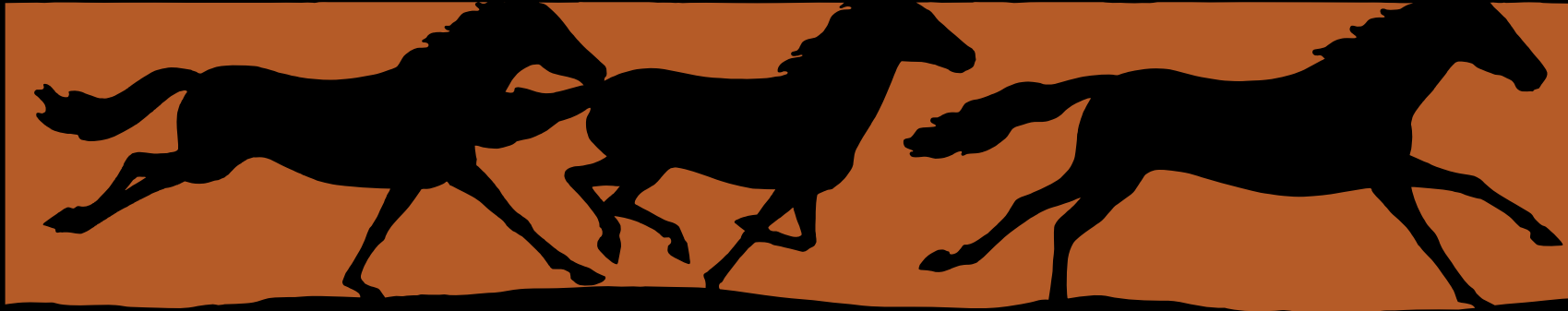


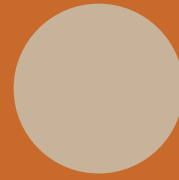


NCSBN

National Council of State Boards of Nursing



2012 Annual Report



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.



NCSBN

National Council of State Boards of Nursing

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“Strength does not come from physical capacity. It comes from an indomitable will.”

— Mohandas Karamchand Gandhi

ABOUT THE ILLUSTRATION

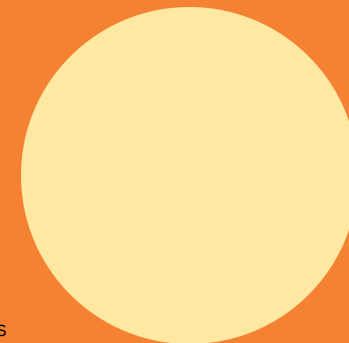
The inspiration for the 2012 NCSBN theme, **Driving Onward: Harnessing the Strength of Regulatory Leadership**, is derived from the enduring spirit of the “Wild West” that still imbues the essence and culture of the vibrant state of Texas. Its urbane and cosmopolitan present coupled with its past on the edge of the American Frontier makes this state almost larger than life.

The illustration, with its palette in shades of burnt orange, saddle brown and twilight purple, brings to mind the varied topography of Texas and honors the western heritage of the state. The horses on the horizon signify the ability to run ahead of the pack with fresh ideas and

concepts. The drive onward is powered by the freedom to explore new paths and the ability to capture previously untapped sources of strength and wisdom.

The human element, represented in the graphic by the hands on the reins, directs, controls and guides the strength of forward movement. The goal is to balance a pioneering character with the need for reflection and evidence-based regulation.

The Lone Star, the nickname of Texas and one of the graphic elements in the state flag, anchors the illustration and stands as a beacon for the apex of accomplishment and the ultimate aspiration of nursing regulatory leaders – protection of public safety and welfare.





Message

from the CEO
and President

From left to right:
Kathy Apple, Myra Broadway

The work of the NCSBN Board of Directors (BOD), member boards and NCSBN staff during fiscal year 2012 (FY12) laid a strong foundation for the future of nursing regulation and the long-term protection of the public.

At the forefront of NCSBN's agenda is its ongoing work to lessen the burden of state governments. To that end, the organization continues to develop technology and processes that will aide its members in their mission to protect the public. NCSBN is also assisting in the process to collect nursing workforce supply information through a national database.

Recognizing the need to work more closely with state governments on issues of public protection, NCSBN partnered with the Council of State Governments on a national educational program for legislators highlighting the need for criminal background checks as part of the nurse licensing process. NCSBN also continued to monitor the health care environment and educate both state and national legislators about the importance and value of state-based licensure.

The alliance of the Tri-Regulator Collaborative, which seeks to ensure that the public protection role of professional licensure maintains the capacity to provide the highest levels of quality and safety for patients, is also a vital partnership for NCSBN. Composed of the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and NCSBN, the Collaborative was formed in 2011. These national organizations, representing boards regulating a combined 5 million physicians, pharmacists and nurses in the U.S., share common values about public protection through state-based licensure. For much of this past year, the work of the Collaborative was spent in preparation for the inaugural Tri-Regulator Symposium. Held just after the end of FY12, this meeting advanced the work of consensus building and dialogue on issues of state-based regulation and licensure, workforce planning, telehealth and combating opioid prescription abuse, work that will continue among the leaders and members of these three organizations for years to come.

NCSBN continues to pursue accreditation from the American National Standards Institute (ANSI) to become a standards development organization in order to protect and promote standards in nursing regulation.

Always cognizant of the global world in which it functions, NCSBN also seeks to collaborate with and learn from its associate members, as well as other peer organizations throughout the world. The International Nurse Regulator Collaborative (INRC) was formed to provide a forum where signatories of the historical Memorandum of Understanding document can discuss and explore issues of mutual concern regarding the regulation of nursing practice. During the past year the INRC compiled a year's worth of disciplinary data in an effort to identify common trends and to establish an agreed upon lexicon of terms; it was decided to continue the project for another year. The INRC looks forward to discussing the following topics when it meets in FY13: culpability of the individual nurse versus "the system"; what is the best regulatory model for addiction cases; whether there should be a joint standard regarding social media; and what would or should or could be the regulatory model for telehealth.

