	2.96	1.44	2.65	1.42

**Table 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2016 Testing Year\***

Operational Item Statistics										
	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Cumulative 2016	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.09	0.21	0.08	0.21	0.09	0.20	0.08	N/A	N/A
Ave. Item Time (secs)	70.76	21.79	70.99	24.45	68.25	23.35	72.58	22.07	N/A	N/A
Pretest Item Statistics										
# of Items	626		460		893		398		2,377	
Avg. Sample Size	423		470		477		522		469	
Mean Point-Biserial	0.11		0.12		0.1		0.13		0.11	
Mean P value	0.55		0.58		0.55		0.53		0.55	
Mean Item Difficulty	-0.10		-0.26		-0.08		-0.06		-0.12	
SD Item Difficulty	1.77		1.67		1.86		1.84		1.80	
Total Number Flagged	210		157		341		141		849	
Percent Items Flagged	33.55		34.13		38.19		35.43		35.72	

\*Data do not include research and retest items.

**Table 8: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2015 Testing Year\***

Operational Item Statistics										
	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.09	0.21	0.09	0.22	0.10	0.21	0.08	N/A	N/A
Ave. Item Time (secs)	72.60	21.10	74.16	25.51	70.15	21.54	71.29	23.63	N/A	N/A
Pretest Item Statistics										
# of Items	555		587		958		498		2,598	
Avg. Sample Size	369		446		453		466		436	
Mean Point-Biserial	0.10		0.13		0.11		0.11		0.11	
Mean P value	0.53		0.57		0.55		0.56		0.55	
Mean Item Difficulty	-0.10		-0.25		-0.11		-0.25		-0.17	
SD Item Difficulty	2.05		1.74		1.77		1.83		1.83	
Total Number Flagged	233		224		342		190		989	
Percent Items Flagged	41.98		38.16		35.70		38.15		38.07	

\*Data do not include research and retest items.

**Table 9: Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2016 Testing Year\***

Operational Item Statistics										
	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Total	
	English	French	English	French	English	French	English	French	English	French
Alberta	494	0	595	0	594	0	350	0	2,033	0
British Columbia	469	0	665	0	608	0	354	1	2,096	1
Ontario	872	7	1,264	8	2,270	12	1,133	5	5,539	32
Manitoba	66	0	184	0	147	1	245	0	642	1
New Brunswick	70	12	171	44	127	60	74	27	442	143
Newfoundland and Labrador	8	0	170	0	48	0	54	0	280	0

Northwest Territories and Nunavut	0	0	16	0	2	0	4	0	22	0
Nova Scotia	34	0	185	0	175	0	121	0	515	0
Prince Edward Island	22	0	48	0	4	0	4	0	78	0
Saskatchewan	167	0	180	0	311	0	196	0	854	0
Total	2,202	19	3,478	52	4,286	73	2,535	33	12,501	177

	Jan 16 – Mar 16		Apr 16 – Jun 16		Jul 16 – Sep 16		Oct 16 – Dec 16		Cumulative 2016	
	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED
Number Testing	2,202	1,483	3,479	2,751	4,286	3,527	2,535	1,521	12,502	9,282
Percent Passing	75.02	80.65	79.39	83.24	75.43	78.17	74.48	78.96	76.27	80.20
Avg. # Items Taken	127.35	120.22	122.01	116.91	122.36	118.78	132.63	122.31	125.22	119.03
% Taking Min # Items	47.28	52.80	51.51	55.4	49.44	51.77	45.09	52.33	48.75	53.10
% Taking Max # Items	15.94	13.69	14.23	12.54	14.07	12.87	18.62	14.33	15.37	13.14
Avg. Test Time (hours)	2.77	2.51	2.46	2.24	2.50	2.38	2.79	2.53	2.60	2.38
% Taking Break	63.35	57.59	54.53	48.09	58.00	54.61	64.62	56.87	59.32	53.52
% Timing Out	3.36	1.96	2.62	1.53	2.31	1.67	4.22	3.35	2.97	1.95

	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED	Overall	1st Time CA ED
Number Testing	1,419	1,211	3,642	3,171	4,087	3,228	2,542	1,356	11,690	8,966
Percent Passing	66.17	69.03	70.40	72.72	66.58	66.23	69.83	75.74	68.43	70.34
Avg. # Items Taken	130.68	131.00	132.58	132.10	138.99	139.37	136.31	125.61	135.40	133.59
% Taking Min # Items	42.21	41.87	42.06	42.48	39.27	39.37	39.38	47.64	40.52	42.06
% Taking Max # Items	16.42	16.93	18.70	18.64	21.19	21.93	17.78	13.72	19.09	18.85
Avg. Test Time (hours)	2.66	2.60	2.58	2.48	2.75	2.69	2.95	2.66	2.73	2.60
% Taking Break	58.84	57.47	57.99	54.71	61.85	59.67	67.62	58.48	61.54	57.44
% Timing Out	2.68	2.39	1.87	1.48	2.62	2.23	4.48	4.13	2.80	2.27

## 10.0 INTERNATIONAL TESTING UPDATE

Pearson VUE has a total of 250 Pearson Professional Centers (PPCs) in the United States and 28 PPCs internationally in Australia, Canada, England, Hong Kong, India, Japan, Mexico, Philippines, Puerto Rico, and Taiwan, for a total of 278 test centers globally.

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, 1/1/16-12/31/16<sup>1,2</sup>

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Alabama	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0
Alaska	7	0	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Arizona	54	0	2	1	0	0	2	5	1	5	2	0	1	0	0	0	1	0	0	0	1	0	0	0	0	21	0	0	12
California-RN	47	0	1	0	0	0	2	3	1	0	0	0	0	0	0	0	0	1	0	0	0	2	3	1	0	16	6	6	5
California-VN	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4	0	0	0	0
Colorado	95	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	5	0	0	21	0	0	0	33	28	0	5	
Connecticut	30	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	5	0	0	0	13	8	0	2	
Delaware	31	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	28	0	0	0	0
District of Columbia	7	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0	0
Florida	252	2	5	0	1	0	4	1	0	5	2	1	1	0	0	1	3	2	3	1	25	4	2	1	0	147	9	0	32
Georgia	10	0	1	1	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	4
Guam	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Hawaii	90	0	1	1	0	1	0	0	1	0	1	0	2	0	0	0	1	0	0	0	0	0	8	3	0	63	1	0	7
Idaho	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0
Illinois	805	2	3	7	2	0	5	8	3	4	5	2	6	5	1	1	11	80	23	0	38	4	1	0	0	581	1	0	12
Indiana	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Iowa	7	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0	1	0	1	0	0	0	0
Kansas	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Kentucky	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Maine	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maryland	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	28	0	0	0	0	2	0	0	0	0	0	1	0	0	1	3	2	0	1	1	2	0	0	0	0	10	1	0	4
Michigan	203	1	0	1	1	0	11	11	1	3	2	9	1	1	2	0	1	31	0	0	4	5	0	0	0	89	0	0	29

Table 12: NCLEX International Test Center Volume by Member Board, 1/1/16–12/31/16<sup>1,2</sup>

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Minnesota	331	1	0	18	17	9	43	56	11	14	16	12	33	19	10	7	1	0	0	0	2	2	0	0	0	41	0	0	19
Missouri	7	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	
Montana	5	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	
Nevada	34	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	25	0	1	1	
New Jersey	21	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	15	1	0	0	
New Mexico	706	2	0	2	1	1	3	1	8	1	3	0	8	4	0	0	14	1	7	4	70	18	2	1	544	0	0	11	
New York	1,590	10	13	15	8	5	17	26	14	9	6	3	4	14	1	2	123	16	10	3	4	15	135	316	0	68	170	43	
North Carolina	24	0	0	0	0	0	0	0	0	0	0	0	3	0	1	0	0	0	0	0	0	2	0	0	16	2	0	0	
North Dakota	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Northern Mariana Islands	831	0	0	3	0	0	3	4	4	0	0	0	4	4	1	1	16	1	0	0	3	3	2	2	774	0	0	6	
Ohio	9	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0	3	0	0	1	
Oklahoma	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Oregon	45	1	0	1	0	0	0	0	1	0	3	0	1	0	0	0	0	5	0	1	0	0	1	0	29	0	0	2	
Pennsylvania	28	0	1	0	0	1	2	1	0	1	0	0	0	0	1	0	3	1	0	0	0	2	2	0	1	10	1	1	
South Carolina	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tennessee	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Texas	755	2	1	3	0	1	5	5	3	3	2	2	2	6	2	1	9	25	18	0	37	16	0	1	569	3	0	40	
Vermont	8	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	0	1	
Virgin Islands	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	0	0	
Virginia	27	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4	0	1	0	3	0	3	
Washington	89	1	1	2	0	1	1	2	8	0	30	0	2	0	1	7	5	0	2	0	2	0	1	0	20	0	0	3	
West Virginia-PN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	

**Table 12: NCLEX International Test Center Volume by Member Board, 1/1/16–12/31/16<sup>1,2</sup>**

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Wisconsin	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	11	4	0	0
<b>Total</b>	<b>6,243</b>	<b>23</b>	<b>32</b>	<b>58</b>	<b>32</b>	<b>21</b>	<b>104</b>	<b>126</b>	<b>59</b>	<b>48</b>	<b>76</b>	<b>28</b>	<b>73</b>	<b>56</b>	<b>24</b>	<b>27</b>	<b>194</b>	<b>166</b>	<b>71</b>	<b>11</b>	<b>217</b>	<b>82</b>	<b>163</b>	<b>327</b>	<b>2</b>	<b>3,630</b>	<b>168</b>	<b>178</b>	<b>247</b>

