

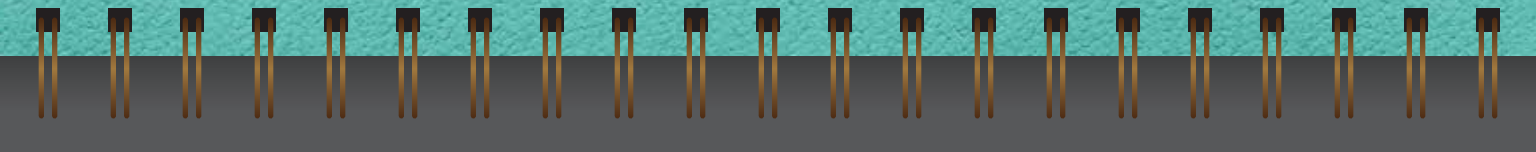


**NCSBN**

*National Council of State Boards of Nursing*

**2014 ANNUAL REPORT**









**REVOLUTIONIZING**

the Now - to Design

**THE FUTURE**







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# THE 2014 NCSBN ANNUAL THEME

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Evoking the style, colors and spirit of the Works Progress Administration (WPA) of the 1930s, the 2014 theme, **“Revolutionizing the Now to Design the Future,”** takes its inspiration from the values that Depression-era artisans strove to depict in their own works – perseverance, community, optimism and the triumph of the “common man” over obstacles.

Recognition that “revolution” is necessary to craft a future where public protection remains paramount amidst the changing demands of the health care environment and evolving technology, this illustration interweaves the concept of change as a power for good and embraces the process of transformation as a positive force uniting nursing regulatory bodies in the U.S. and across the world.

In its most benign manifestation, revolution denotes change and to revolve means to turn – this illustration depicts both. The human hand is the change instrument that skillfully guides the transformation by using the tool to put the gears in motion.

The “nut” that the wrench is turning is actually an acorn, the seed from which the tree, which serves as the background image of the design, springs. The tree is rooted in the earth but reaches toward the sky, representing growth and strength, just like boards of nursing (BONs) build upon the steadfast foundations of the mission to guard the public’s safety and welfare through new and innovative means and mechanisms.

At the very base of the illustration, anchoring the design, is a globe, symbolizing the far-reaching scope that NCSBN aspires to in its vision statement to “advance regulatory excellence worldwide.” The universality of the quest to ensure public protection encompasses the contributions of the NCSBN Associate Members and emphasizes their partnership with U.S. BONs. The waves flanking each side of the globe signify the flow of ideas across the oceans and back again.

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# THE YEAR IN REVIEW

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The FY14 theme “**Revolutionizing the Now to Design the Future**” both inspired and reflected many of the activities and events that shaped the year.



REVOLUTION  
DENOTES  
CHANGE

An historic meeting of the governing boards of the three organizations representing the state boards that license physicians, nurses and pharmacists – the **Tri-Regulator Collaborative** – the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP) and NCSBN occurred in FY14. A wide range of agenda items and continued ongoing efforts supporting greater cooperation and dialogue were discussed. Two important initiatives that came out of the meeting are the “Tri-Regulator Collaborative Position Statement on Interprofessional, Team-based Patient Care” and the “Tri-Regulator Collaborative Position Statement on Practice Location for Consumer Protection.”

The position statement on interprofessional, team-based patient care affirmed that all members of a health care

team must place the best interests of the patient first and endorse “a team-based approach to patient care that utilizes the education, training, expertise and abilities of individual team members in order to deliver health care that is efficient, interprofessional, cost-effective and evidence-based.”

The practice location for consumer protection position statement established that in a consumer protection model, “health care practice occurs where the recipient of health care services is located” and “patients not residing in the location of the provider deserve the same quality of regulated practice regardless of where the provider is located.”



Historic meeting of **Tri-Regulator Collaborative** governing boards representing the state boards that license physicians, nurses and pharmacists in the U.S.

*Photo courtesy of the Federation of State Medical Boards.*

1. AUSTRALIA
2. CANADA
3. ENGLAND
4. HONG KONG
5. INDIA
6. JAPAN
7. MEXICO
8. PHILIPPINES
9. PUERTO RICO
10. TAIWAN



**MORE THAN 104,000 NURSE  
LICENSURE CANDIDATES  
IN 10 GEOGRAPHIC  
LOCATIONS HAVE TAKEN  
THE NCLEX ABROAD.**







In its continual efforts to maintain the highest level of public safety possible, NCSBN raised the passing standard for the **NCLEX-PN® Examination** in response to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level PNs. After considering all available information, the NCSBN Board of Directors (BOD) determined that safe and effective entry-level PN practice required a greater level of knowledge, skills and abilities than was required in 2010 when NCSBN instituted the previous standard.

A revised definition of the entry-level nurse in the NCLEX environment, which was the result of analysis leading to

the question of what constitutes the length of the entry-level period, was approved. The designation of entry-level will now be defined as a nurse having no more than 12 months of experience; previously it was defined as a nurse having no more than six months of experience.

The **Center for Regulatory Excellence (CRE) Grant Program** awarded grants in FY14 totaling more than \$1.3 million to four U.S. and international organizations. Since the grant program began in 2007, it has awarded almost \$11 million in grants to 38 organizations. The CRE funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change.



nursYS  
E-NOTIFY®







## EMBRACING THE PROCESS OF TRANSFORMATION

Findings of the award-winning study, “The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education,” were published. The largest and most comprehensive research to date examining the use of simulation in the prelicensure nursing curriculum concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes to those students whose experiences are mostly traditional clinical hours and produces new graduates that are ready for clinical practice.

- This study received the first **Excellence in Educational Research Award**, a program of the Sigma Theta Tau International (STTI) / Chamberlain College of Nursing Center for Excellence in Nursing Education, presented at STTI’s International Nursing Research Congress in Hong Kong. It was unanimously selected by the judges because it was a broad-based study with nationwide and potentially international impact on nursing education.
- The International Nursing Association for Clinical Simulation & Learning (INACSL) presented the late Jennifer Hayden, MSN, RN, associate, NCSBN Research department, with the first **INACSL President’s Award** in recognition of her role as the project director and her leadership in bringing this seminal work to fruition.

**Nursys e-Notify**<sup>®</sup> is designated to be a free service for institutions that employ nurses or maintain a registry of nurses. This system provides automatic licensure,

discipline and publicly available notifications quickly, easily and securely, fulfilling NCSBN’s mission to protect the public. Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Data are pushed directly from participating boards of nursing’s (BONs) databases through frequent, secured updates.

NCSBN received the designation of American National Standards Institute (ANSI) **Accredited Standards Developer Organization**. 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.

A white paper, *Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs*, key definitions, regulatory guidelines, and model education rule and act revisions about distance education were produced. Also, for the first time, every requirement BONs have for distance education programs is now available in one convenient location on the NCSBN website.

April 1 marked the 20th anniversary of the first NCLEX Examination administered via computerized adaptive testing (CAT). In 1994, NCSBN was the first organization to implement this technology for nationwide licensure examination. Since then, more than 4.5 million candidates for nurse licensure have taken the exam domestically and internationally.