As it enters its 35th year of operation in FY13, NCSBN remains mindful of the evolving health care environment. It advances evidence-based nursing regulation and regulatory solutions for public protection, champions the merits of state-based licensure, and improves patient safety for the health and welfare of the public.



Chief Executive Officer



President



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.

Our 
Values

As the collective voice of nursing regulation in the U.S. and its territories, NCSBN serves its member boards by conducting research on nursing practice issues, monitoring trends in public policy, nursing practice and education, while providing opportunities for collaboration among its members and other nursing and health care organizations.



Our Purpose,
Our Progress



NCSBN

National Council of State Boards of Nursing

The National Council of State Boards of Nursing (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 12 associate members.

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest.

The member boards that comprise NCSBN protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which boards of nursing act and counsel together on matters of common interest. These member boards are charged with the responsibility of providing regulatory excellence for public health, safety and welfare. They recognize that the best way to guard the safety of the public is to ensure that nurses entering the workforce have the necessary knowledge, education and skills to practice. To meet that goal, NCSBN's focus is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN® and NCLEX-PN® Examinations developed and administered by NCSBN are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

As the collective voice of nursing regulation in the U.S. and its territories, NCSBN serves its member boards by conducting research on nursing practice issues, monitoring trends in public policy, nursing practice and education, while providing opportunities for collaboration among its members and other nursing and health care organizations.

NCSBN also maintains the Nursys® database that coordinates national publicly-available nurse licensure information. The NCLEX® examinations remain the instruments by which most people know

NCSBN. As evidence of its long history of continual efforts to remain on the cutting edge of examination technology, NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. NCSBN also develops and administers the largest competency evaluation for nurse aides/ nursing assistants (NAs) known as the National Nurse Aide Assessment Program (NNAAP®). Additionally, NCSBN develops the Medication Aide Certification Examination (MACE®), designed for NAs who choose to receive additional training to become a certified medication aide/ assistant. The purpose of MACE is to ensure that individuals who administer medication to residents in assisted living facilities and comprehensive personal care homes have the basic knowledge and skills needed to perform their duties.

The ongoing assessment of these examinations includes research that gathers job analysis data from entry-level nurses and aides that ultimately contribute to refinement and adaptation of the tests. In addition, the continual refinement of the NCLEX examinations also incorporates the work of item writers, item reviewers and panels of judges made up of practicing nurses or nurse educators who work directly with entry-level nurses and aides. The item writers who create the examination questions, also known as items, and the reviewers who assess the items are responsible for the content in the NCLEX examinations. The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors. All of these measures, coupled with a determination to remain on the cutting edge of testing technology, ensure that the NCLEX examinations and NNAAP evaluations are an accurate reflection of current nursing practice.

NCSBN offers the NCLEX-RN and NCLEX-PN Examinations abroad in Australia, Canada, England, Hong Kong, India, Japan, Mexico, Philippines and Taiwan for the purposes of domestic nurse licensure in U.S. states and territories.



PRODUCTS AND SERVICES

Publications

NCSBN produces a wide variety of publications focused on the NCLEX-RN and NCLEX-PN Examinations, as well as health care issues and activities, in addition to conducting its own research studies by addressing some of today's most important nursing practice issues. These publications present in-depth information and best practice techniques to enhance perspective and contribute to the nursing knowledge base. These publications are available for download free of charge from the NCSBN website at www.ncsbn.org/2551.htm.

Online Courses

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, launching the first online preparation course for the NCLEX-RN Examination in 1998. Currently, 40 online courses are offered, promoting safe nursing practices to nurses, student nurses and nursing faculty. Rich in content and features, the online courses offer interactive and fun learning experiences, which facilitate better understanding of the topics presented.



Nursys®

Nursys is the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) licensed in participating jurisdictions, including all states in the Nurse Licensure Compact (NLC). The Nursys® Licensure QuickConfirm product allows employers and recruiters to retrieve necessary licensure and discipline documentation in one convenient location.



The theme for fiscal year 2012 reflects NCSBN's core values of collaboration, excellence, innovation, integrity and transparency.



Fiscal Year 2012 in Review

NCSBN finalized agreements to provide its computerized adaptive test (CAT), the NCLEX-RN® Examination, in Canada beginning in 2015. In partnership with 10 Canadian registered nurse (RN) regulatory bodies, NCSBN will develop and deliver the exam that will be used as a licensure requirement in Canada. The NCLEX-RN Examination is currently offered in nine countries around the world for the purpose of domestic licensure in the U.S., but this partnership marks the first time that the test will be used for the purpose of licensure in another country. Canadian RN regulators selected the NCLEX-RN Examination after identifying the need for an exam that employs the latest advances in testing technology to enhance test security, increases accessibility to the exam by offering year-round testing, provides timely results and allows for precise assessment of an individual candidate's performance.

In FY12, the **NCSBN Transition to Practice® (TTP) Study entered Phase II** in long-term care, public health, ambulatory care and home health settings in Illinois, Ohio and North Carolina. TTP is an ongoing multistate study that will evaluate safety and quality outcomes in nurse transition to practice programs. The study will determine how well the preceptor training module prepares preceptors for their role; identify the challenges and potential solutions of implementing the NCSBN transition to practice model; and determine cost/benefit analysis. Phase II includes newly hired RNs who work in settings other than hospitals and licensed practical/vocational nurses (LPN/VNs) who work in acute care settings.

NCSBN's second **Scientific Symposium** offered a diverse discussion of national and international studies that advances the science of nursing policy and increases the body of evidence for regulatory decision making. The studies selected for the symposium were funded through **NCSBN's Center for Regulatory Excellence**, and were of critical interest to nurse regulators, researchers, educators and practitioners.



Fiscal Year 2012 Theme

Driving Onward: Harnessing the Strength of Regulatory Leadership, the theme for fiscal year 2012 (FY12), reflects NCSBN's core values of collaboration, excellence, innovation, integrity and transparency. Inspired by its member boards' dedication to the protection of public safety and welfare, NCSBN forged forward in FY12, working both nationally and internationally to advance regulatory excellence.