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

**Table 13: NCLEX International Test Center Volume by Country of Education, 1/1/16–12/31/16<sup>3</sup>**

Country of Education	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Australia	20	5	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Bangladesh	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Barbados	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Belgium	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Brazil	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Canada	376	0	0	20	21	15	56	71	13	30	26	21	44	21	16	19	0	2	0	0	0	0	0	0	0	0	0	0	1
China	21	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	15	0	0	0	0	0	1	0	2	0	0	0	0
Columbia	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cuba	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Ethiopia	19	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	0	0	0	2	0
Finland	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Germany	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Ghana	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	1



Table 13: NCLEX International Test Center Volume by Country of Education, 1/1/16–12/31/16<sup>3</sup>

Country of Education	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Grenada	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guam	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Guyana	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Haiti	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hong Kong	13	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0
Hungary	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
India	366	2	0	10	1	1	1	16	4	5	13	3	2	13	4	1	0	156	40	5	47	32	0	0	0	0	0	1	9
Iran	6	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0
Ireland	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Israel	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Italy	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Jamaica	11	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Japan	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	3	0	0	0	0	0
Jordan	31	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	1	9	13	0	0	2	0	0	3	0
Kenya	151	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	28	0	119	2	0	0	0	0	0	0	0
Korea, South	628	1	3	0	1	1	4	2	7	0	3	0	1	3	0	0	73	1	0	0	0	2	122	313	0	5	0	78	8
Lebanon	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1
Lithuania	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malawi	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaysia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Mexico	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montserrat	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Table 13: NCLEX International Test Center Volume by Country of Education, 1/1/16–12/31/16<sup>3</sup>

Country of Education	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Nepal	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0
New Zealand	5	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	19	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	1	0	0	5	3	0	0	0	0	0	0	6
Norway	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Pakistan	7	0	0	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	
Palestine, State of	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	2	0	0	0	0	0	0	
Philippines	4,016	10	6	23	3	1	27	25	33	9	17	0	24	18	4	6	69	5	1	1	8	17	20	3	0	3,614	0	1	71
Portugal	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	
Puerto Rico	163	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	161	0	0	
Romania	4	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Saudi Arabia	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	4	
Sierra Leone	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Singapore	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	
South Africa	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Spain	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Sweden	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	
Taiwan	100	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	97	2	
Thailand	20	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	18	0	0	0	0	0	0	0	0	0	0	0	
Trinidad & Tobago	6	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Uganda	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	
Ukraine	4	0	0	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table 13: NCLEX International Test Center Volume by Country of Education, 1/1/16–12/31/16<sup>3</sup>

Country of Education	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
United Kingdom	67	0	3	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62
United States	82	0	2	1	2	0	3	1	1	2	16	2	1	1	0	1	1	0	0	0	0	3	10	8	1	2	0	21	
Uzbekistan	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Virgin Islands	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
Zambia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
<b>Total</b>	<b>6,243</b>	<b>23</b>	<b>32</b>	<b>58</b>	<b>32</b>	<b>21</b>	<b>104</b>	<b>126</b>	<b>59</b>	<b>48</b>	<b>76</b>	<b>28</b>	<b>73</b>	<b>56</b>	<b>24</b>	<b>27</b>	<b>194</b>	<b>166</b>	<b>71</b>	<b>11</b>	<b>217</b>	<b>82</b>	<b>163</b>	<b>327</b>	<b>2</b>	<b>3,630</b>	<b>168</b>	<b>178</b>	<b>247</b>

<sup>3</sup> Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

**Table 14: NCLEX® International Volume by Testing Center, 1/1/16–12/31/16<sup>4</sup>**

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
67712	Melbourne	Australia	23	1	0	1	2	2	1	0	4	6	3	1	2
50482	Sydney	Australia	32	2	0	3	3	2	1	2	4	3	4	6	2
50486	Burnaby	Canada	59	4	3	3	4	4	8	5	6	6	6	5	5
63110	Edmonton	Canada	58	2	3	3	4	5	4	7	7	6	8	4	5
50485	Montreal	Canada	32	3	3	0	3	2	3	4	6	1	3	1	3
57935	Ottawa	Canada	21	1	1	2	0	3	2	1	3	2	2	1	3
50484	Toronto	Canada	104	5	12	11	7	9	12	11	4	5	9	9	10
57936	Toronto (West)	Canada	126	9	4	6	13	9	14	16	11	14	10	7	13
69818	Hamilton	Canada	48	3	4	7	4	0	2	5	9	4	6	2	2
69825	Surrey	Canada	76	4	2	3	7	5	12	8	7	11	6	5	6
69826	London	Canada	28	2	2	3	2	2	1	4	3	2	3	1	3
69827	Calgary	Canada	73	6	4	5	11	5	1	11	5	5	6	5	9
69828	Winnipeg	Canada	56	3	3	5	6	5	8	5	6	2	4	6	3
69829	Halifax	Canada	24	1	1	1	0	0	4	2	6	2	2	4	1
69830	Saskatoon	Canada	27	1	4	2	0	2	4	2	1	2	6	3	0
50493	Hong Kong	Hong Kong	194	12	11	12	12	21	19	18	15	19	13	15	27
50497	Bangalore	India	166	11	11	8	25	11	23	11	17	7	12	16	14
50498	Chennai	India	71	1	2	5	8	7	8	0	15	7	10	4	4
50495	Delhi	India	82	6	2	5	2	10	10	5	2	12	11	9	8
50496	Hyderabad	India	11	0	0	1	1	4	0	0	1	0	0	1	3
50494	Mumbai	India	217	7	8	20	10	10	17	20	23	23	31	25	23
50500	Chiyoda-ku	Japan	163	9	12	6	9	14	15	24	14	13	18	15	14
57585	Osaka-shi	Japan	327	26	13	19	30	29	18	31	24	35	36	28	38
50503	Mexico City	Mexico	2	0	0	0	0	0	1	0	0	1	0	0	0
54555	Manila	Philippines	3,630	189	199	277	222	261	301	302	322	391	350	407	409
47108	Guaynabo	Puerto Rico	168	8	11	16	8	14	16	19	14	19	10	14	19
50506	Taipei	Taiwan	178	10	9	14	9	16	18	13	12	20	22	22	13
50140	London	United Kingdom	247	16	16	11	16	29	19	11	16	29	30	20	34
<b>Total</b>			<b>6,243</b>	<b>342</b>	<b>340</b>	<b>449</b>	<b>418</b>	<b>481</b>	<b>542</b>	<b>537</b>	<b>557</b>	<b>647</b>	<b>621</b>	<b>636</b>	<b>673</b>

**Table 15: NCLEX® International Volume by Pass/Fail Rate, 1/1/15–12/31/16<sup>5</sup>**

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)												
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
67712	Melbourne	Australia	23	7	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	2/0 (0.00%)	2/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	6/3 (50.00%)	3/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)
50482	Sydney	Australia	32	17	2/1 (50.00%)	0/0 (0.00%)	3/2 (66.67%)	3/2 (66.67%)	3/2 (66.67%)	2/1 (50.00%)	1/1 (100.00%)	2/1 (50.00%)	4/1 (25.00%)	3/2 (66.66%)	4/2 (50.00%)	6/4 (66.67%)	2/0 (0.00%)
50486	Burnaby	Canada	59	22	4/1 (25.00%)	3/2 (66.67%)	3/2 (66.67%)	4/2 (50.00%)	4/1 (25.00%)	8/3 (37.50%)	5/1 (20.00%)	5/1 (20.00%)	6/2 (33.33%)	6/3 (50.00%)	6/2 (33.33%)	5/1 (20.00%)	5/2 (40.00%)
63110	Edmonton	Canada	58	21	2/2 (100.00%)	3/0 (0.00%)	3/2 (66.66%)	4/2 (50.00%)	4/2 (50.00%)	5/1 (20.00%)	4/1 (25.00%)	7/2 (28.57%)	7/1 (14.29%)	6/3 (50.00%)	8/3 (37.50%)	4/2 (50.00%)	5/2 (40.00%)
50485	Montreal	Canada	32	20	3/0 (0.00%)	3/1 (33.33%)	0/0 (0.00%)	3/2 (66.67%)	3/2 (66.67%)	2/2 (100.00%)	3/2 (66.66%)	4/2 (50.00%)	6/5 (83.33%)	1/1 (100.00%)	3/2 (66.67%)	1/0 (0.00%)	3/3 (100.00%)
57935	Ottawa	Canada	21	13	1/0 (0.00%)	1/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	3/2 (66.67%)	2/2 (100.00%)	2/2 (100.00%)	1/0 (0.00%)	3/2 (66.66%)	2/2 (100.00%)	2/0 (0.00%)	1/1 (100.00%)	3/3 (100.00%)
50484	Toronto	Canada	104	50	5/2 (40.00%)	12/7 (58.33%)	11/6 (54.55%)	7/3 (42.86%)	9/4 (44.44%)	12/4 (33.33%)	12/4 (33.33%)	11/6 (54.55%)	4/3 (75.00%)	5/1 (20.00%)	9/6 (66.67%)	9/3 (33.33%)	10/5 (50.00%)
57936	Toronto (West)	Canada	126	46	9/3 (33.33%)	4/0 (0.00%)	6/3 (50.00%)	13/4 (30.77%)	9/4 (44.44%)	14/6 (42.86%)	16/7 (43.75%)	11/3 (27.27%)	14/5 (35.71%)	10/5 (50.00%)	7/2 (28.57%)	13/4 (30.77%)	
69818	Hamilton	Canada	48	24	3/1 (33.33%)	4/2 (50.00%)	7/3 (42.86%)	4/2 (50.00%)	0/0 (0.00%)	2/0 (0.00%)	5/4 (80.00%)	9/6 (66.67%)	4/4 (100.00%)	6/2 (50.00%)	2/0 (0.00%)	2/0 (0.00%)	
69825	Surrey	Canada	76	42	4/1 (25.00%)	2/0 (0.00%)	3/2 (66.67%)	7/5 (71.43%)	5/3 (60.00%)	12/10 (83.33%)	8/3 (37.50%)	7/4 (57.14%)	11/7 (63.64%)	6/3 (50.00%)	5/1 (20.00%)	6/3 (50.00%)	
69826	London	Canada	28	18	2/2 (100.00%)	2/2 (100.00%)	3/2 (66.66%)	2/2 (100.00%)	2/2 (100.00%)	1/1 (100.00%)	4/3 (75.00%)	3/1 (33.33%)	2/1 (50.00%)	2/1 (50.00%)	3/1 (33.33%)	1/1 (100.00%)	3/0 (0.00%)
69827	Calgary	Canada	73	32	6/2 (33.33%)	4/2 (50.00%)	5/2 (40.00%)	11/5 (45.45%)	5/3 (60.00%)	1/0 (0.00%)	11/6 (54.55%)	5/1 (20.00%)	5/4 (80.00%)	6/1 (16.67%)	5/1 (20.00%)	9/5 (55.56%)	
69828	Winnipeg	Canada	56	25	3/0 (0.00%)	3/0 (0.00%)	5/3 (60.00%)	6/2 (33.33%)	5/3 (60.00%)	8/4 (50.00%)	5/4 (80.00%)	6/3 (50.00%)	2/1 (50.00%)	2/1 (50.00%)	4/2 (50.00%)	3/1 (33.33%)	
69829	Halifax	Canada	24	15	1/1 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	4/3 (75.00%)	2/1 (50.00%)	6/4 (66.67%)	2/2 (100.00%)	2/1 (50.00%)	4/0 (0.00%)	1/1 (100.00%)	
69830	Saskatoon	Canada	27	14	1/0 (0.00%)	4/2 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	2/2 (100.00%)	4/2 (50.00%)	2/1 (50.00%)	1/0 (0.00%)	2/0 (0.00%)	6/4 (66.67%)	3/2 (66.66%)	0/0 (0.00%)	
50493	Hong Kong	Hong Kong	194	66	12/3 (25.00%)	11/6 (54.55%)	12/4 (33.33%)	12/5 (41.67%)	21/4 (19.05%)	19/7 (36.84%)	18/6 (33.33%)	15/5 (30.77%)	19/4 (21.05%)	13/4 (30.77%)	15/7 (46.67%)	27/11 (40.74%)	
50497	Bangalore	India	166	49	11/2 (18.18%)	11/4 (36.36%)	8/3 (37.50%)	25/8 (32.00%)	11/6 (54.55%)	23/5 (21.74%)	11/2 (18.18%)	17/5 (29.41%)	7/1 (14.29%)	12/7 (58.33%)	16/4 (25.00%)	14/2 (14.29%)	