U.S. BOARDS OF  
NURSING REGULATE  
MORE THAN **4.5 MILLION**  
**LICENSED NURSES.**







## GROWTH AND STRENGTH

CEO Kathy Apple, MS, RN, FAAN, received the **2013 Ben Shimberg Public Service Award** from the Citizen's Advocacy Center (CAC). She delivered the Ben Shimberg Memorial Lecture during the CAC annual meeting.

NCSBN debuted two new videos designed to educate nurses on a variety of issues important for safe nursing practice. The "Professional Boundaries in Nursing" video explains the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. The "Substance Use Disorder in Nursing" video helps nurse managers and nurses identify the warning signs of substance use disorder (SUD), provides guidelines for prevention, education and intervention. Supporting these two videos, NCSBN provides a variety of resources that can educate nurses about professional boundaries and substance use disorder including online courses, brochures and posters.

NCSBN has distributed more than 1.6 million outreach brochures free of charge to both the nursing community and the public at large. Brochure topics range from consumer-oriented materials like "A Health Care Consumer's Guide to Advanced Practice Registered Nursing" and "Your State Board of Nursing Works for You: A Health Care Consumer's Guide," to resources specifically aimed at nurses and nursing students such as "A Nurse's Guide to Professional Boundaries"; "A Nurse's Guide to the Use of Social Media" and "State and Territorial Boards of Nursing: What Every Nurse Needs to Know." Distributed to more than 4,000 hospitals, long-term care facilities, nursing schools, associations, organizations and consumer



groups in the U.S., Canada and overseas, the brochures are part of NCSBN's extensive offerings for nurses and consumers that include videos, books, research briefs, white papers and position statements.

NCSBN supports online collaboration of its membership with survey tools, wikis, discussion forums and live webinars/webcasts. Educational resources are available for both membership and external audiences in video and online course formats. User views of the 18 educational and promotional videos in the NCSBN catalog totaled 90,000 during FY14. NCSBN records presentations at its events—views of the 260 presentations from 53 past events totaled 4,800 during FY14.

Online course offerings for external audiences are available through the NCSBN Learning Extension campus located at [learningext.com](http://learningext.com). NCSBN Learning Extension delivered 55,000 online courses during FY14. The online campus catalog of 52 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 350,000 users in 120 countries.



THE NCSBN **CENTER  
FOR REGULATORY  
EXCELLENCE GRANT  
PROGRAM** HAS AWARDED  
MORE THAN **\$11 MILLION**  
IN GRANTS.







## PERSEVERANCE, COMMUNITY, OPTIMISM

The eighth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) was inducted. 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.

NCSBN affirmed its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of telehealth technology for access to health care as well as facilitate the mobility of nurses.

**Leader to Leader**, the biannual newsletter for nursing educators, disseminates information and stimulates dialogue between the educational community and NCSBN. The addition of guest authors to the publication, in addition to in-depth interviews with nurse regulators brings to its readers a wealth of knowledge about new programs, projects and initiatives in nursing education.

NCSBN added to its body of research with the publication of new research briefs titled, *2013 Canadian RN Practice Analysis: Applicability of the 2013 NCLEX-RN Test Plan to the Canadian Testing Population* and *2012 and 2013 Nurse Licensee Volume and NCLEX Examination Statistics*.



## ADVANCING REGULATORY EXCELLENCE WORLDWIDE

The Nurses Association of New Brunswick, College of Licensed Practical Nurses of Newfoundland and Labrador, Nursing & Midwifery Board of New South Wales, Yukon Registered Nurses Association and Nursing & Midwifery Board of Australia became associate members, bringing the total number of members in this category to 21. 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.



*Alpa Broadway*  
PRESIDENT

*Kathy Apple*

CHIEF  
EXECUTIVE  
OFFICER





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## MESSAGE FROM THE CEO AND PRESIDENT

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By implementing NCSBN’s strategic initiatives for 2014–16 over the past year, the NCSBN Board of Directors (BOD), member boards (MBs) and NCSBN staff progressed toward achieving these benchmarks.

Acknowledging both legislative and media attention on health care provider interstate compacts and the importance of the Nurse Licensure Compact (NLC) in light of the movement by other allied health regulatory bodies to establish their own compacts, much of the work of the past year revolved around potential revisions to the NLC.

Leonard J. Marcus, PhD, director of the Program for Health Care Negotiation and Conflict Resolution at Harvard University, and founding co-director of the National Preparedness Leadership Initiative (NPLI) helped to shape and facilitate the discussion. This yearlong examination of the NLC was done to ensure that changes that need to be made reflect the current regulatory landscape and that all MBs have the chance to contribute to revisions.

NCSBN was granted accreditation as a Standards Development Organization (SDO) by the American National Standards Institute (ANSI), joining an elite group of organizations recognized for contributions to ensure that products, programs, services and systems are safe and perform as expected. NCSBN is the second health care regulatory body to be granted this accreditation and it affords us the opportunity to establish foundational regulatory standards.

Opening the avenues of communications amongst the full membership of the boards of directors of the Tri-Regulator Collaborative was historic. While the leadership of the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP) and NCSBN had worked together for several years, their respective boards had not. The meeting that took place established ties and built upon work of the leadership focusing on issues of common concern, and looked for areas where the unity of the group could strengthen all.

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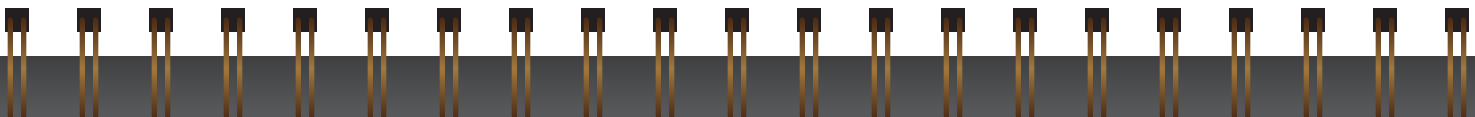




# FISCAL YEAR 2014 OPERATING STATEMENTS

SOURCES OF REVENUE	\$	%	PROGRAM SERVICES	\$	%
Examination fees	\$62,350,600	81	Nurse competency	\$45,841,489	70
Investment earnings	\$5,036,804	7	Nurse practice and regulatory outcome	\$7,839,676	12
Membership fees	\$24,025	< 1	Information	\$8,640,193	13
Other program services	\$9,288,670	12	Management and general	\$3,600,472	5
<b>TOTAL</b>	<b>\$76,700,099</b>	<b>100</b>	<b>TOTAL</b>	<b>\$65,921,830</b>	<b>100</b>
<b>NET SURPLUS</b>				<b>\$10,778,269</b>	

Fiscal Year Ending Sept. 30, 2014





We are justifiably proud of our groundbreaking National Stimulation Study which was published last year. This award-winning research is a seminal work that will both inform our MBs and educators and serve as a foundational study for other researchers.

Cooperation between regulators and other APRN shareholders is part of NCSBN's strategic initiative of collaborative leadership to accomplish a crucial goal. Work continued on the APRN Consensus Model so that states adopt the regulatory requirements for licensure, accreditation, certification and education for APRNs. Nursing regulators know that the benefits will be far-reaching for health care professionals, regulators and consumers.