Fiscal Year **2012**
in Review



Consumer Campaign

Based on Nielsen ratings, the NCSBN educational campaign delivered more than 105 million household impressions and garnered enthusiastic support from APRNs, APRN professional groups, APRN educators and the general public.

As health care continues to evolve and previously uninsured individuals are brought into the system, the demand for qualified health care providers will increase exponentially. Many experts agree that advanced practice registered nurses (APRNs) have a valuable role to play in meeting the current and future health care needs of patients in a volatile health care environment. NCSBN's national campaign to promote adoption of the **Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education**, which formulates national standards for uniform regulation of APRNs, continues to help boards of nursing (BONs) eliminate the many inconsistencies that exist between jurisdictions in regard to laws and rules relating to the regulation of APRNs.

Building on the success of the previous consumer outreach campaign, **NCSBN launched a new educational campaign** that informed consumers that U.S. BONs license APRNs as part of their mission of protecting the public. The campaign explains that BONs are working toward the goal of more APRN licensure uniformity across the country to continue to keep the public safe as health care reform advances. The campaign emphasizes the role consumers have to play in helping to ensure the passage of regulations that will provide for greater uniformity and access to APRNs. The centerpieces of the campaign were a 30-second television and a 60-second radio commercial spot that was produced in conjunction with the CBS Community Partnership Program. It aired in New York; Chicago; Philadelphia; Detroit; Tampa-St. Pete, Fla.; St. Louis; Indianapolis; Louisville, Ky.; New Orleans; Charleston, S.C.; and Jackson, Miss. on CBS-owned and -affiliated stations. The commercials were also played on YouTube, MSN Video, websites of local CBS affiliates in each market where the commercial was aired and on the NCSBN website.

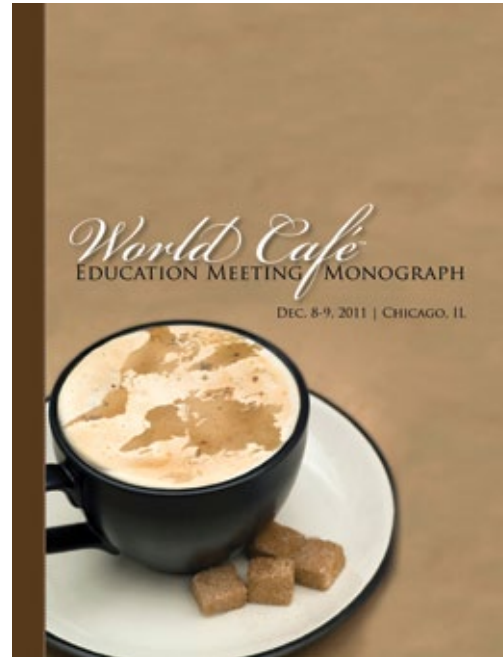
Fiscal Year **2012**
in **Review**



Also part of the consumer outreach campaign, NCSBN offers brochures such as “A Health Care Consumer’s Guide to Advanced Practice Registered Nursing,” “A Nurse’s Guide to Professional Boundaries,” “Your State Board of Nursing Works for You: A Health Care Consumer’s Guide,” “A Nurse’s Guide to the Use of Social Media,” “What You Need to Know About Nursing Licensure and Boards of Nursing” and “State and Territorial Boards of Nursing: What Every Nurse Needs to Know.” These brochures are free of charge to both the nursing community and the public at large. An extremely popular and well received resource, more than 600,000 of these brochures were sent to hospitals, long-term care facilities, nursing schools and consumer groups in FY12.

NCSBN hosted the innovative 2011 World Café™ Education Meeting, which brought together more than 200 nursing educators, regulators and accreditors from across the country. Using the World Café™ format, prominent nursing leaders provided provocative remarks and stimulated small group discussions on issues associated with prelicensure nursing education exploring the question: What could nursing be if education, approval and accreditation were aligned? A monograph of the meeting was published, which described the meeting and detailed the key themes that emerged from the work of the participants.

A newly designed and enhanced www.ncsbn.org was launched that offers a clean and refined design scheme with appealing graphics. Changes were made based on extensive research and analysis into what ncsbn.org visitors need and want from the website, which now includes specially designed portals for the general public and nursing community, and a communications library that offers books, research briefs, newsletters, white papers and brochures that can be downloaded free of charge.



2011 World Café™

This first of its kind meeting, with the theme, “**Shaping the Future of Nursing Education: A New Vision for Approval & Accreditation,**” was designed to serve as a dialogue between stakeholders about the future alignment of prelicensure nursing education, BON approval and national nursing accreditation.



The use of social media is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Nurses use blogs, social networking sites, video sites and online chat rooms to communicate both personally and professionally with others. NCSBN recognizes that these social and electronic media tools have tremendous potential for strengthening personal relationships and affording nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information. In light of the proliferation of social networking, as well as the instantaneous nature of this medium, **NCSBN's resources are designed to make nurses more cognizant of the potential consequences of disclosing patient-related information via social media.** It is vital that nurses remain mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. In addition to the white paper, "A Nurse's Guide to Social Media" a variety of new resources to educate nurses about professional boundaries in a social networking environment were created. A video and a brochure based upon NCSBN's white paper are now available on NCSBN's website.



Fiscal Year **2012**
in Review

Social Media

In light of the proliferation of social networking, as well as the instantaneous nature of this medium, NCSBN's resources are designed to make nurses more cognizant of the potential consequences of disclosing patient-related information via social media.

Two additional videos were produced and posted on ncsbn.org, YouTube and Vimeo. "NCLEX® Using CAT" helps candidates better understand how the NCLEX-RN® and NCLEX-PN® Examinations use CAT to measure the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse. "The Nurse Licensure Compact Explained" video describes the difference between single state and multistate licensure.



