THE THRESHOLD
OF
REGULATORY
EXCELLENCE

Taking Up the Challenge

NCSBN

National Council of State Boards of Nursing

Section I

2006 NCSBN Annual Meeting

SECTION I: 2006 NCSBN ANNUAL MEETING . . . . **TAB 1**

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Business Agenda of the 2006 Delegate Assembly

Special Note

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

Tuesday, Aug. 1, 2006

9:00 – 9:40 am

OPENING CEREMONIES

- Introductions
- Announcements

OPENING REPORTS

- Credentials Committee
- Rules Committee

ADOPTION OF AGENDA

Report of the Committee on Nominations

- Presentation of the 2006 Slate of Candidates
- Nominations from floor
- Approval of the 2006 Slate of Candidates

PRESIDENT'S ADDRESS

Executive Director's Address

Thursday, Aug. 3, 2006

3:00 – 4:30 pm

BOARD OF DIRECTORS RECOMMENDATIONS

- Adopt the proposed revisions to the bylaws of NCSBN.
- Adopt the proposed language to the NCSBN Model Practice Act regarding criminal background checks.
- Adopt the proposed standard for drug screening.

EXAMINATIONS COMMITTEE RECOMMENDATION

- Adopt the proposed 2007 *NCLEX-RN® Test Plan*.

RESULTS OF ELECTION OF OFFICERS, DIRECTORS AND COMMITTEE ON NOMINATIONS

Friday, Aug. 4, 2006

9:00 am – 3:00 pm

BOARD OF DIRECTORS RECOMMENDATIONS (CONTINUED)

New Business

- Resolutions Committee

Closing Ceremony

Adjournment

Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

A. The president shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.

B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting cards authorized for that delegate. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.

C. A registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting card(s) to the Credentials Committee at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.

D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

2. Meeting Conduct

A. Meeting Conduct

1. Delegates must wear badges and sit in the section reserved for them.
2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
3. There shall be no smoking in the meeting room.
4. All cellular telephones and pagers shall be turned off or turned to silent vibrating mode. An attendee must leave the meeting room to answer a telephone.
5. A delegate's conversations with nondelegates during a business meeting must take place outside the designated delegate area.
6. All attendees have a right to be treated respectfully.

3. Agenda

A. Business Agenda

1. The Business Agenda is prepared by the president in consultation with the executive director and approved by the Board of Directors.

B. Consent Agenda

1. The consent agenda contains agenda items that do not recommend actions.
2. The Board of Directors may place items on the consent agenda that may be considered received without discussion or vote.
3. An item will be removed from the consent agenda for discussion or vote at the request of any delegate.
4. All items remaining on the consent agenda will be considered received without discussion or vote.

4. Motions or Resolutions

A. Only delegates, members of the Board of Directors, and the Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council.

B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly chair and the parliamentarian. All resolutions and nonprocedural main motions must also be submitted to the chair of the Resolutions Committee before being presented to the Delegate Assembly.

C. The Resolutions Committee, according to its operating policies and procedures, shall review motions and resolutions submitted before Wednesday, Aug. 2, 2006, at 2 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.

D. The Resolutions Committee will convene its meeting on Wednesday, Aug. 2, 2006, at 4:30 pm and schedule a mutually agreeable time during the meeting to meet with each resolution or motion-maker. The Resolutions Committee shall meet with the resolution or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the criteria in its operating policies and procedures. The Committee shall submit a summary report to the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee. The Committee report shall precede the resolution or motion by the maker to the Delegate Assembly.

E. If a member of the Delegate Assembly wishes to introduce a nonprocedural main motion or resolution after the deadline of 2 pm on Wednesday, Aug. 2, 2006, the request shall be submitted under new business, provided that the maker first submits the resolution or motion to the chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

A. *Order of Debate*: Delegates shall have the first right to speak. Nondelegate members and employees of Member Boards including members of the Board of Directors may speak only after all delegates have spoken.

B. Any person who wishes to speak shall go to a microphone. When recognized by the chair, the speaker shall state his or her name and Member Board or organization.

C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.

E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.

6. Nominations and Elections

A. A delegate making a nomination from the floor shall have two minutes to list the qualifications of the nominee. Written consent of the nominee and a written statement of qualifications must be submitted to the Committee on Nominations at the time of the nomination from the floor.

B. Electioneering for candidates is prohibited except during the candidate forum.

C. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, Aug. 2, 2006.

D. Election for officers, directors and members of the Committee on Nominations shall be held Thursday, Aug. 3, 2006, from 7:45 to 8:45 am.

E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.

- If no candidate for officer or area director receives a majority on the first ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
- If no candidate for director-at-large receives a majority on the first ballot, the run-off shall be limited to the four candidates receiving the highest number of votes. If no candidate receives a majority on the second ballot, another run-off shall be limited to the three candidates receiving the highest number of votes.
- If, on the initial ballot, one candidate for director-at-large receives a majority, a run-off shall be limited to the two candidates receiving the next highest number of votes.

7. Forums

A. *Scheduled Forums*: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the chair to speak after all delegates, nondelegate members and employees of Member Boards have spoken.

B. *Open Forum*: Open forum time will be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.

C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

Annual Meeting Schedule

Tuesday, Aug. 1, 2006

8:00 – 9:00 am **Registration/NCSBN Continental Breakfast**

8:00 – 8:50 am **NCSBN Delegate Orientation**

Donna Dorsey MS, RN, FAAN, NCSBN President

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

Julia von Haam, Parliamentarian

If you are representing your state as a delegate, please join us for a review of the parliamentary procedures followed when debating and voting on Delegate Assembly business.

9:00 – 9:40 am **Delegate Assembly: Opening Ceremony**

Welcome from the Utah Board of Nursing

- Opening Ceremonies
  - Introductions
  - Announcements
- Opening Reports
  - Credentials Committee
  - Rules Committee
- Adoption of Agenda
- Report of the Committee on Nominations
  - Presentation of the 2006 Slate of Candidates
  - Nominations from floor
  - Approval of the 2006 Slate of Candidates

9:40 – 9:55 am **President's Address**

Donna Dorsey MS, RN, FAAN, NCSBN President

9:55 – 10:10 am **Executive Director's Address**

Kathy Apple, MS, RN, CAE, NCSBN Executive Director

10:10 – 10:30 am **Finance Committee Forum**

Sandra Evans, MAEd, RN, NCSBN Treasurer, Idaho, Area I

Robert Clayborne, MBA, CPA, NCSBN Director of Finance

10:30 – 11:00 am **Refreshment Break**

11:00 am – 12:00 pm **Candidate Forum**

Mary Bowen, CRNP, DNS, JD, CNAA, Chair, Committee on Nominations, Pennsylvania, Area IV

Support NCSBN and your fellow NCSBN members by attending the candidate forum to hear from the nominees for elected office.