Implementing distance education in prelicensure nursing programs was confusing for nursing educators and an area of frustration for our MBs. The hard work of the Distance Learning Education Committee brought clarity to this complex issue with the publication of its white paper, and produced a variety of valuable resources while better fostering improved communication between the various stakeholders.

Myra Broadway and Kathy Apple enjoyed a productive four-year working relationship during Broadway's tenure as NCSBN Board of Directors President.







## PURPOSE AND PROGRESS

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The National Council of State Boards of Nursing (NCSBN<sup>®</sup>) 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 21 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,

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### OUR 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.

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### OUR VISION

Advance regulatory excellence worldwide.

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### OUR 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.

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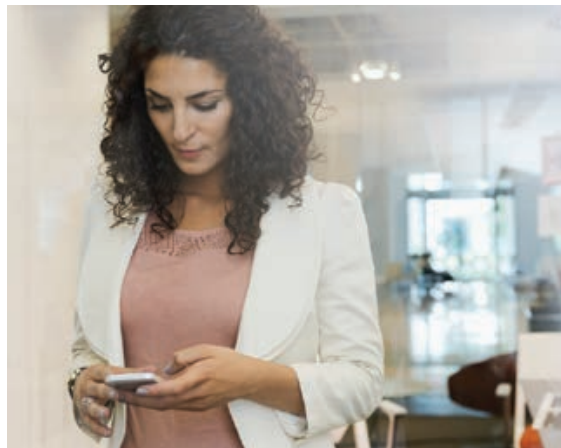
SINCE ITS INCEPTION IN 1998,  
THE **LEARNING EXTENSION** HAS  
REACHED MORE THAN **350,000**  
**USERS** IN 120 COUNTRIES.  
55,000 ONLINE COURSES WERE  
DELIVERED DURING FY14.



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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.

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.

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.

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## THE NCLEX EXAMINATION

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.





THERE WAS A **70% INCREASE** IN THE AMOUNT OF OUTREACH MATERIALS PROVIDED FROM FY13 TO FY14. SINCE 2011, MORE THAN **1.6 MILLION BROCHURES AND POSTERS** HAVE BEEN DISTRIBUTED BY NCSBN.



# PRODUCTS AND SERVICES

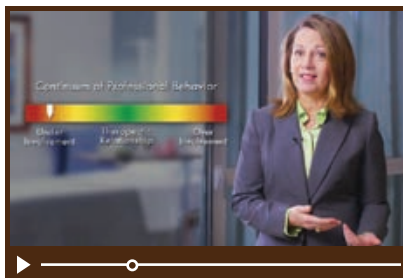
## PUBLICATIONS AND WEB RESOURCES

NCSBN produces a wide variety of publications including books, white papers, brochures and research briefs that focus 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.

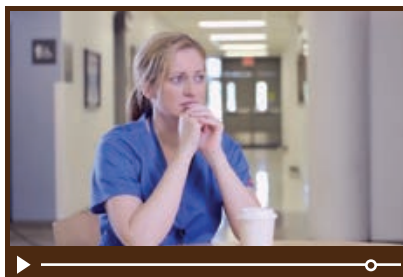
An online library of resources and tools also includes videos that count among its catalog subjects such as professional boundaries in nursing, substance use disorder in nursing, the Nurse Licensure Compact explained and NCLEX. Additionally, recorded webinars, toolkits and presentations are available for download.

## 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, more than 50 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.



Professional Boundaries in Nursing Video



Substance Use Disorder in Nursing Video



NCSBN Learning Extension Website

## 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. Nursys® e-Notify, the newest product, is an innovative nurse licensure notification system that automatically provides employers licensure and publicly available discipline data as it is entered into Nursys by boards of nursing.





# NCLEX<sup>®</sup> OVERVIEW

From April 1, 1994 through Sept. 30, 2014, more than 4.5 million candidates for nurse licensure have taken NCLEX<sup>®</sup> examinations via CAT. For the fiscal year ending Sept. 30, 2014, 293,750 candidates took the NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> Examinations. More than 105,400 nurse licensure candidates have taken the NCLEX<sup>®</sup> in international test centers.

## TOP FIVE COUNTRIES (WITH RESPECT TO VOLUME) Pass Rates – Fiscal Year 2014 – First-time Internationally Educated Candidates

	OCT. – DEC. 2013	JAN. – MAR. 2014	APR. – JUN. 2014	JUL. – SEPT. 2014	TOTAL (FY14)
1	<b>Philippines</b> 1,082	<b>Philippines</b> 860	<b>Philippines</b> 1,091	<b>Philippines</b> 1,302	<b>Philippines</b> 4,335
2	<b>India</b> 246	<b>India</b> 220	<b>India</b> 200	<b>India</b> 527	<b>India</b> 1,193
3	<b>Canada</b> 148	<b>Canada</b> 138	<b>Canada</b> 162	<b>Canada</b> 189	<b>Canada</b> 637
4	<b>Puerto Rico</b> 148	<b>Puerto Rico</b> 121	<b>Puerto Rico</b> 155	<b>Puerto Rico</b> 171	<b>Puerto Rico</b> 585
5	<b>South Korea</b> 124	<b>South Korea</b> 111	<b>South Korea</b> 113	<b>South Korea</b> 96	<b>South Korea</b> 454

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

## NCLEX<sup>®</sup> PASS RATES - RN

	OCT. – DEC. 2013			JAN. – MAR. 2014			APR. – JUN. 2014			JUL. – SEPT. 2014			TOTAL (FY14)		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
<b>First-time, U.S. Educated</b>															
RN - Diploma	267	183	68.5	594	522	87.9	415	340	81.9	1,491	1,244	83.4	2,767	2,289	82.7
RN - BSN	4,881	3,676	75.3	16,370	14,399	88.0	21,975	19,628	89.3	23,972	19,267	80.4	67,198	56,970	84.8
RN - ADN	7,405	4,804	64.9	21,305	17,489	82.1	28,354	23,773	83.8	28,517	21,834	76.6	85,581	67,900	79.3
Special Program Codes	12	7	58.3	6	5	83.3	12	5	41.7	9	4	44.4	39	21	53.8
<b>Total - First-time, U.S. Educated</b>	<b>12,565</b>	<b>8,670</b>	<b>69.0</b>	<b>38,275</b>	<b>32,415</b>	<b>84.7</b>	<b>50,756</b>	<b>43,746</b>	<b>86.2</b>	<b>53,989</b>	<b>42,349</b>	<b>78.4</b>	<b>155,585</b>	<b>127,180</b>	<b>81.7</b>
<b>Repeat, U.S. Educated</b>	11,429	5,155	45.1	8,310	3,928	47.3	10,305	4,511	43.8	13,447	6,604	49.1	43,491	20,198	46.4
<b>First-time, Internationally Educated</b>	2,101	617	29.4	1,737	530	30.5	1,970	584	29.6	2,046	562	27.5	7,854	2,293	29.2
<b>Repeat, Internationally Educated</b>	3,366	550	16.3	2,800	528	18.9	3,353	564	16.8	3,302	588	17.8	12,821	2,230	17.4
<b>ALL CANDIDATES</b>	<b>29,461</b>	<b>14,992</b>	<b>50.9</b>	<b>51,122</b>	<b>37,401</b>	<b>73.2</b>	<b>66,384</b>	<b>49,405</b>	<b>74.4</b>	<b>72,784</b>	<b>50,103</b>	<b>68.8</b>	<b>219,751</b>	<b>151,901</b>	<b>69.1</b>