NCSBN inducted its sixth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) in 2012. The IRE began in 2004 with the purpose of providing BONs with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

The Saskatchewan Registered Nurses' Association, Nursing Council of New Zealand and College of Licensed Practical Nurses of Nova Scotia became NCSBN Associate Members, bringing the total number of members in this category to 12. Created by a Delegate Assembly resolution in 2007, the associate membership category is designed to provide a forum by which nursing regulatory bodies from around the globe can join NCSBN in a dialogue regarding issues of common concern, as well as share information and knowledge in a multicultural exchange of thoughts and ideas.

Leader to Leader, the biannual newsletter for nursing educators, remained a popular mechanism by which to disseminate information and stimulate dialogue between the educational community and NCSBN. The addition of guest authors to the publication brought to its readers a wealth of knowledge about new programs, projects and initiatives in nursing education.

In FY12, *The First National Survey of Medication Aides; 2010 Nurse Licensee Volume and NCLEX® Examination Statistics; 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice; 2011 Job Analysis of Medication Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings; Report of Findings from the 2011 RN Nursing Knowledge Survey; and 2011 Knowledge Survey of Medication Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care* were published.

NCSBN e-learning initiatives for the benefit of its members and external audiences are split between two product lines: NCSBN Learning Extension and NCSBN Interactive. NCSBN Learning Extension, through its campus located at learningext.com, delivered 40,300 online courses during FY12. The course catalog of 40 courses covers a range of subjects, including continuing education courses for nurses, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty. Since its inception in 1998, the Learning Extension has reached more than 257,000 users in 120 countries. The e-learning catalog for membership includes nearly 450 offerings in a variety of formats: online courses, streaming videos, wikis, recorded webinars and live webinars/webcasts.

Since its inception in 1998, the **Learning Extension** has reached more than 257,000 users in 120 countries.



Fiscal Year 2012 Operating Statements



FOR THE FISCAL YEAR ENDING SEPT. 30, 2012

SOURCES OF REVENUE

	\$	%
Examination fees	\$57,613,500	72
Investment earnings	\$15,071,691	19
Membership fees	\$193,500	Less than 1
Other program services	\$6,791,801	9
TOTAL	\$79,670,492	100

PROGRAM SERVICES

	\$	%
Nurse competency	\$41,569,844	63
Nurse practice and regulatory outcome	\$11,832,777	18
Information	\$9,586,563	15
Management and general	\$2,999,512	4
TOTAL	\$65,988,696	100

TOTAL INCREASE IN NET ASSETS	\$13,681,796
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NCLEX[®]

Pass Rates



NCLEX® Overview

NCLEX® PASS RATES – RN	Oct. '11 – Dec. '11			Jan. '12 – Mar. '12			Apr. '12 – Jun. '12			Jul. '12 – Sept. '12			TOTAL (FY12)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated															
RN – Diploma	353	311	88.1	902	841	93.2	598	544	91.0	1,387	1,261	90.9	3,240	2,957	91.3
RN – BSN	4,925	4,162	84.5	14,799	13,732	92.8	20,457	19,232	94.0	22,024	19,772	89.8	62,205	56,898	91.5
RN – ADN	6,749	5,485	81.3	21,638	19,495	90.1	28,398	26,086	91.9	27,606	24,260	87.9	84,391	75,326	89.3
Special Program Codes	13	8	61.5	14	11	78.6	9	8	88.9	8	8	100.0	44	35	79.5
Total – First-time, U.S. Educated	12,040	9,966	82.8	37,353	34,079	91.2	49,462	45,870	92.7	51,025	45,301	88.8	149,880	135,216	90.2
Repeat, U.S. Educated	7,933	4,832	60.9	5,272	2,929	55.6	6,032	3,102	51.4	6,986	4,006	57.3	26,223	14,869	56.7
First-time, Internationally Educated	2,308	710	30.8	1,875	696	37.1	2,017	697	34.6	1,907	717	37.6	8,107	2,820	34.8
Repeat, Internationally Educated	3,369	624	18.5	2,844	618	21.7	3,205	627	19.6	2,912	656	22.5	12,330	2,525	20.5
ALL CANDIDATES	25,650	16,132	62.9	47,344	38,322	80.9	60,716	50,296	82.8	62,830	50,680	80.7	196,540	155,430	79.1

NCLEX® PASS RATES – PN	Oct. '11 – Dec. '11			Jan. '12 – Mar. '12			Apr. '12 – Jun. '12			Jul. '12 – Sept. '12			TOTAL (FY12)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	13,401	10,792	80.5	15,530	12,998	83.7	13,339	11,010	82.5	21,889	19,087	87.2	64,159	53,887	84.0
Repeat, U.S. Educated	3,789	1,310	34.6	3,542	1,215	34.3	4,321	1,618	37.5	3,766	1,372	36.4	15,418	5,515	35.8
First-time, Internationally Educated	171	79	46.2	134	58	43.3	167	69	41.3	164	77	47.0	636	283	44.5
Repeat, Internationally Educated	201	33	16.4	169	22	13.0	215	36	16.7	215	30	14.0	800	121	15.1
ALL CANDIDATES	17,562	12,214	69.6	19,375	14,293	73.8	18,042	12,733	70.6	26,034	20,566	79.0	81,013	59,806	73.8

From April 1, 1994 through Sept. 30, 2012, more than **3.9 million candidates** for nurse licensure have taken NCLEX® examinations via CAT.

For the fiscal year ending Sept. 30, 2012, **277,553 candidates** took the NCLEX-RN® and NCLEX-PN® Examinations.