**Table 15: NCLEX® International Volume by Pass/Fail Rate, 1/1/15–12/31/16<sup>5</sup>**

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50498	Chennai	India	71	32	1/0 (0.00%)	2/1 (50.00%)	5/1 (20.00%)	8/5 (62.50%)	7/3 (42.86%)	8/3 (37.50%)	0/0 (0.00%)	15/7 (46.67%)	7/2 (28.57%)	10/5 (50.00%)	4/4 (100.00%)	4/1 (25.00%)
50495	Delhi	India	82	28	6/3 (50.00%)	2/1 (50.00%)	5/2 (40.00%)	2/1 (50.00%)	10/1 (10.00%)	10/3 (30.00%)	5/1 (20.00%)	2/0 (0.00%)	12/5 (41.67%)	11/5 (45.45%)	9/4 (44.44%)	8/2 (25.00%)
50496	Hyderabad	India	11	1	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	4/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	3/0 (0.00%)
50494	Mumbai	India	217	119	7/2 (28.57%)	8/4 (50.00%)	20/9 (45.00%)	10/7 (70.00%)	10/5 (50.00%)	17/10 (58.82%)	20/9 (45.00%)	23/17 (73.91%)	23/14 (60.87%)	31/15 (48.39%)	25/14 (56.00%)	23/13 (56.52%)
50500	Chiyoda-ku	Japan	163	66	9/4 (44.44%)	12/4 (33.33%)	6/1 (16.67%)	9/0 (0.00%)	14/4 (28.57%)	15/9 (60.00%)	24/12 (50.00%)	14/3 (21.43%)	13/7 (53.85%)	18/10 (55.56%)	15/6 (40.00%)	14/6 (42.86%)
57585	Osaka-shi	Japan	327	154	26/14 (53.85%)	13/9 (69.23%)	19/12 (63.16%)	30/12 (40.00%)	29/17 (58.62%)	18/5 (27.78%)	31/11 (35.48%)	24/9 (37.50%)	35/18 (51.43%)	36/15 (41.67%)	28/14 (50.00%)	38/18 (47.37%)
50503	Mexico City	Mexico	2	0	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
54555	Manila	Philippines	3,630	1,667	189/78 (41.27%)	199/83 (41.71%)	277/124 (44.77%)	222/106 (34.38%)	261/100 (38.31%)	301/143 (47.51%)	302/130 (43.05%)	322/146 (45.34%)	391/168 (42.97%)	350/176 (50.29%)	407/232 (57.00%)	409/181 (44.25%)
47108	Guaynabo	Puerto Rico	168	37	8/2 (25.00%)	11/1 (9.00%)	16/7 (43.75%)	8/0 (0.00%)	14/7 (50.00%)	16/2 (12.50%)	19/2 (10.53%)	14/4 (28.57%)	19/3 (15.79%)	10/0 (0.00%)	14/5 (35.71%)	19/4 (21.05%)
50506	Taipei	Taiwan	178	73	10/4 (40.00%)	9/3 (33.33%)	14/4 (28.57%)	9/4 (44.44%)	16/6 (37.50%)	18/7 (38.89%)	13/8 (61.54%)	12/3 (25.00%)	20/10 (50.00%)	22/9 (40.91%)	20/10 (50.00%)	13/5 (38.46%)
50140	London	United Kingdom	247	111	16/8 (50.00%)	16/9 (56.25%)	11/6 (54.55%)	16/1 (6.25%)	29/12 (41.38%)	19/10 (52.63%)	11/6 (54.55%)	16/6 (37.50%)	29/13 (44.83%)	30/16 (53.33%)	20/8 (40.00%)	34/16 (47.06%)
	<b>Total</b>	<b>Total</b>	<b>6,243</b>	<b>2,769</b>	<b>342/137 (40.06%)</b>	<b>340/144 (42.35%)</b>	<b>449/203 (45.21%)</b>	<b>418/180 (43.06%)</b>	<b>481/193 (40.12%)</b>	<b>542/243 (44.83%)</b>	<b>537/228 (42.46%)</b>	<b>557/244 (43.81%)</b>	<b>647/284 (43.89%)</b>	<b>621/296 (47.67%)</b>	<b>636/329 (51.73%)</b>	<b>673/288 (42.79%)</b>

<sup>5</sup> Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

# Report of the NCSBN Standards Development Committee

## Background

In 2012, the Board of Directors (BOD) and NCSBN staff began discussing the benefits of introducing the notion of standardizing steps and activities in the processes of licensure. It was felt that such focus and accomplishment would lend great credence to the overall process and ensure the accomplishment of the overarching goals of patient safety and public protection.

NCSBN reached out to the American National Standards Institute (ANSI) for direction and guidance. ANSI is the administrator and coordinator of the U.S. private sector voluntary standardization system. ANSI is the U.S. member to the International Standards Organization (ISO). Founded in 1918, ANSI's primary goal has been the enhancement of global competitiveness of U.S. business and the American quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems. ANSI empowers its members and constituents to strengthen the U.S. marketplace position in the global economy while helping to assure the safety and health of consumers and the protection of the environment. ANSI currently represents the interests of its nearly 1,000 company, organization, government agency, institutional and international members.

ANSI facilitates the development of American National Standards (ANS) by accrediting the procedures of standards developing organizations (SDOs). These groups work cooperatively to develop voluntary national consensus standards. Accreditation by ANSI signifies that the procedures used by the standards body in connection with the development of ANS meet the Institute's essential requirements for openness, balance, consensus and due process.

After a rigorous application process, NCSBN was granted accreditation as a SDO by ANSI on Nov. 15, 2013.

NCSBN believes that by achieving SDO Accreditation, it will be able to further advance its mission by:

- Focusing on the protection of the public through evidence based standards;
- Addressing the future of nursing through inclusivity and consensus building;
- Achieving public awareness;
- Demonstrating leadership in nursing regulation and nurse licensure;
- Influencing government regulation through ANSI participation and visibility; and
- Evolving regulatory models.

In response to our accreditation by ANSI, the BOD engaged in a dialogue around what would be a first process to consider for standardization. After careful debate they chose criminal background checks (CBCs).

The profession of nursing requires a high degree of skill and responsibility. Often, nursing involves working with vulnerable individuals who rely on boards of nursing (BONs) to assure that health care providers are safe and competent. The level of trust that comes with the practice of nursing coupled with the ease of mobility between jurisdictions requires BONs to be vigilant in properly assessing the qualifications of nurses. One step in this process is the utilization of fingerprint-based state and federal CBCs for nurses upon application for initial, endorsement, reinstatement and renewal of licensure to assure individuals with criminal histories are screened for their ability to safely practice nursing.

The BOD also chose to identify and form a committee, the NCSBN Standards Development Committee (NSDC), with a formal charter, to further exercise influence and coordinate NCSBN's efforts. As committee chair they named Nathan Goldman, a seasoned committee leader.