12:00 – 1:30 pm **Lunch**

Provided by NCSBN.

1:30 – 2:30 pm **Examination Committee Forum**

Sheila Exstrom, PhD, RN, Chair, Examinations Committee, Nebraska, Area II

Anne Wendt, PhD, RN, CAE, Director, NCLEX® Examinations Department

Discussion of the proposed 2007 *NCLEX-RN® Test Plan* and the implementation timeline.

2:30 – 3:00 pm **Refreshment Break**

3:00 – 4:00 pm **Disciplinary Resources Advisory Panel Forum**

Valerie Smith, MS, RN, Chair, Disciplinary Resources Advisory Panel, Arizona, Area I

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation

Discussion regarding drug screening as a regulatory tool and the proposed Criminal Background Check (CBC) language to amend the Model Nursing Practice Act. The CBC Resource Pack, which provides a variety of resources for boards implementing criminal background checks as part of the licensure process, will also be presented.

4:30 – 5:30 pm **Breakout Session: Healthcare Integrity and Protection Data Bank (HIPDB) and Nur*sys*®**

Betsy Ranslow, MS, Senior Associate for External Relations Practitioner Data Banks Branch, Bureau of Health Professions Health Resources and Services Administration, Department of Health and Human Services

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation

Nur Rajwany, MS, NCSBN Director of Information Technology

This breakout session will focus on the discipline content in Nur*sys*® and the reporting of disciplinary actions taken by boards of nursing to federal data banks, the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB).

4:30 – 5:30 pm **Breakout session: NCSBN Research**

Kevin Kenward, PhD, NCSBN Director of Research

An update on NCSBN research initiatives will be presented.

4:30 – 5:30 pm **Breakout Session: American Association of Colleges of Nursing (AACN)**
Preparing Nurse Leaders for Excellence Today and Tomorrow

Dr. Donna Hathaway, PhD, FAAN, Dean and Professor, The University of Tennessee Health Science Center, College of Nursing, Chair, AACN

Dr. Hathaway will provide an overview of forces leading to the development of early doctorate of nursing practice (DNP) programs. These programs led to the 2004 AACN DNP Task Force Report, which recommended the standardization of degree designation and transition of advanced practice nursing programs to the practice doctorate. The work of the current AACN DNP Essentials Task Force will be presented.

6:00 – 9:00 pm **Utah State Board of Nursing Reception: Clark Planetarium**

The Utah Board of Nursing and Division of Occupational and Professional Licensing are hosting a “Welcome to Utah” reception for the Annual Meeting and Delegate Assembly attendees. The reception will be held at the Clark Planetarium located in the historic Gateway Outdoor Mall in downtown Salt Lake City.

Wednesday, Aug. 2, 2006

8:00 – 9:00 am **Registration**

8:00 – 9:00 am **Pearson VUE Breakfast**

9:00 – 10:00 am **Keynote Presentation: Planning Under Uncertainty**

Roch Parayre, PhD, Managing Director, Decision Strategies International

We live in a world of increasing uncertainty. Yet most organizations plan as they always have, going through the annual budgeting process, keeping their fingers crossed that no external shock will come in to disrupt their plans for the coming year. In this presentation, Dr. Parayre will discuss how nurse leaders can change the way planning is conducted in a world of uncertainty. Using sample health care scenarios, he will discuss an alternative approach, where the organization constructs multiple future scenarios that explicitly recognize where the external world may be going, crafts nimble strategies with just the right amount of flexibility, implements them using an options approach and makes real-time adjustments through dynamic monitoring.

10:00 – 10:30 am **Refreshment Break**

10:30 am – 12:00 pm **Bylaws Committee Forum**

Laura Rhodes, MSN, RN, Chair, Bylaws Committee, West Virginia–RN, Area II

Donna Dorsey, MS, RN, FAAN, NCSBN President

Presentation of the proposed NCSBN Bylaws revisions.

12:00 – 2:00 pm **Area Lunch and Meeting**

NCSBN Area luncheons are open to NCSBN members and staff only.

The purpose of NCSBN Area Meetings is to facilitate communication and encourage regional dialogue on issues important to NCSBN and its members.

- Area I Luncheon Meeting
- Area II Luncheon Meeting
- Area III Luncheon Meeting
- Area IV Luncheon Meeting

12:00 – 2:00 pm **External Organization Lunch**

NCSBN guests are invited to attend this lunch meeting to discuss issues of mutual concern with NCSBN policy staff.

2:00 – 2:30 pm **Refreshment Break**

2:30 – 3:15 pm **Practice, Regulation and Education (PR&E) Committee Forum**

Gino Chisari, MSN, RN, Chair, Practice, Regulation and Education Committee, Massachusetts, Area IV

Nancy Spector, DNSC, RN, NCSBN Director of Education

Mary E. Doherty, JD, BSN, RN, NCSBN Practice, Regulation & Education Associate

The PR&E Committee will present a status report on the work it has done, to date, to respond to the motion adopted by the 2005 Delegate Assembly to "conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel." A draft Model Medication Assistant Curriculum will be presented for feedback.

3:15 – 3:45 pm **Practice Breakdown Advisory Panel Forum**

Kathy Malloch, PhD, MBA, RN, Chair, Practice Breakdown Advisory Panel, Arizona, Area I

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation

Kevin Kenward, PhD, NCSBN Director of Research

This is an informational session regarding updates on Taxonomy of Error, Root Cause Analysis and Practice Responsibility and the practice breakdown research.

3:45 – 4:30 pm **Continued Competence Task Force Forum**

Sue Tedford, MNSc, RN, CNS, APN, Chair, Continued Competence Task Force, Arkansas, Area III

Mary E. Doherty, JD, BSN, RN, NCSBN Practice, Regulation & Education Associate

Anne Wendt, PhD, RN, CAE, Director, NCLEX® Examinations Department

The Continued Competence Task Force will report on its FY06 work on developing a Continued Competence Regulatory Model.