NCLEX® PASS RATES – RN

Fiscal Year 2012 – First-time, U.S. Educated

Jurisdiction	Oct. '11 – Dec. '11			Jan. '12 – Mar. '12			Apr. '12 – Jun. '12			Jul. '12 – Sept. '12			TOTAL (FY12)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	222	176	79.3	782	709	90.7	1,325	1,210	91.3	1,068	953	89.2	3,397	3,048	89.7
ALASKA	22	16	72.7	77	73	94.8	60	55	91.7	35	29	82.9	194	173	89.2
AMERICAN SAMOA	1	1	100.0	3	1	33.3	0	0	0.0	0	0	0.0	4	2	50.0
ARIZONA	190	170	89.5	972	920	94.7	937	890	95.0	719	660	91.8	2,818	2,640	93.7
ARKANSAS	118	101	85.6	604	529	87.6	422	387	91.7	636	553	86.9	1,780	1,570	88.2
CALIFORNIA – RN	984	831	84.5	3,258	3,001	92.1	2,707	2,453	90.6	3,482	3,119	89.6	10,431	9,404	90.2
COLORADO	190	167	87.9	567	534	94.2	520	493	94.8	675	600	88.9	1,952	1,794	91.9
CONNECTICUT	126	109	86.5	324	293	90.4	307	285	92.8	818	761	93.0	1,575	1,448	91.9
DELAWARE	26	19	73.1	143	129	90.2	154	133	86.4	216	185	85.6	539	466	86.5
DISTRICT OF COLUMBIA	20	18	90.0	107	90	84.1	111	96	86.5	134	105	78.4	372	309	83.1
FLORIDA	1,173	952	81.2	2,489	2,191	88.0	2,766	2,467	89.2	3,020	2,558	84.7	9,448	8,168	86.5
GEORGIA – RN	125	107	85.6	904	840	92.9	1,753	1,656	94.5	817	728	89.1	3,599	3,331	92.6
GUAM	11	9	81.8	1	1	100.0	1	1	100.0	18	18	100.0	31	29	93.5
HAWAII	81	59	72.8	193	166	86.0	110	94	85.5	224	174	77.7	608	493	81.1
IDAHO	41	36	87.8	248	227	91.5	287	260	90.6	176	149	84.7	752	672	89.4
ILLINOIS	320	253	79.1	1,441	1,319	91.5	2,188	2,046	93.5	2,073	1,845	89.0	6,022	5,463	90.7
INDIANA	319	241	75.5	916	811	88.5	1,625	1,502	92.4	1,328	1,173	88.3	4,188	3,727	89.0
IOWA	159	125	78.6	480	421	87.7	704	669	95.0	778	688	88.4	2,121	1,903	89.7
KANSAS	292	258	88.4	399	337	84.5	1,089	993	91.2	245	186	75.9	2,025	1,774	87.6
KENTUCKY	184	166	90.2	815	757	92.9	1,317	1,229	93.3	511	457	89.4	2,827	2,609	92.3
LOUISIANA – RN	135	114	84.4	971	911	93.8	539	506	93.9	643	598	93.0	2,288	2,129	93.1
MAINE	50	43	86.0	93	84	90.3	449	415	92.4	115	94	81.7	707	636	90.0
MARYLAND	123	89	72.4	858	785	91.5	733	675	92.1	1,176	1,032	87.8	2,890	2,581	89.3
MASSACHUSETTS	176	126	71.6	738	692	93.8	835	781	93.5	1,811	1,612	89.0	3,560	3,211	90.2
MICHIGAN	645	576	89.3	1,236	1,167	94.4	1,533	1,445	94.3	1,666	1,483	89.0	5,080	4,671	91.9
MINNESOTA	96	61	63.5	827	742	89.7	1,645	1,519	92.3	683	545	79.8	3,251	2,867	88.2
MISSISSIPPI	53	44	83.0	445	400	89.9	1,133	1,052	92.9	184	165	89.7	1,815	1,661	91.5
MISSOURI	317	278	87.7	905	853	94.3	1,166	1,126	96.6	1,233	1,114	90.3	3,621	3,371	93.1
MONTANA	8	6	75.0	136	125	91.9	195	189	96.9	142	122	85.9	481	442	91.9
NEBRASKA	70	58	82.9	286	273	95.5	735	694	94.4	315	280	88.9	1,406	1,305	92.8
NEVADA	102	86	84.3	267	251	94.0	286	271	94.8	285	269	94.4	940	877	93.3
NEW HAMPSHIRE	6	3	50.0	58	56	96.6	430	408	94.9	196	183	93.4	690	650	94.2
NEW JERSEY	406	330	81.3	687	588	85.6	318	257	80.8	1,606	1,438	89.5	3,017	2,613	86.6
NEW MEXICO	151	116	76.8	322	283	87.9	238	217	91.2	379	317	83.6	1,090	933	85.6
NEW YORK	1,035	800	77.3	1,882	1,683	89.4	1,982	1,727	87.1	4,864	4,233	87.0	9,763	8,443	86.5
NORTH CAROLINA	73	58	79.5	827	775	93.7	2,431	2,318	95.4	515	458	88.9	3,846	3,609	93.8
NORTH DAKOTA	7	5	71.4	71	62	87.3	324	305	94.1	67	59	88.1	469	431	91.9
NORTHERN MARIANA ISLANDS	5	1	20.0	3	0	0.0	0	0	0.0	0	0	0.0	8	1	12.5
OHIO	1,050	896	85.3	1,729	1,556	90.0	2,242	2,035	90.8	3,291	2,979	90.5	8,312	7,466	89.8
OKLAHOMA	102	76	74.5	388	359	92.5	961	906	94.3	711	632	88.9	2,162	1,973	91.3
OREGON	54	50	92.6	91	84	92.3	279	262	93.9	791	749	94.7	1,215	1,145	94.2
PENNSYLVANIA	851	738	86.7	1,296	1,176	90.7	1,992	1,873	94.0	3,486	3,134	89.9	7,625	6,921	90.8
RHODE ISLAND	29	23	79.3	201	186	92.5	72	67	93.1	372	345	92.7	674	621	92.1
SOUTH CAROLINA	182	161	88.5	563	523	92.9	1,156	1,093	94.6	439	404	92.0	2,340	2,181	93.2
SOUTH DAKOTA	35	27	77.1	146	128	87.7	417	388	93.0	170	149	87.6	768	692	90.1
TENNESSEE	109	95	87.2	984	933	94.8	1,467	1,411	96.2	922	819	88.8	3,482	3,258	93.6
TEXAS	664	553	83.3	3,423	3,128	91.4	3,322	3,097	93.2	3,206	2,850	88.9	10,615	9,628	90.7
UTAH	93	78	83.9	402	372	92.5	684	635	92.8	352	317	90.1	1,531	1,402	91.6
VERMONT	12	12	100.0	4	2	50.0	203	189	93.1	121	101	83.5	340	304	89.4
VIRGIN ISLANDS	3	3	100.0	1	0	0.0	1	1	100.0	10	9	90.0	15	13	86.7
VIRGINIA	328	266	81.1	833	770	92.4	1,303	1,216	93.3	1,357	1,187	87.5	3,821	3,439	90.0
WASHINGTON	234	204	87.2	529	476	90.0	508	488	96.1	1,365	1,263	92.5	2,636	2,431	92.2
WEST VIRGINIA – RN	82	52	63.4	256	218	85.2	440	405	92.0	335	295	88.1	1,113	970	87.2
WISCONSIN	128	107	83.6	1,121	1,049	93.6	926	852	92.0	1,101	998	90.6	3,276	3,006	91.8
WYOMING	22	17	77.3	51	40	78.4	134	128	95.5	143	127	88.8	350	312	89.1
TOTAL	12,040	9,966	82.8	37,353	34,079	91.2	49,462	45,870	92.7	51,025	45,301	88.8	149,880	135,216	90.2