## Members

Nathan Goldman, JD, Kentucky, Area III, Chair

Peggy Benson, MSN, MSHA, NE-BC, Alabama, Area III

Amy Fitzhugh, JD, North Carolina, Area III

Tara Hulseley, PhD, RN, CNE, FAAN, West Virginia-RN, Area II

Ruby Jason, MSN, RN, NEA-BC, Oregon, Area I

Linda Kmetz, PhD, RN, Pennsylvania, Area IV

Barbara McGill, MSN, RN, Louisiana-RN, Area III

Linda Young, MS, RN, FRE, BC, South Dakota, Area II

## Staff

Greg Pulaski, MS, PMP, SSBB, Director, Performance Measurement and Standard Setting

## Meeting Dates

- Sept. 27–28, 2016
- Jan. 31–Feb. 1, 2017
- May 2–3, 2017

## Relationship to Strategic Plan

### Strategic Initiative A

Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

- NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind, NCSBN needs to be on the cutting edge of knowledge regarding regulatory relevance in health care. It must play a lead role at the national level in support of state-based licensure. It must also be aware of current trends, have direct lines of communication with its stakeholders, and be able to sort through multiple dimensions of data and information.

### Strategic Objective A3

Help the boards of nursing achieve operational excellence and efficiency.

- Develop standards for nursing licensure that require expediting verification of licensure by endorsement, and develop standards for nursing licensure that incorporate reporting of disciplinary actions to a shared nursing data base. Through these standards, NCSBN contributes to public protection and effectiveness by obtaining thorough information on applicants and making informed decisions about licensure.

#### Strategic Objective C2

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

- NCSBN believes that establishing a national standard for licensure requirements is necessary to assure that health care providers are safe and competent.

#### Attachments

- A. 2015 NCSBN 001
- B. 2016 NCSBN 002
- C. 2016 NCSBN 003

On Aug. 11, 2015, NCSBN was granted American National Standard status for CBCs by ANSI (NCSBN 001) (see Attachment A).

### FY17 Highlights and Accomplishments

While meeting three times during FY17, the NSDC focused on the following charge: Develop standards for regulation regarding licensure, investigations, discipline and education.

After gaining knowledge, learning and becoming familiar with the ANSI process from the work with CBCs, discussions with the BOD and other stakeholders, it was decided that the two following standards should be next for the NSDC to pursue: Reporting of Disciplinary Actions by Boards of Nursing (NCSBN-002) (see Attachment B), and Primary Source Verification of Licensure by Endorsement (NCSBN-003) (see Attachment C).

On Dec. 2, 2016, ANSI approved these two as American National Standards.

#### NEXT STEPS

The NSDC continues to follow the standardization process below. The timeline is included for illustrative purposes.

- |  |         |
|--|---------|
| ■ BOD agrees on standard(s) to pursue                      | 5/2016  |
| ■ Convert to a committee charge                            | 5/2016  |
| ■ Identify new committee members and orient them as needed | 9/2016  |
| ■ Conduct first NSDC meeting                               | 1/2017  |
| ■ Define draft standards                                   | 1/2017  |
| ■ Conduct second NSDC meeting                              | 5/2017  |
| ■ Reach out to stakeholders                                | 6/2017  |
| ■ File PINS form   | 6/2017  |
| ■ BSR-8 form   | 7/2017  |
| ■ Stakeholder public comment                               | 8/2017  |
| ■ Resolution of concerns                                   | 8/2017  |
| ■ Identification of Consensus Group                        | 8/2017  |
| ■ Ballot distribution                                      | 9/2017  |
| ■ Voting   | 9/2017  |
| ■ Circulation of comments                                  | 10/2017 |
| ■ Final tally of votes                                     | 10/2017 |
| ■ Appeals process  | 10/2017 |
| ■ BSR-9 submission   | 11/2017 |
| ■ Publication of standard                                  | 11/2017 |

#### Future Activities

The NSDC continues to identify and pursue standardization for key processes. They have recently generated a list of improvement opportunities on which to focus standardization, called Subject Matter for Potential Standards. Going forward, considerations for standardization will come from this list, along with other brainstorm lists generated by the committee, the BOD and various stakeholder groups.



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Attachment A  
**2015 NCSBN 001**

**NCSBN 001-2015**

***TITLE OF STANDARD***

CRIMINAL BACKGROUND CHECKS FOR LICENSURE AS A NURSE

***FORWARD***

In November, 2013, the National Council of State Boards of Nursing (NCSBN) received the designation of American National Standards Institute (ANSI) Accredited Standards Developer Organization. In support of NCSBN's mission, this designation is for the purpose of developing and promoting increased recognition and voluntary adoption of standards of excellence in the regulation of nursing practice through nurse licensure and competency assessment throughout the U.S. and its territories.

This standard has been developed by the NCSBN Standards Development Committee with the intention that it will be submitted to ANSI for adoption as a national standard.

***EXPLANATION OF NEED***

The primary purpose of boards of nursing (BONs) is to protect the public. One way this is accomplished is by the enforcement of minimum standards for licensure.

The level of trust that comes with the practice of nursing coupled with the ease of mobility between jurisdictions requires BONs to be vigilant in the assessment of applicants in meeting the requirements for licensure. The practice of nursing deals with vulnerable populations and, as such, there may be a criminal history within the background of the applicant that could have a significant impact on the ability to safely care for and interact with patients/clients.

Currently, a majority of BONs require a state and federal fingerprint-based criminal background check (CBC). Some jurisdictions allow self-disclosure or state records search as the only requirement for determining the existence of a criminal history. A state records search does not take into account the ease of mobility within jurisdictions and review of the literature has determined that self-disclosure results do not reveal the same extent of criminal history as a state and federal fingerprint-based CBC.

***STATEMENT OF SCOPE***

NCSBN proposes this standard which would require a biometrics-based state and federal criminal background check for all applicants consistent with Public Law 92-544.

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## ***IDENTIFICATION OF STAKEHOLDERS***

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

- Professional nursing associations or societies (professional associations)
- Hospital systems and major employers (employer, consumer)
- NCSBN Member Boards and associate members (user)
- Regulatory representatives (users/producers)
- Education and training programs and institutions (general interest)
- Members of the public (consumer)
- Licensed nurses (user)
- Legislators (producer)
- Law Enforcement (user)

## ***NOMENCLATURE***

Applicant – a person who applies for licensure by examination, reactivation, reinstatement, endorsement or renewal.

## ***EXISTING STANDARDS***

No existing standards have been identified.

## ***STANDARD (COPYRIGHT NCSBN)***

Section 1.0 A board of nursing (BON) shall obtain the statutory authority to conduct criminal background checks (CBCs) by adoption of the language of section 2.0 of this standard.

Section 2.0 The BON shall require a state and federal CBC of an applicant by means of a fingerprint check or other biometric method which is in compliance with the methodology acceptable to the appropriate state law enforcement agency and the Federal Bureau of Investigation (FBI).

Section 3.0 The BON shall include the CBCs as part of the application process in such a manner as is consistent with the FBI policy.

## ***WRITTEN INTERPRETATION OF THE STANDARD***

It is the purpose of this standard to assist each jurisdiction to pass legislation consistent with Public Law 92-544 to require a state and federal fingerprint-based CBC. The Standard is written to allow the use of new biometric technologies as they emerge.

It is anticipated that each jurisdiction would implement a review process for applicants with criminal convictions, determining which convictions may warrant disciplinary action or denial.

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## References

1. Surowiec, V. P. (2010), Does Past Criminal Behavior Predict Future Criminal Behavior? *Journal of Nursing Regulation. 1(3), 33-37.*
2. Blubaugh, M (2012) Using Electronic Fingerprinting for Criminal Background Checks. *Journal of Nursing Regulation. 2(4), 50-52.*
3. Smith, D., Corvers, S., Wilson, W. J., Douglas, D., & Bienemy, C. (2013) Prelicensure RN Students With and Without Criminal Histories: A Comparative Analysis. *Journal of Nursing Regulation. 4(1), 34-38.*
4. Texas Board of Nursing. (2007) Experiences with Nurses Who Have Criminal Histories. Unpublished presentation.

## 2016 NCSBN 002

NCSBN 002-2016

### ***TITLE OF STANDARD***

REPORTING OF DISCIPLINARY ACTIONS BY BOARDS OF NURSING

### ***FORWARD***

In November 2013, the National Council of State Boards of Nursing (NCSBN) received the designation of American National Standards Institute (ANSI) Accredited Standards Developer Organization. In support of NCSBN's mission, this designation is for the purpose of developing and promoting increased recognition and voluntary adoption of standards of excellence in the regulation of nursing practice through nurse licensure and competency assessment throughout the U.S. and its territories.

This standard has been developed by the NCSBN Standards Development Committee with the intention that it will be submitted to ANSI for adoption as a national standard.

### ***EXPLANATION OF NEED***

The primary purpose of boards of nursing (BON) is to protect the public. Violations of the state nurse practice act may result in adverse action on a license. It is incumbent on BONs to report the adverse actions taken on a nurse to a shared database in order to protect the public when nurses relocate to another state or practice remotely across state borders.

### ***STATEMENT OF SCOPE***

This standard relates to a board of nursing reporting disciplinary actions to a shared database.

### ***IDENTIFICATION OF STAKEHOLDERS***

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

Member boards

### ***NOMENCLATURE***

Board of Nursing – the entity within a state, territory or other jurisdiction of the United States responsible for the regulation of nurses and nursing practice. The entity is considered a primary source of licensing information.

Coordinated licensure information system – an integrated process for collecting, storing, and sharing primary source information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

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Disciplinary action – an adverse action on a nurse’s license taken by a board of nursing and as defined by the National Practitioners Data Bank (NPDB)

***EXISTING STANDARDS***

No existing standards have been identified.