4:30 – 6:30 pm **Resolutions Committee Meeting**

Thursday, Aug. 3, 2006

7:45 – 8:45 am **Election of Candidates**

8:00 – 9:00 am **Registration/NCSBN Continental Breakfast**

9:00 – 10:00 am **Open Forum**

This is the opportunity for delegates and members to ask questions and discuss any items pertinent to the business agenda.

10:00 – 10:30 am **Refreshment Break**

10:30 am – 12:00 pm **Knowledge Networks**

NCSBN knowledge networks are brainstorming discussions regarding regulatory issues. Participants will be asked to brainstorm a list of the top five emerging regulatory issues with the top three selected for discussion/exploration. Choose from the following options:

- NCSBN executive officers
- NCSBN presidents
- NCSBN board members
- LPN/VN issues
- Practice/discipline
- Education

12:00 – 2:30 pm **NCSBN Awards Luncheon**

Please join us to celebrate the individual and organizational achievements of the NCSBN membership.

2:30 – 3:00 pm **Refreshment Break**

3:00 – 4:30 pm **Delegate Assembly: Second Meeting**

Continuation of agenda from first meeting.

Friday, Aug. 4, 2006

8:00 – 9:00 am **Registration/NCSBN Continental Breakfast**

9:00 – 10:15 am **Delegate Assembly: Third Meeting**

Continuation of agenda from second meeting.

10:15 – 10:35 am **Refreshment Break**

10:35 am – 12:00 pm **Delegate Assembly: Third Meeting Continued**

12:00 – 1:00 pm **Lunch**

Provided by NCSBN

1:00 – 1:45 pm **Delegate Assembly: Third Meeting Continued**

1:45 – 3:00 pm **Delegate Assembly: Closing Ceremony**

SCHEDULE SUBJECT TO CHANGE.

Summary of Recommendations to the 2006 Delegate Assembly with Rationale

This document provides a summary of recommendations that the NCSBN Board of Directors, the Examinations Committee and the Committee on Nominations propose to the 2006 Delegate Assembly. Additional recommendations may be brought forward during the 2006 Annual Meeting.

Board of Directors

1. **Adopt the proposed revisions to the bylaws of NCSBN.**

   Rationale
   The Bylaws Committee worked jointly with the Governance and Leadership Advisory Panel to develop recommendations in fulfillment of the strategic initiative to enhance the organizational culture to support change and innovation. The proposed bylaw revisions were developed and revised with feedback from the membership and Board of Director debate to impact the organization's ability to be progressive, creative and responsive to change.

   Fiscal Impact
   - Four additional Board Members: $20,000 per year
   - Leadership Succession Committee: $33,000 per year
   - Associate Membership Dues: Unknown at this time

2. **Adopt the proposed language to the NCSBN Model Practice Act regarding criminal background checks.**

   Rationale
   P.L. 92 – 544 states the criteria necessary for board authorization to access FBI fingerprinting data. The proposed language amends Model Nursing Practice Act (MNPA), Article IV, Section 5, Powers and Duties of the Board, to add specific language that addresses the requirements of P.L.92 – 544. The second proposed amendment to MNPA Article IV adds language regarding how to use criminal background check information in licensure decision-making. The third addition is to add definitions to Article III. These additions will make the MNPA Model Nursing Practice Act adopted by the 2004 Delegate Assembly congruent with the Model CBC Process for Boards of Nursing adopted by the 2005 Delegate Assembly.

   Fiscal Impact
   Publication costs incorporated into the FY07 budget.

3. **Adopt the proposed standard for drug screening.**

   Rationale
   There are no national standards for drug screening. Each board and laboratory has established their own testing criteria based on their needs and experience. The proposed standard was developed after a study of the literature to review the parameters used for drug screening, a survey of member boards and consultation with experts in the field. Developing consistent standards will decrease the variation between jurisdictions and facilitate the collaboration between boards of nursing and alternative programs.

   Fiscal Impact
   None

Examination Committee

1. **Adopt the proposed 2007 *NCLEX-RN® Test Plan*.**

   Rationale
   The Examination Committee reviewed and accepted the Report of Findings from the *2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2006) as the basis for recommending revisions to the 2004 *NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from the Member Boards of Nursing and the professional judgment of the Examination Committee provide support for the recommendation to the Delegate Assembly to adopt the proposed 2007 *NCLEX-RN® Test Plan*.

   Fiscal Impact
   Publication costs incorporated into FY07 budget.

Committee on Nominations

1. **Present the 2007 Slate of Candidates.**

   Rationale
   The Committee on Nominations has prepared the 2006 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of the NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Committee on Nominations. Candidates will present himself or herself at the Candidate's Forum on Tuesday, Aug. 1, 2006.

   Fiscal Impact
   Incorporated into the FY07 budget.

Report of the Committee on Nominations

Recommendations to the Delegate Assembly

1. **Present the 2006 Slate of Candidates**

   Rationale
   The Committee on Nominations has prepared the 2006 slate of candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information for each candidate follows. Each candidate will present himself or herself at the Candidate's Forum on Tuesday, Aug. 1, 2006.

Background

Per the bylaws, the Committee on Nominations considers the qualifications of all nominees for officers and directors and presents a qualified slate of candidates for vote at the Annual Meeting. The committee's report is read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name is placed in nomination without the written consent of the nominee.

Highlights of FY06 Activities

- Karen Taylor, chair, Area III, resigned. Betty Sims filled her vacancy per the bylaws.
- Mary Bowen became chair per the bylaws.
- The committee reviewed their role per the bylaws.
- The committee reviewed Policy 3.1, role of the board, the mission, vision, values and the 2005 – 2007 strategic initiatives.
- The committee reviewed the Board positions open this year including president, vice president, treasurer, director at large and Committee on Nominations from Area III and IV. There is also an election for Area III director as the person elected last year resigned and per the bylaws, a new election is held at the next Delegate Assembly to complete the term.
- The committee reviewed the openings and brainstormed possible candidates. Committee members will contact various potential candidates as assigned and contact potential candidates in their areas.
- The committee asked staff to send a letter to the current Area III and IV directors asking for input into possible candidates for Committee on Nominations from those areas.
- The due date for nominations is April 16, 2006.
- The committee reviewed and discussed the Committee on Nominations policies. Revisions were made to Policy 1.1 and Policy 1.3.
- The committee reviewed and discussed the letter campaign, the Midyear PowerPoint presentation, the candidate forum and revised the brochure.
- Several copies of the brochure were sent to all Member Boards.
- The committee reviewed the results of the agreed upon recruitment strategy throughout the year. Possible candidates for each position were identified.
- The committee consulted with legal counsel regarding bylaw interpretations.
- The committee discussed the candidate forum process and campaigning guidelines.
- The committee revised the acceptance to the slate letter to candidates.
- The committee conducted a recruitment presentation at the 2006 Midyear Meeting.