## NCLEX<sup>®</sup> PASS RATES - PN

	OCT. – DEC. 2013			JAN. – MAR. 2014			APR. – JUN. 2014			JUL. – SEPT. 2014			TOTAL (FY14)		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
<b>First-time, U.S. Educated</b>	12,024	9,755	81.1	14,096	11,813	83.8	11,190	9,071	81.1	19,232	16,185	84.2	56,542	46,824	82.8
<b>Repeat, U.S. Educated</b>	3,844	1,385	36.0	3,531	1,214	34.4	4,026	1,138	28.3	3,854	1,100	28.5	15,255	4,837	31.7
<b>First-time, Internationally Educated</b>	218	116	53.2	214	115	53.7	350	181	51.7	558	284	50.9	1,340	696	51.9
<b>Repeat, Internationally Educated</b>	199	42	21.1	190	35	18.4	233	33	14.2	240	35	14.6	862	145	16.8
<b>ALL CANDIDATES</b>	<b>16,285</b>	<b>11,298</b>	<b>69.4</b>	<b>18,031</b>	<b>13,177</b>	<b>73.1</b>	<b>15,799</b>	<b>10,423</b>	<b>66.0</b>	<b>23,884</b>	<b>17,604</b>	<b>73.7</b>	<b>73,999</b>	<b>52,502</b>	<b>70.9</b>

A computer monitor with a white screen and a dark frame. The screen displays the NCLEX logo in a serif font. The word "NCLEX" is large and has a registered trademark symbol (®) to its upper right. Below it, the word "EXAMINATIONS" is written in a smaller, all-caps sans-serif font, enclosed within a dark horizontal bar.

NCLEX<sup>®</sup>  
EXAMINATIONS

SINCE 1994, MORE THAN  
**4.5 MILLION** CANDIDATES  
FOR U.S. NURSE LICENSURE  
HAVE TAKEN THE NCLEX<sup>®</sup>  
EXAM VIA **COMPUTERIZED  
ADAPTIVE TESTING (CAT)**.

# NCLEX® PASS RATES – RN

## FIRST-TIME, U.S. EDUCATED

JURISDICTION	OCT. – DEC. 2013			JAN. – MAR. 2014			APR. – JUN. 2014			JUL. – SEPT. 2014			TOTAL (FY14)		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
Alabama	210	147	70.0	716	589	82.3	1,208	1,048	86.8	1,007	794	78.8	3,141	2,578	82.1
Alaska	25	20	80.0	111	92	82.9	84	66	78.6	69	53	76.8	289	231	79.9
American Samoa	-	-	-	-	-	-	1	1	100.0	1	0	0.0	2	1	50.0
Arizona	226	167	73.9	1,012	928	91.7	933	850	91.1	582	496	85.2	2,753	2,441	88.7
Arkansas	99	78	78.8	631	515	81.6	342	295	86.3	668	537	80.4	1,740	1,425	81.9
California – RN	993	695	70.0	2,152	1,894	88.0	3,306	2,750	83.2	4,072	3,395	83.4	10,523	8,734	83.0
Colorado	232	187	80.6	610	547	89.7	703	630	89.6	742	635	85.6	2,287	1,999	87.4
Connecticut	172	131	76.2	343	293	85.4	352	320	90.9	831	708	85.2	1,698	1,452	85.5
Delaware	31	16	51.6	151	128	84.8	152	129	84.9	179	143	79.9	513	416	81.1
District of Columbia	18	13	72.2	118	105	89.0	87	77	88.5	178	143	80.3	401	338	84.3
Florida	1,825	1,178	64.5	2,980	2,304	77.3	3,706	2,938	79.3	3,412	2,492	73.0	11,923	8,912	74.7
Georgia – RN	189	133	70.4	1,102	927	84.1	1,563	1,409	90.1	1,025	814	79.4	3,879	3,283	84.6
Guam	15	12	80.0	4	3	75.0	-	-	-	6	4	66.7	25	19	76.0
Hawaii	111	70	63.1	200	140	70.0	98	39	39.8	318	175	55.0	727	424	58.3
Idaho	38	25	65.8	262	236	90.1	227	209	92.1	233	189	81.1	760	659	86.7
Illinois	471	324	68.8	1,550	1,318	85.0	1,891	1,667	88.2	2,473	1,976	79.9	6,385	5,285	82.8
Indiana	276	173	62.7	961	817	85.0	1,986	1,679	84.5	1,004	767	76.4	4,227	3,436	81.3
Iowa	180	124	68.9	465	385	82.8	600	518	86.3	822	616	74.9	2,067	1,643	79.5
Kansas	184	150	81.5	414	320	77.3	1,161	1,000	86.1	368	253	68.8	2,127	1,723	81.0
Kentucky	140	99	70.7	830	696	83.9	1,187	1,052	88.6	568	440	77.5	2,725	2,287	83.9
Louisiana – RN	86	60	69.8	963	848	88.1	590	521	88.3	527	418	79.3	2,166	1,847	85.3
Maine	32	30	93.8	134	119	88.8	400	354	88.5	140	115	82.1	706	618	87.5
Maryland	196	126	64.3	999	825	82.6	890	754	84.7	1,057	786	74.4	3,142	2,491	79.3
Massachusetts	181	107	59.1	833	718	86.2	759	635	83.7	2,292	1,821	79.5	4,065	3,281	80.7
Michigan	376	261	69.4	1,384	1,195	86.3	1,763	1,539	87.3	1,426	1,091	76.5	4,949	4,086	82.6
Minnesota	107	61	57.0	849	728	85.7	1,395	1,200	86.0	809	573	70.8	3,160	2,562	81.1
Mississippi	47	22	46.8	418	345	82.5	1,165	1,036	88.9	238	152	63.9	1,868	1,555	83.2
Missouri	289	213	73.7	1,093	944	86.4	1,165	1,024	87.9	1,294	1,040	80.4	3,841	3,221	83.9
Montana	20	15	75.0	135	114	84.4	199	175	87.9	161	133	82.6	515	437	84.9
Nebraska	120	81	67.5	194	165	85.1	355	324	91.3	525	419	79.8	1,194	989	82.8
Nevada	101	67	66.3	323	290	89.8	356	330	92.7	265	220	83.0	1,045	907	86.8
New Hampshire	27	17	63.0	37	32	86.5	374	340	90.9	259	200	77.2	697	589	84.5
New Jersey	363	252	69.4	500	420	84.0	471	363	77.1	1,816	1,414	77.9	3,150	2,449	77.7
New Mexico	134	110	82.1	252	215	85.3	235	203	86.4	379	291	76.8	1,000	819	81.9
New York	688	441	64.1	1,941	1,593	82.1	1,830	1,408	76.9	4,861	3,668	75.5	9,320	7,110	76.3
North Carolina	125	92	73.6	703	642	91.3	2,640	2,398	90.8	747	560	75.0	4,215	3,692	87.6
North Dakota	11	6	54.5	86	74	86.0	375	338	90.1	115	90	78.3	587	508	86.5
Northern Mariana Islands	10	3	30.0	5	0	0.0	4	0	0.0	10	4	40.0	29	7	24.1
Ohio	1,191	801	67.3	1,886	1,523	80.8	1,474	1,156	78.4	4,084	3,163	77.4	8,635	6,643	76.9
Oklahoma	60	35	58.3	437	372	85.1	848	773	91.2	578	447	77.3	1,923	1,627	84.6
Oregon	111	94	84.7	160	128	80.0	351	330	94.0	908	819	90.2	1,530	1,371	89.6
Pennsylvania	528	365	69.1	1,225	1,065	86.9	2,189	1,907	87.1	2,943	2,347	79.7	6,885	5,684	82.6
Rhode Island	33	22	66.7	177	151	85.3	101	79	78.2	264	218	82.6	575	470	81.7
South Carolina	180	141	78.3	653	582	89.1	1,053	952	90.4	476	378	79.4	2,362	2,053	86.9
South Dakota	38	31	81.6	182	157	86.3	351	321	91.5	150	112	74.7	721	621	86.1
Tennessee	163	114	69.9	1,175	1,027	87.4	1,335	1,223	91.6	1,094	911	83.3	3,767	3,275	86.9
Texas	999	708	70.9	3,768	3,143	83.4	4,061	3,477	85.6	3,511	2,665	75.9	12,339	9,993	81.0
Utah	109	82	75.2	411	354	86.1	760	640	84.2	289	226	78.2	1,569	1,302	83.0
Vermont	4	3	75.0	11	11	100.0	176	150	85.2	126	99	78.6	317	263	83.0
Virgin Islands	4	2	50.0	2	1	50.0	2	1	50.0	8	6	75.0	16	10	62.5
Virginia	338	237	70.1	912	804	88.2	1,177	1,031	87.6	1,313	1,059	80.7	3,740	3,131	83.7
Washington	186	137	73.7	545	471	86.4	577	522	90.5	1,406	1,187	84.4	2,714	2,317	85.4
West Virginia – RN	59	32	54.2	141	119	84.4	403	363	90.1	294	224	76.2	897	738	82.3
Wisconsin	200	148	74.0	1,068	948	88.8	1,251	1,113	89.0	955	782	81.9	3,474	2,991	86.1
Wyoming	14	12	85.7	62	55	88.7	94	89	94.7	111	81	73.0	281	237	84.3
<b>TOTAL</b>	<b>12,565</b>	<b>8,670</b>	<b>69.0</b>	<b>38,276</b>	<b>32,415</b>	<b>84.7</b>	<b>50,756</b>	<b>43,746</b>	<b>86.2</b>	<b>53,989</b>	<b>42,349</b>	<b>80.8</b>	<b>155,586</b>	<b>127,180</b>	<b>81.7</b>