***STANDARD (COPYRIGHT NCSBN)***

Section 1.0 A board of nursing shall report all final disciplinary actions it takes against a licensee to a coordinated licensure information system.

Section 2.0 A board of nursing shall make a report pursuant to Section 1.0 of this Standard no later than 15 calendar days from the entry of the disciplinary action.

***WRITTEN INTERPRETATION OF THE STANDARD***

The purpose of this Standard is to provide for reporting of disciplinary actions by a board of nursing to a coordinated licensure information system in order to inform other boards of nursing of the adverse action. NCSBN maintains such a coordinated licensure information system and reports required actions to the NPDB.

While the National Practitioner Data Bank’s (NPDB) policies and guidelines are used to determine what constitutes final disciplinary action for purposes of reporting, the NPDB is not a coordinated licensure information system as defined by this Standard. The requirement to report to the NPDB is independent of this Standard.

## 2016 NCSBN 003

### NCSBN 003-2016

#### *TITLE OF STANDARD*

PRIMARY SOURCE VERIFICATION OF LICENSURE BY ENDORSEMENT

#### *FORWARD*

In November 2013, the National Council of State Boards of Nursing (NCSBN) received the designation of American National Standards Institute (ANSI) Accredited Standards Developer Organization. In support of NCSBN's mission, this designation is for the purpose of developing and promoting increased recognition and voluntary adoption of standards of excellence in the regulation of nursing practice through nurse licensure and competency assessment throughout the U.S. and its territories.

This standard has been developed by the NCSBN Standards Development Committee with the intention that it will be submitted to ANSI for adoption as a national standard.

#### *EXPLANATION OF NEED*

The primary purpose of boards of nursing (BON) is to protect the public. BONs issue licenses to qualified individuals. Nurses often relocate to other states and practice remotely across state borders. In order to insure a properly vetted workforce, boards of nursing must receive primary source information on current licensure that is both accurate and timely. Current use of paper documents present a greater risk for fraud than those sent through a secure electronic transmission.

#### *STATEMENT OF SCOPE*

This standard relates to a board of nursing issuing primary source verification of licensure through a secure electronic transmission for endorsement of an applicant to another board of nursing.

#### *IDENTIFICATION OF STAKEHOLDERS*

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

Member boards

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## ***NOMENCLATURE***

Board of Nursing – the entity within a state, territory or other jurisdiction of the United States responsible for the regulation of nurses and nursing practice. The entity is considered a primary source of licensing information.

Coordinated licensure information system - an integrated process for collecting, storing, and sharing of primary source information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards

Secure electronic transmission – encrypted transmission from and to a system which enforces approved user access to control the flow of information within the system and between interconnected systems, and also protects the confidentiality and integrity of information at rest.

## ***EXISTING STANDARDS***

No existing standards have been identified.

## ***STANDARD (COPYRIGHT NCSBN)***

Section 1.0 A Board of Nursing shall conduct primary source verification of licensure on an applicant for licensure by endorsement.

Section 2.0 Primary source verification shall be obtained from a board of nursing or a coordinated licensure information system.

Section 2.1 The coordinated licensure information system shall be a board of nursing designated primary source equivalent information system.

Section 3.0 Primary source verification shall be obtained via a secure electronic transmission from the board of nursing or the coordinated licensure information system.

Section 4.0 The primary source shall provide license verification within ten business days.

## ***WRITTEN INTERPRETATION OF THE STANDARD***

The purpose of this Standard is to describe a mechanism to obtain primary source verification of a license from one board of nursing for the purpose of endorsement into another board of nursing. Electronic transmission will accomplish verification efficiently and securely to decrease potential for fraud.

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## Meeting Dates

FY16

- May 25, 2016 – MACE Virtual Job Analysis and KSA Study Panel
- July 21, 2016 – MACE Virtual Test Specifications Panel & Item Linkage Session
- July 27, 2016 – MACE Standard Setting Workshop
- Aug. 22, 2016 – NNAAP Virtual Item Review Panel

FY17

- March 28-30, 2017 – NNAAP Virtual Item Writing Panel
- April 20, 2017 – NNAAP Virtual Item Review Panel
- July 10-11, 2017 – NNAAP Skills Review Panel
- Aug. 29, 2017 – NNAAP Virtual Item Review Panel
- Sept. 12-13, 2017 – NNAAP Skills Standard Setting Panel

# 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 NNAAP® and MACE® program. NNAAP is a two-part examination consisting of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or an oral examination.

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

Pearson VUE is the exclusive test administrator for NNAAP and MACE and continues to be responsible for all delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and Registered Nurse Evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet.

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

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

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

## FY17 Highlights and Accomplishments

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for FY17.

- The MACE Job Analysis Study was conducted in May 2016 and the results were published on the NCSBN website in early 2017.
- In January 2017, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in the test forms. Successful pretest items will be added to the operational item pool.
- In January 2017, the updated MACE Content Outline went into effect.



- In March 2017, the NNAAP Virtual Item Writing Panel was held.
- In April 2017, the NNAAP Virtual Item Review Panel was held.
- In July 2017, the NNAAP Skills Review Panel was held.
- In August 2017, the NNAAP Virtual Item Review Panel was held.
- In September 2017, the NNAAP Skills Standard Setting Panel was held.

## **PROGRAM HIGHLIGHTS AND TEST DEVELOPMENT ACTIVITIES**

### **MACE Job Analysis Study Report**

NCSBN convened a virtual panel of SMEs in May 2016 to review a list of the activities performed by entry-level medication aides and the knowledge, skills and abilities required to perform those activities. Results of the MACE Job Analysis Study were published on the NCSBN website in early 2017, and the updated MACE Content Outline went into effect in January 2017.

### **NNAAP Virtual Item Writing and Item Review Panels**

Three panels of SMEs convened virtually to perform test development activities for the NNAAP examination. In preparation for each panel, a gap analysis was conducted on the item bank to prioritize the content areas in need of items to be developed and/or reviewed. All meetings began with an introduction to NCSBN. The item writing panel, March 28-30, 2017, continued with an item writing workshop that included specific guidelines to use when writing new items. The guidelines provided to SMEs included a practice session in the writing of items; a list of activity statements to write new items based on the analysis of item bank needs; and an explanation of how to use the NNAAP Examination Content Outline.

The item review panels, April 20 and Aug. 29, 2017, continued with an item review workshop that included specific guidelines to use when reviewing items. SMEs discussed the guidelines necessary for reviewing items. An NCSBN staff member then facilitated the review of exam items.

### **NNAAP Skills Review Panel**

On July 10-11, 2017, the Examinations department convened a panel of SMEs to review the NNAAP Skills Evaluation content. The meeting began with an introduction to NCSBN and continued with a review of the list of 22 skills resulting from the previous NNAAP Skills Review Panel in 2011. Each skill and its associated steps were evaluated for currency, accuracy, critical elements, and appropriateness of time requirements. SMEs also discussed whether any skills should be added or removed from the evaluation in order to encompass changes in nurse aide scope of practice.

### **NNAAP Skills Standard Setting Panel**

On Sept. 12-13, 2017, the Examinations department will convene a panel of SMEs for the NNAAP Skills Standard Setting Panel to recommend passing standards for NNAAP skills that represent the minimal level of competency entry-level nurse aides must demonstrate in order to provide safe and effective care. SMEs representing NCSBN geographic regions with a wide variety of nursing expertise will serve on the panel. The SMEs will recommend the passing standards for the NNAAP skills that will be administered on the evaluation from 2018 to 2023. The standard setting study will be conducted using a criterion-referenced model called the modified Angoff method.

### **Future Activities**

- Share information with the public about NNAAP and MACE.
- Develop new test items, test forms and maintain item pools for NNAAP and MACE.
- Perform appropriate item response and statistical analyses of items for NNAAP and MACE.

## **Relationship to Strategic Plan**

### **Strategic Initiative D**

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

### **Attachments**

None

- Build test forms for written and oral examinations for NNAAP.
- Continue to increase the bank of items for MACE and build computer-based forms to meet needs of membership.
- Enhance the quality of NNAAP and MACE

### SUMMARY OF NNAAP EXAMINATION RESULTS FOR CALENDAR YEAR 2016 – PASS RATES BY STATE<sup>1</sup>

Across all jurisdictions, the pass rates for NNAAP were 90 percent for the written or oral examinations and 74 percent 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 2016. 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 2016**

\*Number of candidates is in parentheses

Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
AK	96% (586)	75% (57)	94% (643)	88% (585)	81% (117)	86% (702)	90% (656)
AL	87% (1,057)	54% (80)	84% (1,137)	61% (1,066)	63% (236)	61% (1,302)	67% (1,142)
CA	90% (12,392)	67% (2,400)	86% (14,792)	88% (12,427)	81% (2,474)	87% (14,901)	87% (14,116)
CO	96% (5,157)	75% (477)	94% (5,634)	79% (5,191)	73% (1,286)	78% (6,477)	85% (5,813)
DC	91% (390)	75% (77)	88% (467)	79% (413)	81% (157)	79% (570)	82% (506)
GA	92% (8,836)	69% (767)	90% (9,603)	78% (9,019)	73% (1,307)	77% (10,326)	81% (9,509)
GU	76% (50)	56% (9)	73% (59)	76% (49)	100% (7)	79% (56)	64% (56)
LA	81% (697)	64% (73)	79% (770)	82% (609)	88% (73)	83% (682)	76% (699)
MD	92% (3,064)	77% (322)	91% (3,386)	84% (3,077)	77% (455)	83% (3,532)	85% (3,331)
MN	95% (4,757)	79% (1,417)	91% (6,174)	73% (4,751)	65% (2,766)	70% (7,517)	86% (6,026)
MS	86% (2,182)	81% (616)	85% (2,798)	64% (2,208)	68% (941)	65% (3,149)	72% (2,756)
NC	95% (14,658)	86% (2,367)	94% (17,025)	69% (15,013)	62% (6,119)	67% (21,132)	79% (17,765)
ND	88% (1,280)	62% (262)	83% (1,542)	86% (1,273)	82% (259)	85% (1,532)	86% (1,419)
NH	100% (10)		100% (10)	100% (10)		100% (10)	100% (10)

<sup>1</sup> The NNAAP testing year coincides with calendar year. Pass rates from Jan. 1 to Dec. 31, 2016 are presented here.