Committee Members

Mary Bowen, CRNP, DNS, JD, CNAA, Chair, Pennsylvania, Area IV

Lorinda Inman, RN, MSN, Vice Chair Iowa, Area II

Mary Calkins, PhD, RN, Wyoming, Area I

Betty Sims, MSN, RN, Texas, Area III

Staff

Kathy Apple, MS, RN, CAE
Executive Director

Meeting Dates

- Nov. 30, 2005
- Feb. 7, 2006
- March 13, 2006
- April 25, 2006

Attachments

A. 2006 Slate of Candidates

Attachment A

2006 Slate of Candidates

The following is the slate of candidates developed and adopted by the Committee on Nominations. Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2006 Delegate Assembly on Tuesday, Aug. 1, 2006, from 10:35 am – 12:00 pm.

Board of Directors

PRESIDENT

Faith Fields, Arkansas, Area III 22
Polly Johnson, North Carolina, Area III 24

VICE PRESIDENT

Shirley Brekken, Minnesota, Area II 26
Randall Steven Hudspeth, Idaho, Area I 28
Judith Personett, Washington, Area I 30
Laura Skidmore Rhodes, West Virginia–RN, Area II 31

TREASURER

Constance Kalanek, North Dakota, Area II 32
Ruth Ann Terry, California–RN, Area I 34

AREA III DIRECTOR

Rose Kearney-Nunnery, South Carolina, Area III 35

DIRECTOR-AT-LARGE (TWO POSITIONS)

Gino Chisari, Massachusetts, Area IV 36
Rachel Gomez, Texas, Area III 37
Cheryl Lynn Koski, Wyoming, Area I 38
Kathy Malloch, Arizona, Area I 40
Elizabeth Stullenbarger, Alabama, Area III 41

Committee on Nominations

AREA III

Janice I. Hooper, Texas, Area III 42
Emily Pharr, Mississippi, Area III 43

AREA IV

Emmaline Woodson, Maryland, Area IV 44

Detailed Information on Candidates

Information is provided on each candidate in the following pages (taken directly from nomination forms) and organized as follows:

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Date of term expirations and eligibility for reappointment
4. Professional/Regulatory/Community Involvement including Service on NCSBN committee(s)
5. Propose how the activities of NCSBN can influence a positive outcome to a major challenge that is currently facing nursing regulation.
6. Describe how you will advance the mission, vision and strategic initiatives of NCSBN.

Date of expiration of term: N/A
Eligible for reappointment: N/A

President

Faith Fields, MSN, RN

Board Staff, Arkansas Board of Nursing, Area III

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

State Level:

Board Staff, Arkansas State Board of Nursing, 1991 – present
Board Member, Arkansas State Board of Nursing, 1988 – 1991

NCSBN:

Director at Large, 2005 – 2006, 1998 – 1999
Chair, Executive Officers Group, 2004 – 2005
Chair, Elections Committee, 2004, 1995, 1992
Examination Committee, 2000 – 2005
Chair, Nur*sys*® Advisory Panel, 2000 – 2004
Multistate Regulation Task Force, 1996 – 1999
Chair, Multistate Regulation Task Force Operations Work Group, 1998
NCLEX Contract Negotiation Team, 1997
Examination Committee, Alternate, 1994 – 1997
NCLEX Evaluation Task Force, 1996
Committee For Special Projects (CAT), 1994 – 1995
NCLEX Summary Profiles Focus Group, 1993
Exam Committee, Team 2 (CAT), 1993
Communications Committee, 1990 – 1994
Pilot State Participant, Nur*sys*®, CORE
Nurse Licensure Compact Administrator's Group (NLCA), 1999 – present
  Secretary – Treasurer, 2001 – 2005
  Co-Chair, 1999 – 2001

Professional Involvement:

Arkansas Licensed Practical Nurses Association, 1996, 2006 – Present
Sigma Theta Tau, 1988 – present
American Nurses Association/Arkansas Nurses Association, 1975 – present
University of Arkansas For Medical Sciences Dean Search Committee, 2006
Arkansas Nurses Association Health Policy Committee, 1995 – 2003
Arkansas Center For Nursing Board of Trustees 1996 – 2000
Arkansas Department of Health, Education/Regulations Committee 1996 – 1998
ARNA APRN/Prescriptive Authority Legislation Task Force, 1994 – 1995
Stop Violence Against Women Act Funding Advisory Committee, 1994
UA for Medical Sciences Grant Funding Advisory Council, 1990 – 1993

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health. As a Council and as individual boards of nursing, one of the major challenges we face is being proactive with such issues as continued competence, evolving scopes of practice, the international nursing shortage, and a lack of uniformity along with a multiplicity of educational frameworks and subspecialty certifications for advanced practice. NCSBN can support Member Boards in addressing these and other issues by providing research resources for evidence-based practice for all licensure types, by continuing to provide pathways for board member and staff education, by offering the best possible licensure examinations, and by providing a vehicle for Member Boards to share their concerns and best practices for regulatory excellence. Through the activities of the committees and task forces, NCSBN can create a vision for the future of regulation, work toward continuity and consistency when it is appropriate, and inform the decisions that are made.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

Having been a NCSBN director-at-large, chair of the Executive Officers Group, Arkansas Board of Nursing board member and then board staff over the past 18 years, I bring a diversity of experience and perspectives to the leadership of NCSBN. Dedication and commitment to NCSBN is evidenced by my active participation in NCSBN activities. I will continue to advance the mission, vision and strategic initiatives of NCSBN through communication and dialogue first and foremost with boards of nursing and then with outside stakeholder groups in nursing, government and health care. I will advance the NCSBN mission through supporting improvements in testing and through tenacity in ensuring that we keep “the main thing,” “the main thing” [redundancy intended!]; and that is protecting the public. As nursing and health care issues (Avian flu, medical errors, planning for disasters and epidemics) continue, I will endeavor to promote NCSBN as a key partner in discussing, understanding and addressing the global issues that we face. I appreciate the confidence placed in me in the past and look forward to working in the future to ensure that the products of NCSBN meet the needs of the Member Boards.