**293,750 CANDIDATES** TOOK  
THE NCLEX-RN® AND NCLEX-PN®  
EXAMINATIONS DURING FY14.



# NCLEX® PASS RATES – PN

## FIRST-TIME, U.S. EDUCATED

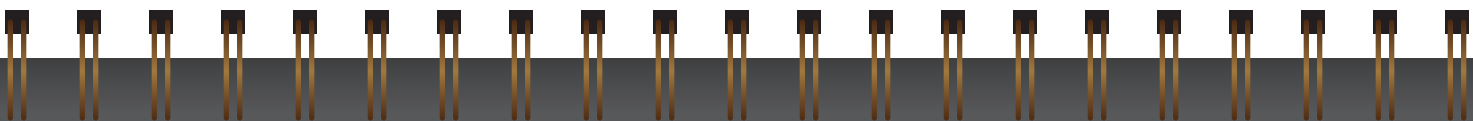
JURISDICTION	OCT. – DEC. 2013			JAN. – MAR. 2014			APR. – JUN. 2014			JUL. – SEPT. 2014			TOTAL (FY14)		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
Alabama	118	104	88.1	228	203	89.0	91	81	89.0	304	277	91.1	741	665	89.7
Alaska	3	1	33.3	8	7	87.5	1	1	100.0	9	8	88.9	21	17	81.0
American Samoa	-	-	-	1	0	0.0	9	3	33.3	-	-	-	10	3	30.0
Arizona	95	84	88.4	104	98	94.2	130	125	96.2	167	156	93.4	496	463	93.3
Arkansas	116	103	88.8	280	265	94.6	181	171	94.5	495	443	89.5	1,072	982	91.6
California – PN	2,229	1,676	75.2	2,346	1,713	73.0	1,779	1,128	63.4	2,013	1,362	67.7	8,367	5,879	70.3
Colorado	68	61	89.7	88	83	94.3	55	50	90.9	213	196	92.0	424	390	92.0
Connecticut	150	128	85.3	202	178	88.1	177	134	75.7	76	52	68.4	605	492	81.3
Delaware	26	12	46.2	58	48	82.8	44	39	88.6	79	68	86.1	207	167	80.7
District of Columbia	15	13	86.7	10	6	60.0	15	7	46.7	4	1	25.0	44	27	61.4
Florida	1,027	752	73.2	1,117	850	76.1	876	629	71.8	1,020	760	74.5	4,040	2,991	74.0
Georgia – PN	217	186	85.7	284	248	87.3	182	161	88.5	382	344	90.1	1,065	939	88.2
Guam	1	1	100.0	-	-	-	9	7	77.8	2	1	50.0	12	9	75.0
Hawaii	58	50	86.2	47	39	83.0	38	13	34.2	76	51	67.1	219	153	69.9
Idaho	21	19	90.5	63	56	88.9	21	20	95.2	118	114	96.6	223	209	93.7
Illinois	311	278	89.4	363	324	89.3	301	236	78.4	806	724	89.8	1,781	1,562	87.7
Indiana	232	196	84.5	253	229	90.5	162	136	84.0	290	243	83.8	937	804	85.8
Iowa	107	93	86.9	223	207	92.8	167	154	92.2	470	421	89.6	967	875	90.5
Kansas	92	79	85.9	217	191	88.0	464	433	93.3	226	186	82.3	999	889	89.0
Kentucky	142	133	93.7	305	287	94.1	232	220	94.8	210	181	86.2	889	821	92.4
Louisiana – PN	66	54	81.8	445	388	87.2	290	259	89.3	204	166	81.4	1,005	867	86.3
Maine	7	7	100.0	14	13	92.9	7	5	71.4	14	11	78.6	42	36	85.7
Maryland	113	84	74.3	114	88	77.2	75	45	60.0	168	135	80.4	470	352	74.9
Massachusetts	141	84	59.6	182	132	72.5	68	46	67.6	622	552	88.7	1,013	814	80.4
Michigan	372	321	86.3	436	381	87.4	377	332	88.1	436	385	88.3	1,621	1,419	87.5
Minnesota	136	123	90.4	510	442	86.7	479	442	92.3	445	354	79.6	1,570	1,361	86.7
Mississippi	31	23	74.2	188	169	89.9	21	18	85.7	402	343	85.3	642	553	86.1
Missouri	230	203	88.3	244	226	92.6	130	111	85.4	699	636	91.0	1,303	1,176	90.3
Montana	1	1	100.0	36	36	100.0	56	55	98.2	51	51	100.0	144	143	99.3
Nebraska	43	38	88.4	52	46	88.5	65	61	93.8	183	169	92.3	343	314	91.5
Nevada	34	26	76.5	44	34	77.3	28	18	64.3	31	23	74.2	137	101	73.7
New Hampshire	19	16	84.2	53	51	96.2	34	33	97.1	62	59	95.2	168	159	94.6
New Jersey	351	290	82.6	243	191	78.6	218	169	77.5	314	247	78.7	1,126	897	79.7
New Mexico	32	30	93.8	22	20	90.9	33	28	84.8	71	67	94.4	158	145	91.8
New York	997	752	75.4	514	353	68.7	549	393	71.6	1,546	1,251	80.9	3,606	2,749	76.2
North Carolina	187	157	84.0	136	126	92.6	178	155	87.1	473	442	93.4	974	880	90.3
North Dakota	20	19	95.0	84	78	92.9	67	65	97.0	120	112	93.3	291	274	94.2
Northern Mariana Islands	1	1	100.0	-	-	-	-	-	-	-	-	-	1	1	100.0
Ohio	855	700	81.9	771	629	81.6	500	383	76.6	945	776	82.1	3,071	2,488	81.0
Oklahoma	172	155	90.1	217	186	85.7	238	203	85.3	465	412	88.6	1,092	956	87.5
Oregon	156	141	90.4	106	92	86.8	88	79	89.8	100	89	89.0	450	401	89.1
Pennsylvania	711	600	84.4	741	638	86.1	374	302	80.7	736	630	85.6	2,562	2,170	84.7
Rhode Island	22	22	100.0	10	9	90.0	5	5	100.0	24	21	87.5	61	57	93.4
South Carolina	158	146	92.4	142	134	94.4	104	98	94.2	203	184	90.6	607	562	92.6
South Dakota	17	16	94.1	41	41	100.0	25	25	100.0	114	101	88.6	197	183	92.9
Tennessee	370	309	83.5	240	215	89.6	381	343	90.0	368	338	91.8	1,359	1,205	88.7
Texas	1,089	900	82.6	1,324	1,150	86.9	759	640	84.3	1,812	1,562	86.2	4,984	4,252	85.3
Utah	32	30	93.8	104	102	98.1	215	207	96.3	121	117	96.7	472	456	96.6
Vermont	4	4	100.0	1	1	100.0	6	5	83.3	123	120	97.6	134	130	97.0
Virgin Islands	2	0	0.0	-	-	-	1	0	0.0	-	-	-	3	0	0.0
Virginia	254	205	80.7	317	268	84.5	309	254	82.2	479	391	81.6	1,359	1,118	82.3
Washington	182	157	86.3	131	124	94.7	155	137	88.4	254	241	94.9	722	659	91.3
West Virginia – PN	82	72	87.8	88	76	86.4	41	35	85.4	350	301	86.0	561	484	86.3
Wisconsin	101	92	91.1	320	313	97.8	353	346	98.0	277	256	92.4	1,051	1,007	95.8
Wyoming	8	8	100.0	29	29	100.0	27	26	96.3	60	55	91.7	124	118	95.2
<b>TOTAL</b>	<b>12,024</b>	<b>9,755</b>	<b>81.1</b>	<b>14,096</b>	<b>11,813</b>	<b>83.8</b>	<b>11,190</b>	<b>9,071</b>	<b>81.1</b>	<b>19,232</b>	<b>16,185</b>	<b>84.2</b>	<b>56,542</b>	<b>46,824</b>	<b>82.8</b>