**Table 1: Pass Rates by Jurisdiction in 2016**

\*Number of candidates is in parentheses

Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
PA	95% (6,158)	79% (815)	93% (6,973)	80% (6,234)	78% (1,544)	80% (7,778)	86% (7,108)
RI	83% (1,335)	46% (402)	74% (1,737)	57% (1,374)	66% (656)	60% (2,030)	73% (1,532)
SC	94% (3,501)	78% (391)	92% (3,892)	74% (3,547)	69% (877)	73% (4,424)	82% (3,892)
TX	87% (16,334)	67% (3,128)	84% (19,462)	71% (16,876)	72% (4,709)	71% (21,585)	78% (18,835)
VA	92% (5,813)	58% (523)	89% (6,336)	64% (5,879)	62% (1,647)	63% (7,526)	72% (6,482)
VI	100% (3)	0% (1)	75% (4)	67% (3)	71% (7)	70% (10)	70% (10)
VT	97% (736)	48% (31)	95% (767)	82% (736)	84% (146)	82% (882)	91% (784)
WA	93% (7,087)	59% (873)	89% (7,960)	70% (7,176)	66% (2,479)	69% (9,655)	78% (8,406)
WI	98% (7,593)	89% (700)	97% (8,293)	77% (7,621)	74% (2,243)	76% (9,864)	89% (8,425)
WY	97% (1,088)	67% (55)	95% (1,143)	70% (1,100)	77% (287)	71% (1,387)	84% (1,160)
TOTAL	92% (104,764)	73% (15,843)	90% (120,607)	75% (106,237)	70% (30,792)	74% (137,029)	81% (120,438)

## Members

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## Meeting Dates

- Nov. 1, 2016 (Conference call)
- Jan. 9–10, 2017
- Feb. 13–14, 2017
- Feb. 28, 2017 (Conference call with Accrediting Commission for Education in Nursing [ACEN])
- Feb. 28, 2017 (Conference call with Commission on Collegiate Nursing Education [CCNE])
- March 1, 2017 (Conference call with Commission for Nursing Education Accreditation [CNEA])
- April 3–4, 2017

# Report of the Nursing Education Outcomes and Metrics Committee

## Background

The 2015-16 Nursing Education Trends Committee used a systematic method to identify five prioritized trends and issues related to the boards of nursing (BONs) regulatory overview of nursing education programs. The following was a leading trend: *Lack of robust outcome measures, other than first-pass NCLEX® pass rates that BONs can use to determine approval status of nursing education programs.* It was acknowledged that, while NCLEX pass rates are valid and reliable measures of the entry-to-practice competency of the new registered nurse (RN) or licensed practical nurse (LPN) graduates, they are not measures of the overall nursing program quality. Additionally, some BONs are facing educator pushback and even legal challenges when they use the first-time NCLEX pass rate as their sole outcome metric. Therefore, NCSBN's Board of Directors (BOD) established the Nursing Education Outcomes and Metrics Committee, which was charged to:

Establish a set of outcomes and associated metrics to recommend processes to assess nursing education programs.

- Review current literature on program approval metrics and their relevance to public safety.
- Recommend factors in addition to first-time NCLEX pass rates that can be used to determine criteria for a BON's legally defensible approval/removal process.

## FY17 Highlights and Accomplishments

The charge (above) is complex, with many sides and components. Although the committee members are knowledgeable and share diverse viewpoints, the inaugural meetings of this committee had to focus on increasing the group's expertise of the subject matter and ensuring that everyone had a sufficient understanding of the charges. Highlights of these first meetings include:

1. Accreditation: Since there is commonality between BON approval and accreditation, the committee wanted to learn more about the accreditation process both for nursing and other professions.

Three individual conference calls with each national nursing accreditor, ACEN, CCNE and CNEA, were held to learn more about their accreditation criteria and the scientific basis for their measures. To cast a clear light on the current differences between accreditation and the BON approval process, staff performed a comparison of accreditation and BON approval criteria. Other health care professional accreditation requirements, besides nursing, were also shared with the group. These were found to be comparable across the health care professions.

Since accreditation assesses the quality of nursing education programs, the committee was interested in learning whether there is a significant difference in NCLEX pass rates between programs that are nationally nursing accredited and those that are not. Therefore, 2016 first-time NCLEX pass rates were examined and compared for programs that were, and were not, accredited. Data indicated the NCLEX first-time pass rates are higher in nursing programs that are accredited and this is statistically significant. However, no definitive conclusions can be derived since we do not know whether accreditation leads to high pass rates or schools with high pass rates become accredited.

2. International: The committee wanted to learn whether any other countries have developed metrics for assessment of nursing programs. The Canadian provinces of Ontario, Alberta and Newfoundland and Labrador all have initiatives to identify nursing program outcomes. A conference call was held to glean knowledge they had obtained on this subject. It is too early in the development of this initiative in most provinces. However, representatives from Ontario described some of the outcome measures they use, which

include first-time NCLEX pass rates, student satisfaction, preceptor satisfaction (this tool was not yet developed at the time of the call) and graduation rates.

3. Expert Opinion: The committee had conference calls with experts in nursing program evaluation (Marilynn Oermann, PhD, RN, ANEF, FAAN) and in higher education outcomes and metrics (Jordan Matsudaira, PhD). Dr. Oermann provided a comprehensive background on program evaluation, describing the evidence that supports various models. It was clear from this discussion that a systematic program evaluation is an important process for nursing education programs to implement.

Dr. Matsudaira addressed the committee from a broader perspective. He was a presenter at the 2016 National Academies of Sciences, Engineering and Medicine Workshop on, "Quality in the Undergraduate Experiences: What is it? How is it Measured? Who Decides?" He discussed the importance of measuring actual outcomes, rather than input measures (such as, faculty qualifications or curricula), although there are causal effects of input measures on outcome metrics, and he provided evidence of this.

4. Legal Perspective: Tom Abram, JD, gave the committee a legal perspective on the charge and explained legal challenges that BONs faced by using first-time NCLEX pass rates as their sole outcome measure. He defined "legally defensible," encouraging the committee to identify outcomes that are supported by evidence.
5. The Literature: As part of the committee's charge, staff have been conducting a comprehensive review of the literature. More than 90 articles have been identified, using four different databases (CINAHL Complete, Medline, ERIC and PsycInfo). Relevant gray literature is included when appropriate.

The following themes emerged from the preliminary literature review, which have laid the foundation for our initial discussions: 1) Input measures, which refer to program, curricular or student characteristics; inputs are related to program outcomes; 2) Program outcomes, which are the measures and broader societal gains from the program; 3) Program evaluation, or the systematic measurement of programs; 4) Accreditation of programs from non-governmental agencies, which recognizes quality; 5) Relationship between health care professional education and health care outcomes. While the committee has had the opportunity to review some of the relevant literature, the review is not yet completed.

6. Discussion of Committee's Next Steps:
  - Expand and complete the literature review;
  - Explore practice readiness as a potential nursing program outcome, as it was identified as a measure in the literature. Possibly bring in a panel of experts to learn what these metrics might be, as well as the evidence supporting them;
  - Identify strategies to encourage more collaboration and cooperation between the BONs and accreditors to eliminate the overlap and allow for more seamless program evaluation;
  - Determine nursing program red flags (or "triggers") that would signal the attention of the BON. The BON would then use a set of evidenced-based criteria to evaluate the program;
  - Compare outcome measures of nursing programs in states before and after accreditation was required. This would provide evidence to BONs on whether requiring accreditation affects program outcomes; and
  - In those states where the BON's authority over nursing programs was removed, compare nursing program outcome measures before and after that authority was removed. This might provide some preliminary evidence on whether program approval makes a difference.

## Future Activities

The committee requests that it continue with the same charge for fiscal year 2017-18 (FY17-18).

## Relationship to Strategic Plan

### Strategic Initiative A

Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

### Strategic Objective A4

Amongst all relevant stakeholders, facilitate the generation and transfer of knowledge that supports decision making and evidence-based regulation.

## Attachments

None

## Produced by

### The National Simulation Guidelines Expert Panel

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## Staff

Maryann Alexander, PhD, RN, FAAN, Chief Officer, Nursing Regulation

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## Attachments

- A. Model language for NCSBN's Model Rules that authorizes a BON to enforce the simulation guidelines.

Revised 08.04.17

# Report on the Simulation Guidelines: Proposed NCSBN Model Rules on the Use of Simulation in a Prelicensure Nursing Education Program

## Background

In 2014, the National Council of State Boards of Nursing (NCSBN) in the U.S. released the results of the National Simulation Study, a longitudinal, randomized controlled trial that replaced traditional clinical hours in the undergraduate nursing curriculum with simulation.

Undergraduate nursing students from 10 schools across the U.S. participated in the study. The results indicated that up to 50 percent of the clinical hours required in all nursing courses across the undergraduate curriculum could be substituted with simulation. The results also indicated that there were certain mandatory conditions required for a school to successfully substitute simulation for traditional clinical hours.