Date of expiration of term: N/A
Eligible for reappointment: N/A

President

Polly Johnson, RN, MSN, FAAN

Board Staff, North Carolina Board of Nursing, Area III

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

Selected Current Statewide Activities:

- NC Institute of Medicine
  - Board of Directors, 2004 – present
- Nursing Workforce Task Force, 2002 – 2004; APRN Task Force, 2004 – 2005
  - NC Center for Hospital Quality and Patient Safety, Board of Trustees, 2005 – present
  - Foundation for Nursing Excellence, President and Founding Member, 2002 – present
  - Principal Investigator – AHRQ Research Conference Grant, 2005
  - Adjunct Associate Professor – UNC-CH, 1998 – present
  - NC Center for Nursing, Advisory Council, 1997 – present; Workforce Planning Committee, 2003 – present
  - Office of Emergency Services, Hospital Bioterrorism Preparedness Task Force, 2002 – present
  - ***Member***. NC Nurses Association, NC Association of Nurse Leaders

National Activities:

- American Academy of Nursing, Fellow, 2005 – present
- Advisory Council Robert Wood Johnson Foundation (RWJF) grant – Quality and Safety Education for Nursing Students, 2005 – present
- NCSBN Board of Directors
  - Vice President, 2004 – present
  - Director-at-Large, 2002 – 2004

NCSBN Committees:

- Governance and Leadership Advisory Panel, Chair, 2004 – present
- Resolutions Committee, 2000 – 2002
- Advisory Panel – Commitment to Excellence in Regulation, 2000 – 2002
- UAP Task Force, 1996 – 1999); Chair, 1998 – 1999
- Pilot State Participant: Nur*sys*® and Commitment to Excellence Project
- Area III Program Planning Committee, Chair, 1998
- National Coordinating Council for Medication Error Reporting and Prevention – NCSBN Representative, 2003 – present
- Federation of State Medical Boards – Patient Safety Task Force, 2005

Citizens Advocacy Center:

- Member of Advisory Panel for Practitioner Remediation and Enhancement Partnership (PREP) Project, 2001 – present
- PREP Pilot State Participant, 2001 – 2004
- National Academies of Science Institute of Medicine – Committee on Health Professions Education, 2002 – 2003

Nurse Licensure Compact Administrators, 2000 – present

Member: ANA, Sigma Theta Tau International

International Activities:

Presenter. Third Western Nurse Leaders Forum, Edmonton, Alberta, 2005

Consultant. Implementation of PREP Program in Manitoba and Alberta Canada and Tasmania, Australia, 2003 – present

Participant. Seventh International Conference on Regulation & Midwifery, 2005; International Council of Nurses Quadrennial Meeting, 2005

Presenter. Sixth International Conference on Regulation of Nursing and Midwifery, 2003

Presenter. International Council of Nurses Quadrennial Meeting, 2001

Participant. Fifth International Conference on Regulation of Nursing and Midwifery, 2001

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

As we face the challenge of improving patient safety in an increasingly complex, global, as well as mobile, health care delivery environment, regulatory bodies must be able to assure the public that all levels of nursing care providers are competent to practice throughout their careers. NCSBN has been building a research base of evidence regarding the essential competencies for entry to practice for several years and, more recently, has begun to build a base of evidence for the continuing competencies of RNs and LPN/VNs. Drawing on its own research findings as well as the work of other experts in health care regulation worldwide, NCSBN will continue to refine its exam for initial licensure, suggest models for safely transitioning both new graduates and nurses educated in other countries into the practice arena, build frameworks for training and evaluating the initial competence of assistive personnel as well as develop evidence-based models for the periodic demonstration of continued competence for all levels of nursing care providers. These models will assist Member Boards in meeting their mandate to assure the public of their commitment to enhancing patient safety and improving the quality of health care in America through the demonstration of competence upon entry to practice and periodically throughout one's nursing career.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

Building upon my four years as a member of the Board of Directors, I will bring my in-depth knowledge of NCSBN, my understanding of the global health care environment and my commitment to valuing the diversity of opinions to my leadership role as president of NCSBN. As president, I will guide generative as well as strategic discussions with both the Board and our membership to advance our mission and vision. I will challenge assumptions to assure that all our Board decisions and initiatives are mission-driven, reflect sound fiduciary principles and stewardship of our resources, and are carefully deliberated within the geopolitical context of health care regulation. As president I will provide the framework for thoughtful study and consideration of environmental factors at the global, national and state levels, and a deliberative decision-making process that values diversity of opinions as well as flexibility and creative visioning to assure we choose the right path, evaluate our progress and reset the course when necessary, to advance regulatory excellence. I will bring my knowledge of those governance principles that power exceptional boards and organizations along with my visionary, analytical and interpersonal skills to facilitate and enhance the collective work of the Board of Directors and our membership. I am proud of the work we do, of our willingness to address tough and often controversial issues that impact public protection and the future value of regulation. It would be a great honor and privilege for me to serve you as the president of the National Council of State Boards of Nursing.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Vice President

Shirley Brekken, RN, MS

Board Staff, Minnesota Board of Nursing, Area II

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

NCSBN:

Governance and Leadership Advisory Panel, 2005 – 2006

Member Board Leadership Development Advisory Panel, 2002 – 2006

Institute for Regulatory Excellence Faculty, 2004

Executive Director Search Committee, 2000

Mutual Recognition Master Plan Coordinating Group (Chairperson), 1998 – 1999

Information System User Group, 1998

Information System Vendor Advisory Group, 1997

Multistate Regulation Task Force, 1996 – 1998

Essential and Continued Competence Subcommittee (Chairperson), 1995 – 1996

Exam Committee Alternate, 1994 – 1996

NCLEX Computer Adaptive Test Implementation Team, 1992 – 1994

Board of Directors, 1990 – 1992 (Area II Director)

Nursing Assistant Competency Evaluation Program, 1988 – 1990

University of Minnesota – Lighten Nursing Residency Program Advisory Committee, 2004 – present

National Advisory Group for University of Minnesota research project "Comparing State Regulations Affecting Nursing Homes: Implications for Culture Change and Resident Autonomy," 2005 – present

Minnesota Alliance for Patient Safety Steering Committee, 2001 – present

MN Health Education Industry Partnership Steering Committee, 2001 – present

MN Governor's Drive for Excellence Licensing Steering Committee, 2005 – present

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

A profound challenge to nursing regulation is to protect the public health and safety, and promote the public interest in a manner that is responsive to the significant change that is continuous in health and nursing care today. The National Council of State Boards of Nursing can assist Member Boards understand the problems that impede these goals and focus on greater effectiveness of nursing regulation.