NCLEX® PASS RATES – PN

Fiscal Year 2012 – First-time, U.S. Educated

Jurisdiction	Oct. '11 – Dec. '11			Jan. '12 – Mar. '12			Apr. '12 – Jun. '12			Jul. '12 – Sept. '12			TOTAL (FY12)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	126	111	88.1	304	271	89.1	133	117	88.0	308	291	94.5	871	790	90.7
ALASKA	3	3	100.0	12	11	91.7	2	2	100.0	8	8	100.0	25	24	96.0
AMERICAN SAMOA	2	1	50.0	0	0	0.0	0	0	0.0	0	0	0.0	2	1	50.0
ARIZONA	103	97	94.2	170	164	96.5	168	163	97.0	155	149	96.1	596	573	96.1
ARKANSAS	132	104	78.8	280	247	88.2	120	108	90.0	532	490	92.1	1,064	949	89.2
CALIFORNIA – VN	1,879	1,346	71.6	2,237	1,677	75.0	1,906	1,352	70.9	2,363	1,690	71.5	8,385	6,065	72.3
COLORADO	62	59	95.2	74	64	86.5	63	53	84.1	220	210	95.5	419	386	92.1
CONNECTICUT	156	137	87.8	229	203	88.6	156	121	77.6	320	265	82.8	861	726	84.3
DELAWARE	70	39	55.7	67	50	74.6	68	50	73.5	87	70	80.5	292	209	71.6
DISTRICT OF COLUMBIA	65	47	72.3	78	51	65.4	93	60	64.5	98	49	50.0	334	207	62.0
FLORIDA	1,096	802	73.2	1,207	951	78.8	1,186	918	77.4	1,274	1,023	80.3	4,763	3,694	77.6
GEORGIA – PN	254	236	92.9	229	210	91.7	259	227	87.6	457	426	93.2	1,199	1,099	91.7
GUAM	0	0	0.0	1	1	100.0	4	3	75.0	3	2	66.7	8	6	75.0
HAWAII	44	39	88.6	53	47	88.7	21	19	90.5	52	50	96.2	170	155	91.2
IDAHO	34	33	97.1	77	73	94.8	21	20	95.2	83	81	97.6	215	207	96.3
ILLINOIS	350	290	82.9	383	305	79.6	231	184	79.7	920	827	89.9	1,884	1,606	85.2
INDIANA	274	236	86.1	373	331	88.7	225	177	78.7	328	307	93.6	1,200	1,051	87.6
IOWA	164	148	90.2	329	318	96.7	298	279	93.6	463	439	94.8	1,254	1,184	94.4
KANSAS	83	73	88.0	236	206	87.3	432	397	91.9	275	254	92.4	1,026	930	90.6
KENTUCKY	211	178	84.4	281	245	87.2	356	320	89.9	259	230	88.8	1,107	973	87.9
LOUISIANA – PN	112	87	77.7	540	477	88.3	333	262	78.7	305	261	85.6	1,290	1,087	84.3
MAINE	18	17	94.4	25	22	88.0	27	21	77.8	26	20	76.9	96	80	83.3
MARYLAND	58	53	91.4	36	35	97.2	26	23	88.5	98	94	95.9	218	205	94.0
MASSACHUSETTS	112	99	88.4	90	77	85.6	29	22	75.9	665	618	92.9	896	816	91.1
MICHIGAN	294	270	91.8	408	374	91.7	318	292	91.8	422	404	95.7	1,442	1,340	92.9
MINNESOTA	175	138	78.9	518	469	90.5	613	555	90.5	491	430	87.6	1,797	1,592	88.6
MISSISSIPPI	47	36	76.6	218	179	82.1	41	29	70.7	383	351	91.6	689	595	86.4
MISSOURI	200	183	91.5	293	273	93.2	146	127	87.0	762	715	93.8	1,401	1,298	92.6
MONTANA	4	4	100.0	35	35	100.0	57	56	98.2	28	28	100.0	124	123	99.2
NEBRASKA	76	57	75.0	60	48	80.0	103	98	95.1	140	127	90.7	379	330	87.1
NEVADA	13	13	100.0	23	21	91.3	18	14	77.8	33	29	87.9	87	77	88.5
NEW HAMPSHIRE	42	25	59.5	45	39	86.7	90	83	92.2	53	49	92.5	230	196	85.2
NEW JERSEY	714	475	66.5	718	505	70.3	608	412	67.8	587	443	75.5	2,627	1,835	69.9
NEW MEXICO	17	14	82.4	37	36	97.3	47	46	97.9	55	54	98.2	156	150	96.2
NEW YORK	1,089	796	73.1	466	323	69.3	540	382	70.7	1,536	1,277	83.1	3,631	2,778	76.5
NORTH CAROLINA	179	159	88.8	121	107	88.4	147	137	93.2	515	488	94.8	962	891	92.6
NORTH DAKOTA	4	3	75.0	23	22	95.7	33	32	97.0	107	101	94.4	167	158	94.6
NORTHERN MARIANA ISLANDS	0	0	0.0	1	0	0.0	0	0	0.0	0	0	0.0	1	0	0.0
OHIO	1,342	1,175	87.6	982	857	87.3	905	775	85.6	1,131	981	86.7	4,360	3,788	86.9
OKLAHOMA	202	181	89.6	213	190	89.2	225	207	92.0	520	476	91.5	1,160	1,054	90.9
OREGON	129	115	89.1	135	117	86.7	109	86	78.9	131	127	96.9	504	445	88.3
PENNSYLVANIA	776	690	88.9	664	597	89.9	451	398	88.2	788	727	92.3	2,679	2,412	90.0
RHODE ISLAND	10	10	100.0	7	5	71.4	8	8	100.0	2	2	100.0	27	25	92.6
SOUTH CAROLINA	136	131	96.3	150	137	91.3	122	118	96.7	245	228	93.1	653	614	94.0
SOUTH DAKOTA	18	13	72.2	42	39	92.9	10	9	90.0	128	122	95.3	198	183	92.4
TENNESSEE	327	279	85.3	266	235	88.3	391	365	93.4	485	458	94.4	1,469	1,337	91.0
TEXAS	1,258	1,014	80.6	1,665	1,397	83.9	1,010	859	85.0	2,095	1,847	88.2	6,028	5,117	84.9
UTAH	42	41	97.6	87	86	98.9	240	238	99.2	137	134	97.8	506	499	98.6
VERMONT	8	6	75.0	0	0	0.0	5	5	100.0	155	150	96.8	168	161	95.8
VIRGIN ISLANDS	7	4	57.1	7	2	28.6	3	0	0.0	0	0	0.0	17	6	35.3
VIRGINIA	477	357	74.8	468	325	69.4	500	364	72.8	613	492	80.3	2,058	1,538	74.7
WASHINGTON	234	207	88.5	130	119	91.5	167	153	91.6	332	318	95.8	863	797	92.4
WEST VIRGINIA – PN	80	75	93.8	83	76	91.6	35	33	94.3	269	247	91.8	467	431	92.3
WISCONSIN	85	79	92.9	335	330	98.5	219	210	95.9	397	381	96.0	1,036	1,000	96.5
WYOMING	8	7	87.5	19	19	100.0	21	21	100.0	50	47	94.0	98	94	95.9
TOTAL	13,401	10,792	80.5	15,530	12,998	83.7	13,339	11,010	82.5	21,889	19,087	87.2	64,159	53,887	84.0