Following the release of the study results, concern emerged that nursing programs might begin to substitute simulation for traditional clinical experience without the appropriate environment, administrative support or faculty preparation. To assist both regulators in determining whether a nursing education program is ready to adopt a simulation program and help nursing programs implement the appropriate method for establishing and using simulation in the undergraduate curriculum, national guidelines were developed by an expert panel convened by NCSBN.

In addition to the guidelines, language that authorizes a board of nursing (BON) to enforce the guidelines was also developed for NCSBN's Model Rules (see Attachment A).

The Delegate Assembly is asked to approve the model language for NCSBN's Model Rules.

# Proposed NCSBN Model Rules on the Use of Simulation in a Prelicensure Nursing Education Program

## CHAPTER 2. DEFINITIONS

j. "Simulation" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. (Gaba, 2004)

k. "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.

## CHAPTER 6. PRELICENSURE NURSING EDUCATION

### 6.4 Simulation

A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

#### 6.4.1 Evidence of Compliance

A program shall provide evidence to the Board of Nursing that these standards have been met.

#### 6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

#### 6.4.3 Facilities and Resources

- a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

#### 6.4.4 Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

#### 6.4.5 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

#### 6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. short-term and long-term plans for integrating simulation into the curriculum;
- b. method of debriefing each simulated activity; and
- c. plan for orienting faculty to simulation.

#### 6.4.7 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

#### 6.4.8 Annual Report

- a. The program shall include information about its use of simulation in its annual report to the Board of Nursing.







## **SECTION III: NCSBN RESOURCES**



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# Standing Rules of the Delegate Assembly

## 1. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.
- B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting devices authorized for that delegate. Delegates authorized to cast one vote shall receive one voting device. Delegates authorized to cast two votes shall receive two voting devices. Any transfer of voting devices must be made through the Credentials Committee.
- C. A registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting device(s) to the Credentials Committee at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.
- D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

## 2. Meeting Conduct

- A. Meeting Conduct
  1. Delegates must wear badges and sit in the section reserved for them.
  2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
  3. There shall be no smoking in the meeting room.
  4. All mobile devices shall be turned off or turned to a silent mode. An attendee must leave the meeting room to answer a telephone.
  5. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.
  6. All attendees have a right to be treated respectfully.
  7. There shall be no videotaping, audio recording or photographing of the sessions without the written permission of NCSBN.

## 3. Agenda

- A. Business Agenda
  1. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors.
- B. Consent Agenda
  1. The Consent Agenda contains agenda items that do not recommend actions.
  2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
  3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
  4. All items remaining on the Consent Agenda will be considered received without discussion or vote.

## 4. 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.

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- B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and 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 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
  - D. The Resolutions Committee shall review motions and resolutions submitted before Thursday, Aug. 17, 2017 at 3:30 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
  - E. The Resolutions Committee will convene its meeting on Thursday, Aug. 17, 2017 at 3:30 pm and schedule a mutually agreeable time during the meeting to meet with each resolution or motion-maker. The Resolutions Committee shall meet with the resolution or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the established criteria. 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. If a member of the Delegate Assembly wishes to introduce a non-procedural main motion or resolution after the deadline of 3:30 pm on Thursday, Aug. 17, 2017, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with the established review criteria. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

## 5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of Member Boards including members of the Board of Directors, followed by associate members, may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.
- F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

## 6. Nominations and Elections

- A. Definitions:

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1. **Cumulative Voting:** A system of voting whereby multiple votes allotted to a delegate are all cast for a single candidate.

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2. **Majority Vote:** A majority vote means more than half of the total votes cast by registered delegates.
  3. **Plurality Vote:** A plurality vote is the largest number of votes to be given to any candidate.

B. Procedures:

- a. Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate Assembly.
- b. A delegate making a nomination with a motion form from the floor shall have two minutes to list the qualifications of the nominee.
- c. Electioneering for candidates is prohibited except during the candidate forum.
- d. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, Aug. 16, 2017.
- e. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, Aug. 17, 2017 from 8:30–9:00 am.
- f. 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.
- g. 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.
- h. If, on the first ballot, no candidate for officer or director receives a majority vote, or if not all positions on the ballot are filled by a candidate receiving a majority vote, the run-off balloting shall proceed as follows:
  - 1) Where only one open position is on the ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
  - 2) If there is more than one position on the ballot and only one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to the two unelected candidates receiving the highest number of votes on the first ballot.
  - 3) If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to up to twice the number of candidates as there are open positions to be filled on the second ballot, the candidates to be selected for inclusion on the second ballot will be in the order of the votes received on the first ballot.
  - 4) In the event there remains an unfilled position after the second ballot, the candidate receiving the fewest votes on the second ballot shall be removed from the next run-off ballot.
  - 5) If there is a tie vote on the third ballot or if a position remains unfilled after the third ballot, the final selection shall be determined by lot.

## 7. Forums

- A. **Scheduled Forums:** The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of member Boards have spoken.
- B. **Open Forum:** Open forum time 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.

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# Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors (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 also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published A Curriculum Guide for Schools of Nursing. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often-heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

## Organizational Mission, Strategic Initiatives and Outcomes

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NCSBN currently has four strategic initiatives for fiscal years 2017–2019:

- Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.
- Champion regulatory solutions to address borderless health care delivery.

- Expand the active engagement and leadership potential of all members.
- 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 Delegate Assembly.

## Organizational Structure and Function

### MEMBERSHIP

Membership in NCSBN is extended to those BONs 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 member boards, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. BONs may become member boards upon approval of the Delegate Assembly, 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 full members.

Member boards 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. Member boards also receive information services, public policy analyses and research services. Member boards that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the Delegate Assembly.

Associate members are authorized nurse regulatory bodies from other countries, must pay an annual membership fee and be approved for membership by the Delegate Assembly. NCSBN has 27 associate members:

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|--|--|
| ■ Association of New Brunswick Licensed Practical Nurses               | ■ College of Registered Nurses of British Columbia                       |
| ■ Association of Registered Nurses of Newfoundland and Labrador        | ■ College of Registered Nurses of Manitoba                               |
| ■ Association of Registered Nurses of Prince Edward Island             | ■ College of Registered Nurses of Nova Scotia                            |
| ■ Bermuda Nursing Council  | ■ Nurses Association of New Brunswick                                    |
| ■ College and Association of Registered Nurses of Alberta              | ■ Nursing and Midwifery Board of Australia                               |
| ■ College of Licensed Practical Nurses of Alberta                      | ■ Nursing and Midwifery Board of Ireland                                 |
| ■ College of Licensed Practical Nurses of British Columbia             | ■ Nursing and Midwifery Council of New South Wales                       |
| ■ College of Licensed Practical Nurses of Manitoba                     | ■ Nursing Council of New Zealand   |
| ■ College of Licensed Practical Nurses of Newfoundland and Labrador    | ■ Ordre des Infirmières et Infirmiers du Québec                          |
| ■ College of Licensed Practical Nurses of Nova Scotia                  | ■ Registered Nurses Association of the Northwest Territories and Nunavut |
| ■ College of Registered Psychiatric Nurses of British Columbia         | ■ Saskatchewan Association of Licensed Practical Nurses                  |
| ■ Licensed Practical Nurses Registration Board of Prince Edward Island | ■ Saskatchewan Registered Nurses' Association                            |
| ■ College of Nurses of Ontario   | ■ Singapore Nursing Board  |
|  | ■ Yukon Registered Nurses Association                                    |

### AREAS

NCSBN's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage engagement on NCSBN issues and provide diversity of BOD and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are four elected directors-at-large. See the following page for the list of jurisdictions by Area.

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- Area I members include: Alaska, American Samoa, Arizona, California-RN, California-VN, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming.
  - Area II members include: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Nebraska-APRN, North Dakota, Ohio, South Dakota, West Virginia-PN, West Virginia-RN and Wisconsin.
  - Area III members include: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana-PN, Louisiana-RN, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.
  - Area IV members include: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands.

## **DELEGATE ASSEMBLY**

The Delegate Assembly is the membership body of NCSBN and comprises delegates who are designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates. The Delegate Assembly meets at NCSBN's Annual Meeting, traditionally held in early August. Special sessions can be called under certain circumstances.

At the Annual Meeting, delegates elect officers and directors and 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 Delegate Assembly adopts the mission statement, strategic initiatives of NCSBN, approves all new NCSBN memberships, the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards, adopts test plans to be used for the development of the NCLEX® examination, and establishes the fee for the NCLEX® examination.

## **OFFICERS AND DIRECTORS**

NCSBN officers include the president, president-elect, and treasurer. Directors consist of four area directors and four directors-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate, a committee member or an officer prior to being elected to office. No one shall serve more than four consecutive years in the same Board of Director position.

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 Delegate Assembly. Delegates elect area directors from their respective areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the bylaws dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The 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 eleven elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The BOD authorizes the signing of contracts, including those between NCSBN and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.



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Additional duties include approval of the NCLEX® examination 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 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 papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

Resource materials are available to each BOD officer and director for use during BOD meetings. These materials are updated periodically throughout the year and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes, and personnel manual.

### **COMMUNICATIONS WITH THE BOD**

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Monthly updates are provided to the full BOD by the CEO.

### **LSC**

The LSC consists of seven elected members. Four members are elected from each area and are elected for two-year terms in even-numbered years. Three at-large members are elected for two-year terms in odd-numbered years. Members are elected by ballot with a plurality vote.

The LSC's function is to recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; 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 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.

### **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 Item Review Subcommittee (Exam), 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. Committee membership is extended to all current members and staff of member boards, consultants and external stakeholders.

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 board 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.

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## Description of Standing Committees

### NCLEX® EXAMINATION COMMITTEE (NEC)

The NEC comprises at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board of nursing. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the 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 Delegate Assembly 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® examination process, including psychometrics, item development, test security and 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 written information about the examinations for Member Boards and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and test, and candidate statistics.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is a key component of this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation.