Advancing regulatory knowledge requires data-driven conclusions, which are derived from research pertinent to nursing regulation. Conducting rigorous research on trends in nursing practice breakdowns and violations and the efficacy of remediation and disciplinary actions can lead to evidence-based regulation and enhance member board achievement of public protection. Reviews of literature and concept analysis regarding the effectiveness of licensure are helpful, but further investigation beyond description is required to aid Member Boards to make sound and well-grounded decisions.

It is timely to critically examine traditional regulatory practices and to ask ourselves, as regulators, whether we are doing things right or doing the right things. NCSBN is uniquely poised to provide the research services and disseminate the information that will result in Member Boards implementing regulatory effectiveness.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

The National Council of State Boards of Nursing mission is to advance regulatory excellence. I have been privileged to have been involved in NCSBN activities directed at improvement of nursing regulation. These activities have been in the areas of development of innovative models for testing, licensure and the use of technology.

All of these initiatives required vision and collaboration, both values NCSBN has identified as imperative to the purpose of the organization, i.e., to be an organization through which boards of nursing act and counsel together on matters of common interest and concern in the work of public protection. Whether or not I am elected to the Board of Directors, I will promote emphasis on evidence about problems, solutions and outcomes. I will support dialogue and debate by the membership. And I will support advancing regulatory knowledge by going beyond description and advocate for sound research of regulatory models and interventions.

Date of expiration of term: 04/30/07

Eligible for reappointment: Yes

Vice President

Randall Steven Hudspeth, MS, RN, APRN-NP/CNS

Board Member, Idaho Board of Nursing, Area I

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

State Level:

Board Member, Idaho Board of Nursing, holding advanced practice nurse designated position

Board President/Chairman, current

Idaho Nurse's Association Board of Directors (treasurer), 1999 – 2003

Nurse Practitioner of Idaho Board of Directors, 1999 – 2003

National Level:

Voting Delegate, NCSBN Delegate Assembly, 2004, 2005, 2006

Midyear participant, 2004, 2005, 2006

Committee member: APRN Advisory Panel, 2004 – present

National APRN Round Table, 2005 & 2006

National CNS Leadership conference, July 2005

Institute of Regulatory Excellence Fellowship, 2004 – present

Professional Involvement:

American Nurses Association, 1976 – present

American Association of Critical Care Nurses, 1981 – present

CCRN certified 23 continuous years, 1980 – 2003

American Academy of Nurse Practitioners, 2000 – present

National Legislative Task Force, 2003

State Award of Excellence in Practice, 2004

National Association of Clinical Nurse Specialists, 2002 – present

American Society for Pain Management Nurses, 2004 – present

American Nurses Credentialing Center certifications:

Adult Nurse Practitioner

Medical/Surgical Clinical Nurse Specialist

Pain Management

Idaho Nurse's Association, Board of Directors, Treasurer, 1999 – 2004

Idaho Nurse's Foundation, Board of Directors, 1999 – 2004

Idaho Alliance of Leaders in Nursing/AONE, 2001- current

Editorial Board, Nursing Administration Quarterly, 2006

Editorial Board, ModRN Nurse Magazine, 2005 – present

American Heart Association, Advisory Board Idaho Chapter

Idaho Department of Health & Welfare Rural Health Board of Directors, 2000 – present

Clinical preceptor

Gonzaga University MSN-CNS program – present

Idaho State University, MSN-NP program – present

Honors:

2004 Distinguished Nurse of the Year for Idaho for March of Dimes

2004 Nurse Practitioner of the Year for Idaho

2003 President's Award for Distinguished Contributions to Nurse Practitioners of Idaho

Employment:

Thirty years as RN and 20 years as APRN (both CNS and NP) in hospital settings, including 12 years of international assignment. Senior nursing administration level positions for past 15 years.

Current position
Deputy Chief of Nursing for Cardiovascular and Specialty Practice

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

NCSBN is in a key position to be the consensus building organization. Not every nurse has relationships with every professional nursing organization, but every nurse is licensed and has a link to a board of nursing. The major challenges facing nursing are not local or regional, but require attention and dialogue on national and international levels. Some of the most problematic areas are the nursing shortage and globalization; the increasing educational demands for new and streamlined curricula; technology use; testing and continued competence measurements; expanding roles for all nurses with increasing independence and the implications for increased monitoring and regulation to protect the public; and the economic impact of salary variation between faculty and practice to attract and retain, third party reimbursement reductions and limited health care funding, which all result in diminished access to care.

Within NCSBN, regulatory developmental activities, such as experiences with the Institute or Regulatory Excellence, formation of position papers, model language, standards and scopes of practice statements, and the strong research history have broad impact and can be used as a basis for discussion and development of public policy.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

If elected to the position of vice president, I will bring to the Board of Directors my experience as a board member, a state president, a practicing RN and a practicing Advanced Practice RN along with experience as a NCSBN committee member and Institute of Regulatory Excellence fellowship participant. Board members have a limited amount of time to engage fully with NCSBN, and I have attempted to maximize my learning by early involvement on multiple levels.

Organizational advancement requires leaders with broad experiences who are visionary, open to engaging in dialogue, consensus building and willing to thoroughly evaluate the degree of risk related to the expected outcome. My NCSBN experience on the APRN Advisory Panel has been a challenging committee assignment where I feel I demonstrated these skills. I am confident I can apply them to the broader scope of issues being addressed at the Board of Directors level. It is important to be a participating member of the team, sharing a common vision and goal, using individual strengths for a common support and being willing to negotiate to maintain forward movement. I have these skills and have demonstrated them in many different roles over the years.

Date of expiration of term: 06/30/07
Eligible for reappointment: Yes

Vice President

Judith Personett, EdD, RN

Board Member, Washington Board of Nursing, Area I

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

I have served on the Resolutions Committee for NCSBN. As a member of the Washington State Nursing Care Quality Assurance Commission, I have served on the Nurse Practice Committee, the Continuing Competence Committee and the Executive Committee. In my community I serve as the treasurer for a National Organization of Women, and I serve as the president to the Board of Directors for the Holy Names Music Center in Spokane, Washington. I have also in the past served on non-profit boards: Horizon House and the Senior Center.