NCLEX® International Figures

TOP FIVE COUNTRIES with respect to volume Fiscal Year 2012 – First-time, Internationally Educated

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	Oct. '11 – Dec. '11	Jan. '12 – Mar. '12	Apr. '12 – Jun. '12	Jul. '12 – Sept. '12	TOTAL (FY12)
1st	Philippines	Philippines	Philippines	Philippines	Philippines
	1,276	863	931	868	3,938
2nd	India	India	India	India	India
	251	228	222	257	958
3rd	Canada	Canada	Canada	Canada	Canada
	183	132	149	165	629
4th	South Korea	South Korea	South Korea	Puerto Rico	South Korea
	138	114	121	91	462
5th	Nigeria	Puerto Rico	Puerto Rico	South Korea	Puerto Rico
	72	102	114	89	375

In this table, the number of first-time internationally educated candidates includes both RNs and PNs.

More than **103,000** nurse licensure candidates
have taken the NCLEX® in international test centers.

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FY12
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Barbara Morvant, Louisiana – RN
Lori Scheidt, Missouri
Debra Scott, Nevada, Board Liaison

NURSING EDUCATION COMMITTEE

Susan L. Woods, Washington, Chair
Joe Baker, Jr., Florida
Katie Daugherty, California – RN
Katie L. Drake-Speer, Alabama
Mary Friel Fanning, West Virginia – RN
Margaret Hourigan, Maine
Laurette D. Keiser, Pennsylvania
Marilyn Krasowski, Minnesota
Peggy S. Matteson, Rhode Island
Bibi Schultz, Missouri
Tish Smyer, Nevada
Peggy C. Walters, North Carolina
Shirley Brekken, Minnesota, Board Liaison

TERCAP® COMMITTEE

Mary Beth Thomas, Texas, Chair
J. L. Skylar Caddell, Texas
Chuck Cumiskey, Washington
Janet Edmonds, Idaho
Marney Halligan, Minnesota
Joanne L. Sorenson, Pennsylvania
Kathleen Graham, British Columbia – RN
Julio Santiago, Illinois, Board Liaison

NCSBN continues to recognize leaders and exceptional individuals in our profession.



Member Achievements

BOARDS CELEBRATING THEIR CENTENNIAL

NCSBN is proud to acknowledge the following member boards that celebrated their 100th anniversary in 2012. We honor the many contributions they have made to nursing regulation in service to public welfare and safety. Congratulations on this accomplishment.

Photo credit: Ross Skeegan, Eventwork Photography



College of Registered Nurses of
British Columbia



Louisiana State Board of Nursing



Rhode Island Board of Nurse Registration
and Nursing Education

INDUCTION OF INSTITUTE OF REGULATORY EXCELLENCE (IRE) FELLOWS

NCSBN inducted its sixth group of Fellows of the NCSBN IRE. The IRE Fellowship program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation.

Awards presented by IRE Committee Chairperson **Sharon Pierce** and NCSBN Staff **Linda Olson**.