## **NCSBN BOARD OF DIRECTORS 2013–2014**

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*Back row, left to right:* Gloria Damgaard, Ann L. O’Sullivan, Lanette Anderson, Joe Baker, Jr.,  
Betsy Houchen, Nathan Goldman, Katherine A. Thomas, Susan K. Odom







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# NCSBN BOARD OF DIRECTORS

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The work of the NCSBN Board of Directors remains focused on the implementation and execution of the organization’s strategic initiatives and objectives.

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AS OF MARCH 1, 2015

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THERE WERE MORE THAN  
**90,000 VIEWS** OF NCSBN'S  
18 EDUCATIONAL AND  
PROMOTIONAL VIDEOS  
DURING FY14.





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### **Hong Qian, PhD**

Psychometrician, Examinations

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### **Ada Woo, PhD, MA**

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Examinations

### **Terrence Wright, MA**

Test Development Manager,  
Examinations

CONTINUED ON NEXT PAGE

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Accounting Coordinator, Finance

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Assistant Controller, Finance

**Mary Trucksa**  
Accounting Associate, Finance

**Mattie Williams**  
Accounting Associate, Finance

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Senior Developer, ORBS,  
Information Technology

**Matthew Bunzol**  
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**Shilpa Challam**  
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Nursys® Customer  
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Interactive Services

**Colleen Everett**  
Business Analyst, ORBS,  
Information Technology

**Ben Gonzalez**  
Associate Infrastructure Manager,  
Information Technology

**Dorothy Green**  
Nursys® Associate Operations  
Manager, Information Technology

**Jessica Hansen**  
Associate Director,  
Interactive Services

**Debbie Hart, MBA**  
Project Specialist,  
Information Technology

**Albert Hincapie**  
Senior Developer,  
Information Technology

**James Dean Hope**  
Nursys® Senior Product Support  
Associate, Information Technology

**Mark Huffman**  
Project Manager,  
Information Technology

**Angela Johnston**  
Business Analyst,  
Information Technology

**Christophel Kuizon**  
Developer, Information Technology

**Ameena Lalani**  
Senior Database Administrator,  
ORBS, Information Technology

**Joshua Lingwai**  
Senior Lead Developer,  
Information Technology

**Candice Mack**  
Nursys® Customer  
Service Coordinator,  
Information Technology

**Lavanya Pathak**  
Quality Assurance Analyst,  
Information Technology

**Sandra Rhodes**  
Project Manager,  
Information Technology

**Susan Richmond, MSN, RN**  
Content Manager,  
Interactive Services

**Hillie Rodriguez**  
Customer Service Coordinator,  
ORBS, Information Technology

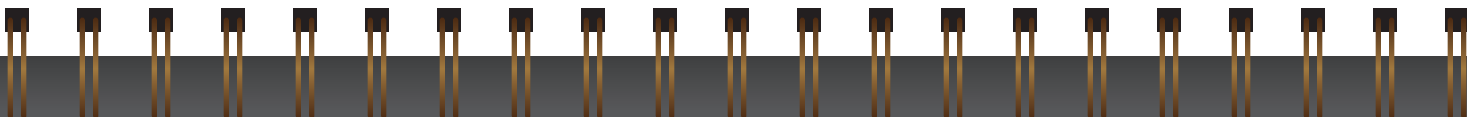
**Chandra Sadhangiri**  
Senior Developer, ORBS,  
Information Technology