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

The strength of NCSBN is centered in the national input that is received from the membership and incorporated into the positions taken by NCSBN. The national input of the members, the expertise of consultants and the practicality of the present health care environment come together to provide the foundation for nursing regulation that will advance the profession of nursing.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I believe that NCSBN will move into the arena of international nursing regulation. The leadership role provided by NCSBN will ensure that high standards of nursing education and practice will be advanced. Innovative thinking will bring concepts to the table that will transform into nursing regulation of the future. I am deeply committed to ethical leadership and will use my skills as vice president to support the president of NCSBN as we meet the challenges of the future.

Vice President

Date of expiration of term: N/A
Eligible for reappointment: N/A

Laura Skidmore Rhodes, MSN, RN

Executive Director, West Virginia Board of Examiners for Registered Professional Nurses, Area II

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S)

NCSBN:

Bylaws Task Force, 1999
Bylaws Chairperson, 2000 – present
Governance and Leadership Task Force, 2004 – 2005
Governance and Leadership Advisory Council, 2005 – 2006

Other:

American Red Cross, 1980
Sigma Theta Tau, 1983

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

There are several major challenges currently facing nursing regulation such as issues related to advanced practitioners, continued competence, unlicensed assistive personnel and licensing exams in a language other than English, to name a few. Yet, here is the point, NCSBN can influence a positive outcome on any issue related to nursing regulation by tapping the rich resources and collective wisdom of its membership and staff, and effectively communicating the message.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

As the vice president of NCSBN I will: encourage all members to be active participants in the organization; listen to Member Boards to keep abreast of their ideas, concerns and desires; learn the role of being a member of the NCSBN Board of Directors, a not-for-profit organization, as quickly as possible; bring issues to the table for discussion; and do what I can to strengthen communication between and among the organization's Board of Directors and the membership. All of these will be in an effort to advance the organization's mission, vision and strategic initiatives.

Date of expiration of term: N/A

Eligible for reappointment: N/A

Treasurer

Constance Kalanek, PhD, RN

Board Staff, North Dakota Board of Nursing, Area II

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

NCSBN:

- Board of Directors, Director-at-Large, 2004 – 2006
- Board Liaison, Commitment to Ongoing Regulatory Excellence Research Project, 2004 – 2006
- Fellow, NCSBN Institute of Regulatory Excellence, third year
- Executive Officers Network – Member
- Executive Officer Network Group Leadership Development Seminar, April 28-29, 2003, and April 22-23, 2004 (planning committee)
- Commitment to Ongoing Regulatory Excellence Research Project, 2002 – 2004
- Resolutions Committee, 2003 – 2005
- Nurse Licensure Compact Administrators, member, July 1, 2002
- Practice, Education, and Regulation Task Force, chair, work completed Aug. 12, 2002

State Committees:

Established in 2004 – North Dakota Nurse Leadership Council is a coalition of the North Dakota Board of Nursing, North Dakota Nurses Association and six other organizations. The goal of the organization is to create a futuristic, unified, goal directed, state level agenda for nursing. The council members have come together in a spirit of cooperation and plan to create a consensus model of decision making among state nursing organizations.

Professional Membership and Offices Held:

- American Nurses' Association, 1981 – 2002
  - Certification, Maternal-Child Nurse, 1987 – 1998
  - American Nurses Credentialing Center-Commission on Accreditation, Category Alternate, 1997
- ANCC Item Writer for Prenatal Certification Examination
  - ANA Institute of Constituent. Members on Nursing Practice, Representative for North Dakota, 1992 – 1994
  - American Society of Psychoprophylaxis in Obstetrics, 1975 – 1990
  - Certified Childbirth Educator, 1975 – 1990
  - Badlands Childbirth Educators, treasurer/member, 1975 – 1990
- North Dakota Nurses Association, District #10, 1980 – 1990
  - Continuing Education Committee
  - Professional Affairs Committee
  - Government Relations Committee, chairperson
  - Nominating Committee
  - NDNA Delegate, 1987; 1989
  - NDNA Alternate Delegate, 1984; 1986
- North Dakota Nurses' Association District # 6, 1990 – 2002
  - Continuing Education Committee, Nursing Education Rep., 1996 – 1998

NDNA Research/Education Council, 1996 – 1998

NDNA Women, Infants, and Children Interest Group, 1996 – 1998

Refresher Course Task Force, 1988 – 1998

IV Therapy Committee, 1987 – 1998

NDNA District #6 Delegate, 1991; 1992; 1994; 1996

Statewide Task Force on Impact of Entry into Practice, chairperson, 1991 – 1994

Congress on Education and Practice, chairperson, 1987 – 1993

Government Relations Committee, 1984 – 1992

Membership Committee, 1984 – 1990

Delta Kappa Gamma International Society, 1986 – 1990

Northern Rocky Mountain Educational Research Association, 1996 – present

Sigma Theta Tau International Honor Society of Nursing, 1988 – present

Kappa Upsilon Chapter

STT Workshop Planning Committee, 1996 – 1997

North Dakota Board of Nursing, Ad hoc Committee on Revision for Rules for IV Therapy for LPNs, 1997

NCSBN, Appointed alternate for the Case Development Committee, 1996 – 1997

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

The nursing profession and more specifically nursing regulation are facing many challenges nationally and internationally. We have three examples of scenarios that call for nursing leadership. The first is the nursing shortage of critical proportions; the second is nursing education and the graying of the faculty; and third is an economic imperative, which is calling for cuts in reimbursement as well as education funding. The leadership of NCSBN will be expected to initiate at all levels significant policy development to fill the need for practicing RNs and LPN/VNs for our health care delivery system. The leaders in nursing must have courage to formulate policy to include model rules for innovative nursing education curricula, develop licensure requirements and scopes of practice for emerging practitioners, position papers on management of delegation as the significant role of ancillary personnel and competency issues relevant to the globally educated nurse.

The National Council of State Boards of Nursing has become a leader in conducting research on practice. As we all know, research can influence the face of practice and education. These past two years on the Board has provided me with the opportunity to understand at a greater level the involvement of NCSBN in numerous research projects and how these data has been used for policy development and action of NCSBN.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

To advance the mission of NCSBN requires a collaborative effort of visionary leaders. NCSBN in conjunction with Member Boards must focus on problem solving, team building and a proactive approach to leadership. This year as director-at-large, I have participated in a number of efforts to increase the collaboration between nursing leaders while representing NCSBN.