There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice. The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a passing standard to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected to recommend a series of passing standards for this process. Judges are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the BOD sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

### FINANCE COMMITTEE

The Finance Committee comprises 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 board 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 Delegate Assembly's and BOD's policy directives and provide assistance to committees.

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## **GENERAL DELEGATE ASSEMBLY INFORMATION**

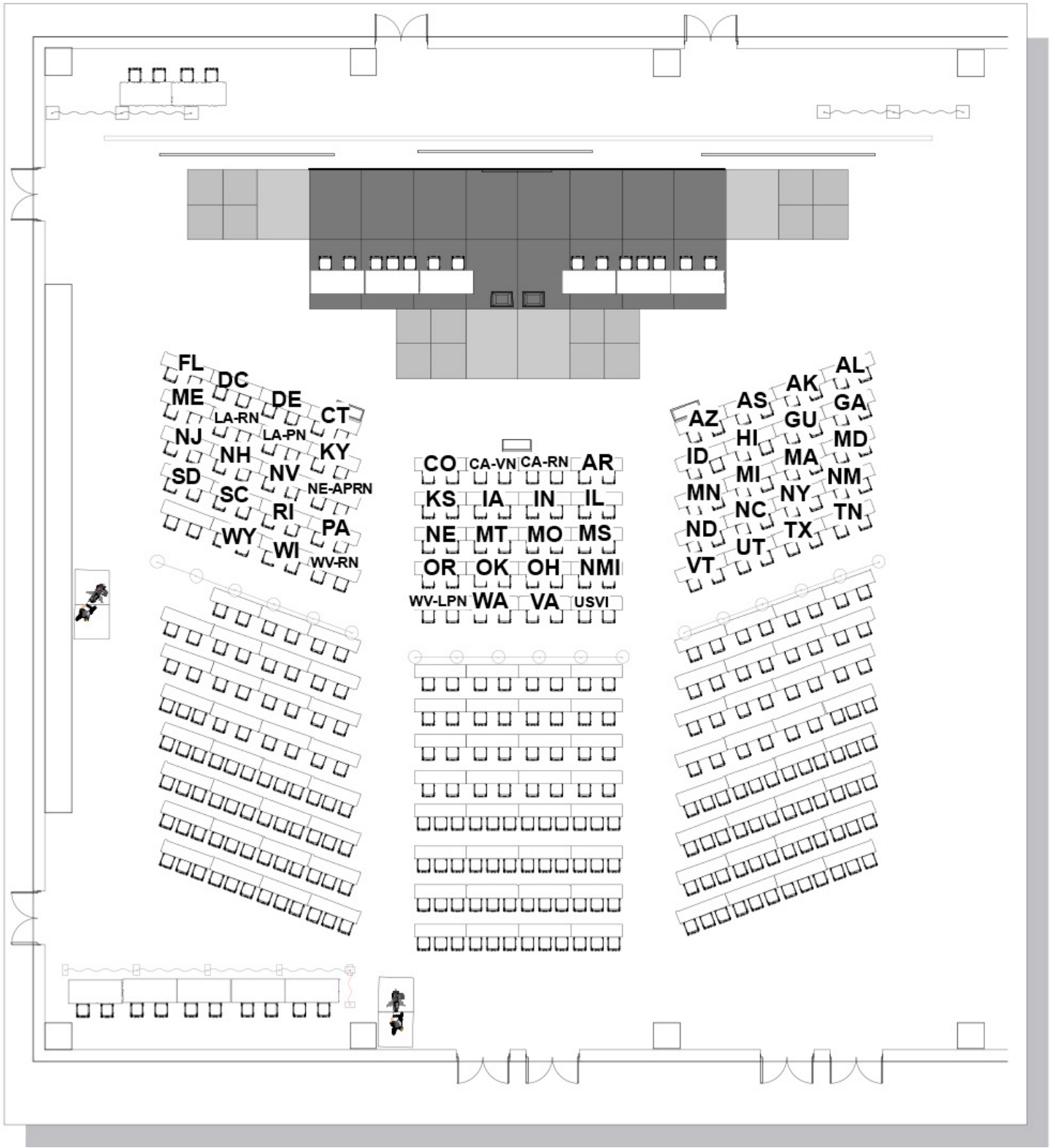
The business agenda of the Delegate Assembly is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, member boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda,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

Prior to the annual session of the Delegate Assembly, 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 pages.

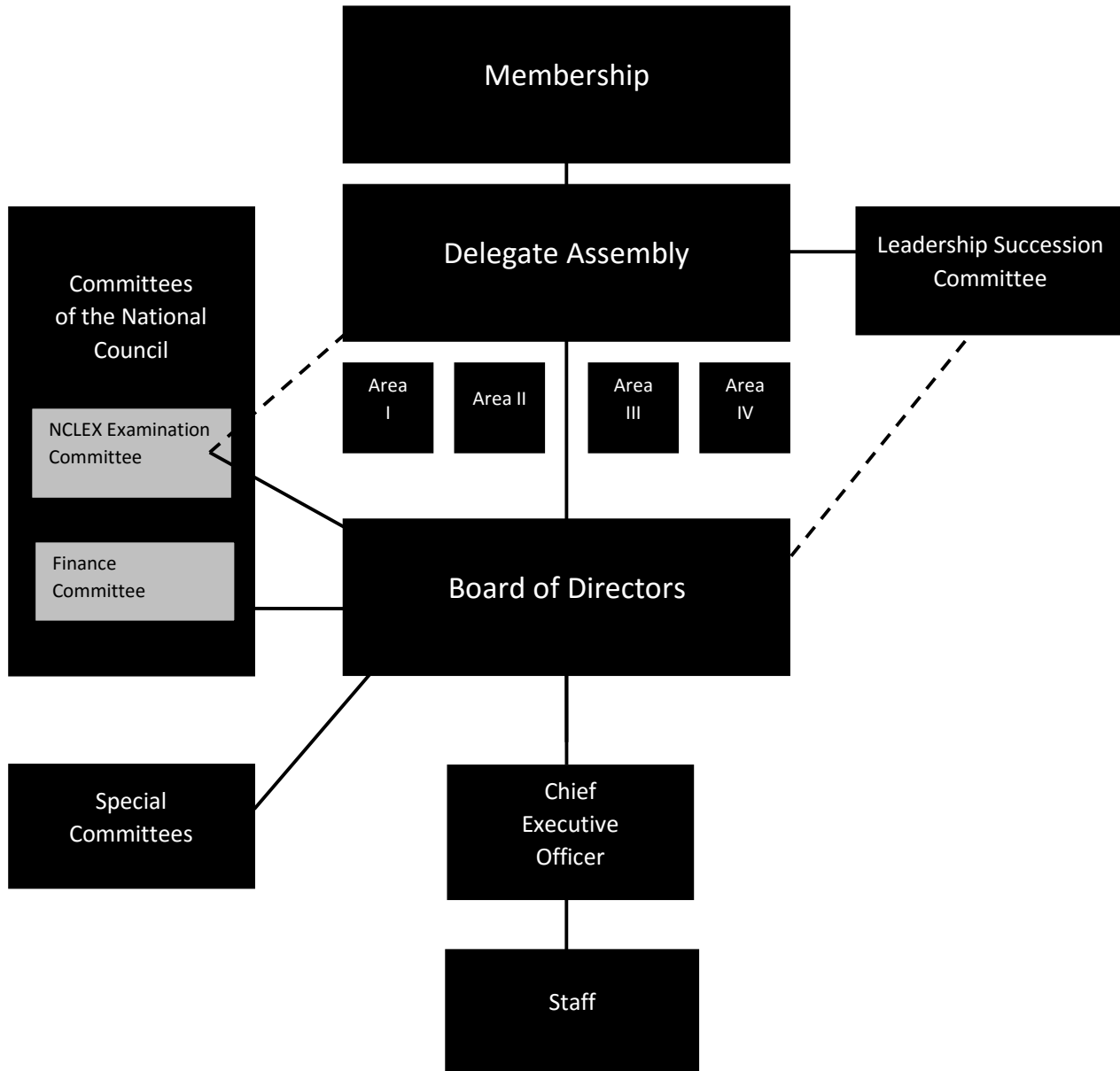
The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and the LSC. 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 Delegate Assembly.

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

# NCSBN Delegate Seating Chart



# 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 appoint a committee chair to the LSC and fill vacancies on the LSC by appointment.

## 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*

### 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 state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing 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) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

**Section 2. Qualifications.** To qualify for approval, and to maintain membership as a Member Board, a state 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

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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).

**Section 3. Admission.** A state board of nursing shall become a member of the NCSBN and be known as a Member Board 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 geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage 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 and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

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

**Section 7. Noncompliance.** Any member 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 as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.

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- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board 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; 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 each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the 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 at least ten days before the date for which such special session is called.

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

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

## Article V

### ■ Officers and Directors

**Section 1. Officers.** The elected officers of the 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) 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.**



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- 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, 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.

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- 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 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.

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## 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 members elected by the Delegate Assembly. One member shall be elected from each of the areas. The remaining members shall be at large members.
- b) *Term.* The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms 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.
- c) *Election.* The Committee 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.

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- 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 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. The person filling a vacancy shall serve the remainder of the term.
  - f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; 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 of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## **Article VIII**

### **■ Meetings**

#### **Section 1. Participation.**

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* 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 members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the 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**

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**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 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' 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 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

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Leadership Succession Committee. Associate 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.

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## 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 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.

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## **Special Proviso**

The amended Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly.





*Save the Date*  
2018 NCSBN Annual Meeting  
Aug. 15-17, 2018 • Minneapolis





**NCSBN**

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