**Narender Saraswati, MBA**  
Program Manager, ORBS,  
Information Technology

**Suzanne Schnite, PMP**  
Associate Director,  
Information Technology

**Amanda Schreiner**  
Senior Associate,  
Interactive Services

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**Zach Sears**

Network Administrator,  
Information Technology

**Rajesh Sharma**

Senior Developer,  
Information Technology

**Damon Short, MA**

Senior Database Administrator,  
Information Technology

**Nicholas Smith**

Senior Systems Engineer,  
Information Technology

**Tammy Spangler**

Director, Interactive Services

**Matthew Sterzinger**

Manager, Application Development,  
Information Technology

**Brian Stoudemire, MBA**

Business Analyst, ORBS,  
Information Technology

**Saule Trainys**

Senior User Experience Developer,  
Interactive Services

**Diana Valenzuela Allen, MBA**

Lead Business Analyst, ORBS,  
Information Technology

**Jordan Villarreal**

Senior Systems Engineer,  
Information Technology

**Sanjeev Yarlagadda**

Senior Quality Assurance Analyst,  
Information Technology

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**Jill Budden, PhD, MA**

Associate, Research

**Maureen Cahill, MSN, APN, CNS, RN**

Associate, Nursing Regulation

**Lindsey Gross**

Coordinator, Research

**Qiana Hampton, MBA, MHRM**

Coordinator, Regulatory Innovations

**Laura Jarosz**

Project Specialist,  
Regulatory Innovations

**Linda Olson, PhD, RN, NEA-BC**

Associate, Nursing Regulation

**Beth Radtke, MS**

Associate, Nursing Regulation

**Kathleen Russell, JD, MN, RN**

Associate, Nursing Regulation

**Josephine Silvestre, MSN, RN**

Associate, Regulatory Innovations

**Richard Smiley, MS, MA**

Statistician, Research

**Nancy Spector, PhD, RN, FAAN**

Director, Regulatory Innovations

**Esther White, MS**

Coordinator, Nursing Regulation

**Elizabeth Hua Zhong, PhD, MEd**

Associate, Research







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# NCSBN COMMITTEES

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DURING FISCAL YEAR 2014

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**Margaret E. Kelly**, Washington  
**Karen McCumpsey**, Arkansas  
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**Mary Blubaugh**, Kansas  
**Elizabeth Kiefner Crawford**, Indiana  
**Deb Haagenon**, Minnesota  
**Carina Herman**, British Columbia-PN  
**Gloria Damgaard**, South Dakota, Board Liaison

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**Dean Estes**, Nevada  
**George J. Hebert**, New Jersey  
**Lois E. Hoell**, Washington  
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**Lois Kazmier Halstead**, Illinois  
**Bonita E. Jenkins**, District of Columbia  
**Wendy Winslow**, British Columbia-PN  
**Linda J. Young**, South Dakota

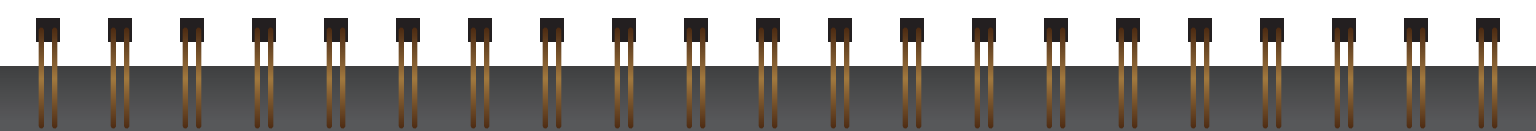
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**Rene Cronquist**, Minnesota  
**Debra Scott**, Nevada  
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**Lisa Emrich**, Ohio  
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**Brenda McDougal**, North Carolina  
**Mark Majek**, Texas  
**Pamela Randolph**, Arizona

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**Julie Traynor**, North Dakota  
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**Amy Fitzhugh**, North Carolina  
**Ruby Jason**, Oregon  
**Barbara H. McGill**, Louisiana-RN  
**Anne Schuchmann**, Washington





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**NCSBN**





## 2014 ANNUAL MEETING

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NCSBN met in Chicago, Aug. 13–15, 2014, to consider pertinent association business with its member boards of nursing. There were 58 member boards represented by delegates.

Outgoing NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, stated, “Our delegate assembly members were delighted by two stellar keynote speakers who left us with much to ponder and apply to the world of nursing regulation. We learned more about the value of meta leadership from Leonard J. Marcus, PhD, Harvard School of Public Health and were taken on the photographic journey of Steve Uzzell, former *National Geographic Magazine*, and corporate and advertising photographer, who challenged the audience to experience the ‘open road’ to clear the mind and recognize the need to continually challenge one’s own assumptions.”

NCSBN will meet Aug. 19–21, 2015, in Chicago for the 2015 Annual Meeting and Delegate Assembly.

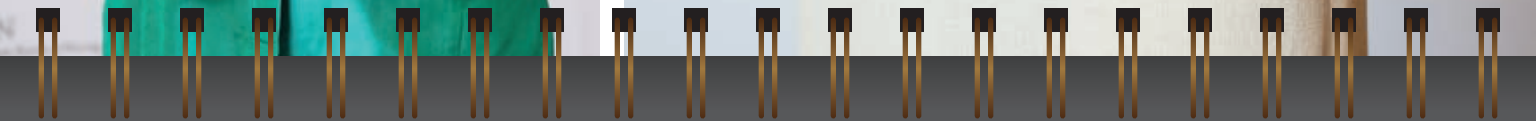


All photos from the 2014 Annual Meeting were taken by Tricia Koning Photography.





2014 award recipients:  
Myra A. Broadway, Ann L. O'Sullivan, and  
Gloria Damgaard (clockwise from right)





## REGULATORY ACHIEVEMENT AWARD

The Nevada State Board of Nursing was awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

PHOTO AT LEFT:

**The Nevada State Board  
of Nursing**

## MEMBER ACHIEVEMENTS

NCSBN recognized its 2014 award recipients during the Annual Meeting and Delegate Assembly, held in Chicago on Aug. 14, 2014.

### 2014 INDIVIDUAL AWARD RECIPIENTS INCLUDE:

**Myra A. Broadway, JD, MS, RN**, Executive Director, Maine State Board of Nursing, honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

**Gloria Damgaard, MS, RN, FRE**, Executive Secretary, South Dakota Board of Nursing, received the Meritorious Service Award, which is presented to a member for positive impact and significant contributions to the mission and vision of NCSBN.

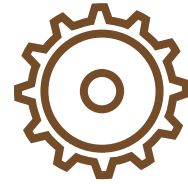
**Ann L. O'Sullivan, PhD, FAAN, CRNP**, Board Member, Pennsylvania State Board of Nursing, received the Exceptional Contribution Award, which is given for significant contribution by a board of nursing staff member who is not a president or executive officer.



**Downtown Chicago** was the location of the NCSBN 2014 Annual Meeting.







## ABOUT IRE

The IRE began in 2004 with the purpose of providing boards of nursing 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.

# INSTITUTE OF REGULATORY EXCELLENCE (IRE) FELLOWS

NCSBN inducted its eighth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) during its Annual Meeting and Delegate Assembly in Chicago, Aug. 13–15, 2014.

The IRE Fellowship Program which begins a four-year comprehensive educational and professional development program designed for current 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.

Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials “FRE” after their name in recognition of their accomplishment.