Photo Credit: Ross Skeegan, Eventwork Photography



Jessie Colin, PhD, RN
Board Member, Florida Board of Nursing



Janice Hooper, PhD, RN
Nursing Consultant, Texas Board of Nursing



Tracy Klein, PhD, MS, FNP, RN, FAANP
Nurse Consultant, Advanced Practice,
Oregon State Board of Nursing



Eileen Kugler, MSN, MPH, FNP, RN
Manager, Practice, North Carolina Board of Nursing



Sue Petula, PhD, MSN, RN, NEA-BC
Nursing Educator Advisor, Pennsylvania State Board
of Nursing



Pamela Randolph, MS, RN
Associate Director, Education/Evidence-based
Regulation, Arizona State Board of Nursing



Patricia Spurr, EdD, MSN, RN, CNE
Education Consultant, Kentucky Board of Nursing

R. LOUISE McMANUS AWARD

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

REGULATORY ACHIEVEMENT AWARD

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



Sandra Evans, MAEd, RN
Executive Director, Idaho Board of Nursing



Missouri State Board of Nursing

MERITORIOUS SERVICE AWARD

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



Debra Scott, MSN, RN, FRE
Executive Director, Nevada State Board of Nursing

EXCEPTIONAL CONTRIBUTION AWARD

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



Julia Gould, MS, RN
Board Staff, Georgia Board of Nursing



Sue Petula, PhD, MSN, RN, NEA-BC
Board Staff, Pennsylvania State Board of Nursing

Awards presented by NCSBN President **Myra Broadway**
Photo Credit: Ross Skeegan, Eventwork Photography

SERVICE AWARDS

Service awards are given to the executive officers of boards of nursing to honor their commitment to nursing regulation and public protection.

Not Pictured:
TEN YEARS

Laurette Keiser, MSN, RN
Executive Secretary/Section Chief, Pennsylvania State Board of Nursing

Awards presented by NCSBN President **Myra Broadway**

Photo Credit: Ross Skeegan, Eventwork Photography



FIVE YEARS
Patricia Ann Noble, MSN, RN
Executive Director, Maryland Board of Nursing



FIVE YEARS
Nancy Sanders, PhD, RN
Executive Administrator, Alaska Board of Nursing



TEN YEARS
Gloria Damgaard, MS, RN, FRE
Executive Secretary, South Dakota Board of Nursing



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



TEN YEARS
Karen Scipio-Skinner, MSN, RN
Executive Director, District of Columbia Board of Nursing



TEN YEARS
Debra Scott, MSN, RN, FRE
Executive Director, Nevada State Board of Nursing



At the 2012 NCSBN Awards Dinner in Dallas Aug. 8-10, 2012, outstanding service and dedication awards were presented to outstanding members.

'78



First NCSBN Delegate Assembly called to order.
NCSBN office opened in Madison, Wisconsin.

'81

Criterion-referenced scoring for NCLEX® examination implemented.

'83



Nursing Practice Act and Model Administrative Rules developed.

'94



Computerized adaptive testing (CAT) implemented.

'97

NCLEX®, NCLEX-RN® and NCLEX-PN® registered.
Nurse Licensure Compact (NLC) adopted.

'99

Uniform licensure requirements adopted.

48

Delegates adopted plan to revise NCLEX-RN® Test Plan.
First LPN voting member recognized.

'79

First NCLEX-RN® administered under new test plan.
First LPN appointed to the Board of Directors.

'82

NCLEX-PN® Test Plan adopted.

'84



NCSBN website launched.

'96

First online NCLEX-RN® preparation course launched on NCSBN Learning Extension.

'98



NCSBN Timeline

'00

Utah became first state to adopt the NLC.

'04

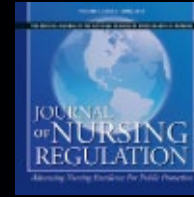
First Institute of Regulatory Excellence held.
Utah adopted the Advanced Practice Registered Nurse (APRN) Compact.

'08



Published *The First 25 Years: 1978–2003*, which explores the organization's work from 1978 to 2003.
NCSBN acquired exclusive ownership of NNAAP® and MACE®.

'10



Published first issue of *Journal of Nursing Regulation*.

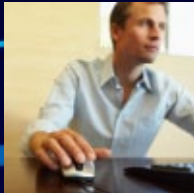
'12



NCLEX-RN® selected by Canadian regulators for license requirement in Canada.

'02

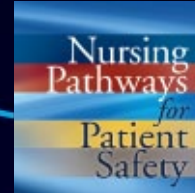
Public access to Nursys® implemented.



'05

International NCLEX® examination testing launched.

'09



NCSBN celebrated its 30-year anniversary.
Published *Nursing Pathways for Patient Safety*.

'11



Implemented the Memorandum of Understanding among eight international nursing regulatory bodies.
Proposed consensus model for APRN regulation.



NCSBN Facts



U.S. boards of nursing regulate more than 3 million licensed nurses.

Nurses are the second largest group of licensed professionals in the U.S.

Since 1994, more than 3.9 million candidates for U.S. nurse licensure have taken the NCLEX® exam via computerized adaptive testing (CAT).

For the fiscal year ending Sept. 30, 2012, there were 277,553 candidates who took the NCLEX-RN® and NCLEX-PN® Examinations.

The Learning Extension currently offers 40 online courses, reaching more than 257,000 nurses in 120 countries since its inception in 1998.

More than 103,000 nurse licensure candidates have taken the NCLEX in international test centers.

NCSBN® welcomed its first international associate member in 2008.

The NCSBN Center for Regulatory Excellence Grant Program has awarded more than \$8 million in grants.

NCSBN has published 56 volumes of research briefs.

NNAAP® is the largest nurse aide certification examination program in the U.S. with more than 200,000 paper and practical examinations administered annually.

NCSBN's website www.ncsbn.org hosted 2.2 million visits during fiscal year 2012. Visitors viewed pages 11.8 million times and downloaded publications and other documents more than 570,000 times.

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