## 2014 CLASS OF FELLOWS

LEFT TO RIGHT:

**Susan Wong, Paula Meyer, Gillian Lemermeyer, Suzanne Wowchuk and Erin Tilley.**



**LEFT TO RIGHT:**

**Gillian Lermeyer, MN, RN**  
Policy Associate, College of  
Registered Nurses of Alberta

**Paula Meyer, MSN, RN**  
Executive Director, Washington  
State Nursing Care Quality  
Assurance Commission



**LEFT TO RIGHT:**

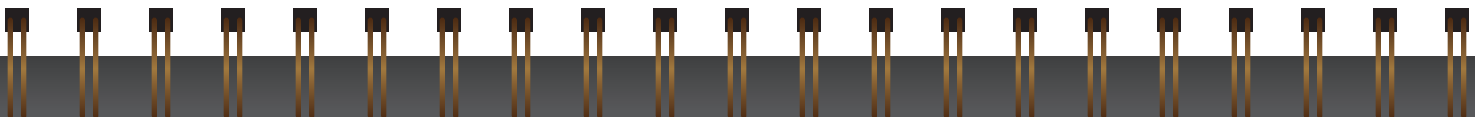
**Erin Tilley, MN, RN**  
Policy Analyst, College of  
Nurses of Ontario

**Susan Wong, MBA, MPA, RN**  
Former Chair, Washington  
State Nursing Care Quality  
Assurance Commission

Awards presented by NCSBN Staff  
**Linda L. Olson, PhD, MBA, MSN, RN,**  
NEA-BC, Associate, Nursing Regulation,  
and IRE Committee Chairperson,  
**Linda D. Burhans, PhD, RN, FRE,**  
CNE-BC, CPHQ, Associate Executive  
Director, Education & Practice, North  
Carolina Board of Nursing.



**Suzanne Wowchuk, MN, RN**  
Director, Registration &  
Professional Conduct,  
College of Registered Nurses  
of Manitoba





## ABOUT NCSBN'S MEMBER BOARDS

NCSBN's membership is comprised of boards of nursing (BONs) in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. These BONs are charged with the responsibility of providing regulatory excellence for public health, safety and welfare, and protecting the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which these BONs act and counsel together on matters of common interest. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

## CENTENNIAL CELEBRATIONS

NCSBN is proud to acknowledge the following member boards that celebrated their 100th anniversary in 2014. We honor the many contributions they have made to nursing regulation in service to public welfare and safety. Congratulations on this accomplishment.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These boards of nursing (BONs) regulate more than 4.5 million licensed nurses.

## 100 YEARS OF NURSING REGULATION

**Kentucky Board of Nursing**  
*(photo above left)*

**Mississippi Board  
of Nursing**  
*(not pictured)*





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# SERVICE AWARDS

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

## 5 YEARS



LEFT TO RIGHT:

**Louise Bailey, MEd, RN**

Executive Officer, California Board of Registered Nursing

**Anne Coghlan, MScN, RN**

Executive Director, College of Nurses of Ontario (Associate Member)

**Mary-Anne Robinson, MSA, RN**

CEO, College and Association of Registered Nurses of Alberta (Associate Member)

---

**Jennifer L. Filippone**, Chief, Practitioner Licensing and Investigations Section, Connecticut Board of Examiners for Nursing. Retired May 2014. (*not pictured*)

## 15 YEARS



LEFT TO RIGHT:

**Mary Blubaugh, MSN, RN**

Executive Administrator, Kansas State Board of Nursing

**Shirley Brekken, MS, RN**

Executive Director, Minnesota Board of Nursing

**Kimberly Glazier, MEd, RN**

Executive Director, Oklahoma Board of Nursing

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**N. Genell Lee, JD, MSN, RN**, Executive Officer, Alabama Board of Nursing (*not pictured*)

## 20 YEARS

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**Teresa Bello-Jones, JD, MSN, RN**, Executive Officer, California Board of Vocational Nursing and Psychiatric Technicians (*not pictured*)

Awards presented by NCSBN President **Myra A. Broadway**.









## ABOUT NCSBN

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization, NCSBN can trace its roots to the American Nurses Association (ANA) Council on State Boards of Nursing. The impetus for its creation arose out of recognition that in order to guard the safety of the public, the regulation of nurses needed to be a separate entity from the organization representing professional nurses.



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All photos from the 2014 Annual Meeting were taken by Tricia Koning Photography.







# TIMELINE

## 1978

First NCSBN Delegate Assembly called to order.

NCSBN office opened in Madison, Wisconsin.

## 1979

Delegates adopted plan to revise NCLEX-RN® Test Plan.

First LPN voting member recognized.

## 1981

Criterion-referenced scoring for NCLEX® examination implemented.

## 1982

First NCLEX-RN® administered under new test plan.

First LPN appointed to the Board of Directors.

## 1983

Nursing Practice Act and Model Administrative Rules developed.

## 1984

NCLEX-PN® Test Plan adopted.

## 1994

Computerized adaptive testing (CAT) implemented.

## 1996

NCSBN website launched.

## 1997

NCLEX®, NCLEX-RN® and NCLEX-PN® registered.

Nurse Licensure Compact (NLC) adopted.

## 1998

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

## 1999

Uniform licensure requirements adopted.

## 2000

Utah became first state to adopt the NLC.

## 2002

Public access to Nursys® implemented.

## 2004

First Institute of Regulatory Excellence held.

Utah adopted the Advanced Practice Registered Nurse (APRN) Compact.

## 2005

International NCLEX® examination testing launched.

## 2008

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®.

NCSBN celebrated its 30th anniversary.

## 2009

Published *Nursing Pathways for Patient Safety*.

## 2010

Published first issue of *Journal of Nursing Regulation*.

## 2011

Implemented the Memorandum of Understanding among eight international nursing regulatory bodies.

Proposed consensus model for APRN regulation.

## 2012

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

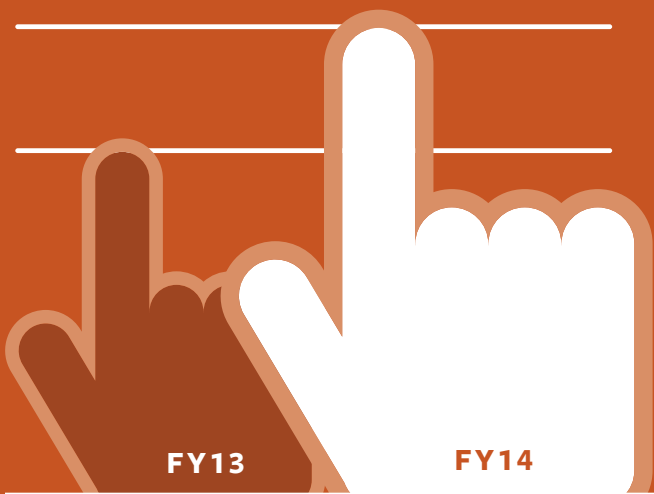
## 2013

NCSBN celebrated its 35th anniversary.

## 2014

Results of the award-winning "NCSBN National Simulation Study" published.






NCSBN WEBSITES HAD **12.8 MILLION TOTAL VISITS** DURING FY14 WITH A **34% INCREASE** FROM FY13.







**Dawn M. Kappel**  
Senior Writer and Editor

**Kalona Rego**  
Contributing Editor

**Michael Grossenbacher**  
Contributing Editor

**Malcolm Wolf**  
Graphic Design



**NCSBN**

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