Date of expiration of term: N/A

Eligible for reappointment: N/A

Treasurer

Ruth Ann Terry, MPH, RN

Board Staff, California Board of Registered Nursing, Area I

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

As most executive officers, I have been an active member in NCSBN since 1985. I have had the opportunity over the years to serve on several committees including the Bylaws Committee, Resolution Committee, the Nursing Education Survey Committee and most recently the Finance Committee. I have served on the finance committee for three years. Over the years my committee participation has provided me with an in-depth view of the inter-workings of NCSBN as it has grown, and I feel my participation will be an asset to assist NCSBN to continue to move in a positive and global direction.

I also sit on the boards of two nonprofit 501C3 organizations in my community, which also continuously reminds me of the importance of the role of Boards of Directors, their responsibility to protect and promote the organization as well as caring out the fiduciary responsibilities. I feel my participation in NCSBN as well as in my local community has provided the background and understanding needed to be a productive member on the NCSBN Board of Directors as treasurer.

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

NCSBN is a leader in computer adaptive testing, I believe the recent expansion of testing sites to international countries will provide the opportunity for NCSBN to expand security features that ensures the protection of the NCLEX-RN/PN. I also believe that with the expansion in testing to international countries will also encourage NCSBN to also focus in-depth on the impact of cultural differences in testing. As NCSBN embraces global regulation and as the United States diversify, this organization is in a unique position to indeed be a leader in regional and global regulation of nursing as it affects all people.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I will advance the mission, vision and strategic initiatives by being true to this organization. I will be prepared to discuss all sides of the business of the organization. In my role as treasurer, if elected, I will be ever mindful of the fiduciary responsibility – it will be my utmost priority. Most importantly, I will always be mindful of who our customers are and represent boards of nursing and our strategic partners with honesty, integrity and a little bit of humor. I sincerely welcome the opportunity to assist with advancing the mission and goals of NCSBN into the future.

Area III Director

Rose Kearney-Nunnery, PhD, RN, CNE

Board Member, South Carolina Board of Nursing, Area III

Date of expiration of term: 12/31/06

Eligible for reappointment: Yes

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S)

Area III Director, 2005 – 2006 (appointed to fill vacancy)

Continued Competence Task Force, August – September 2005 (chair)

Practice, Regulation & Education Committee, 2001 – 2005 (member)

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

Staffing and improving the practice culture, disciplinary issues, and promoting a valid and reliable means to demonstrate continued competence are among the major issues of regulation at present. NCSBN, as composed of its Member Boards, can facilitate identification, research, collaboration, and consistent sharing and use of best practices in these areas.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

With the perspective of a board member and a nurse educator, assist the officers and directors of NCSBN to advance regulatory excellence through thoughtful discussion and decisions that reflect area, national and global concerns for public protection and the enhancement of nursing practice.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Director-at-Large

Gino Chisari, MSN, RN

Board Staff, Massachusetts Board of Nursing, Area IV

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

- National Council of State Boards of Nursing
  - Practice, Regulation and Education Committee, 2002 – Present
  - Chair, PR&E, 2004 – Present
  - Committee on Nominations, 2001 – 2004
  - Chair, 2001 & 2003
  - Vice-Chair, 2002
  - Delegate Assembly Advisory Panel, 2001
  - Delegate to the 2002 Delegate Assembly
  - Alternate Delegate to the 2003, 2004 & 2005 Delegate Assembly
- Massachusetts–Rhode Island League for Nursing
  - Board of Directors, 1996 – 200
  - Vice-Chair, Program Committee, 1996 – 1999
  - Member, Bylaws Committee, 1998
- The Hospice at Mission Hill
  - Member, Foundation & Fund Raising, 1993 – 1996

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

NCSBN possesses the unique ability to assess for, generate and distribute evidence that leads, directs and supports public protection policy on the regulation of nursing practice and education. Regulation must be fair, applied consistently, not unnecessarily burdensome, and be used as a strategy to achieve the positive outcomes of bettering nursing services to the public. At each level of government, policy makers are being asked to demonstrate that the use of regulation is appropriate and necessary. The ability of NCSBN to conduct studies on practice, regulation and education from a national, international and local perspective is an activity that provides the Member Boards with well constructed and real time evidence on which to base public protection policy.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

Providing leadership to advance regulatory excellence for public protection means that as a leader I will be prepared to engage in discussion and make decisions that are free of bias, in concert with the intended meaning of the mission, based on need rather than will, and in collaboration with others who will be affected by the decisions of the Board. Holding shared responsibility for the mission of NCSBN means that I will actively listen, participate in the investigation of, carefully weigh options, seek counsel as necessary and make a well informed decision that benefits the organization as a whole.

Director-at-Large

Rachel Gomez, LVN

Board Member, Texas Board of Nursing, Area III

Date of expiration of term: 01/01/09
Eligible for reappointment:

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

Board Member of the Texas Board of Vocational Nurses Committee member

NCSBN 25th Anniversary Celebration

Member of the Texas Peer Assistance Program in Texas

Admissions Committee member at the University of Texas, Brownsville Nursing School

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

Nursing regulation is a very important part of nursing, without it we would see more nurses come before our boards with problems. What NCSBN needs to do is come up with more ways to improve their knowledge, skills and education. Competencies are a good way but sometimes it is left to the nurses and it is not done. This is a major problem with employers. How to solve this is a major endeavor.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I would like to see NCSBN continue to provide regulatory guidance and support to all the boards in nursing so boards can protect the citizens of our state to give the best nursing care that the nursing profession can provide. I feel that it does so much now but I feel there is always room for advancement, and I would want to be part of this group that will help NCSBN go forward.

I just attended my first Midyear Meeting and was amazed at all that is being done by NCSBN. I would like to continue working on the nursing shortage and find out why more citizens from the United States do not chose the nursing profession. While I appreciate getting foreign nurses, I still would want our own to go into the great field of nursing. Our long-term goal should be to focus on this problem. If we do not we will have a worse problem in the future. I have been invited by our local TV station to provide my insight on this subject. Their perception is that our board is too strict with our practice policy to which I replied that was not something we would consider lowering. So what is the solution?

Date of expiration of term: N/A
Eligible for reappointment: N/A

Director-at-Large

Cheryl Lynn Koski, MN, RN

Board Staff, Wyoming Board of Nursing, Area I

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

Education:

- Montana State University, MN, 1985
- University of Connecticut, BSN, 1973

Regulatory Positions:

- Executive Director, Wyoming State Board of Nursing, 1999 – present
- Compliance Consultant, Wyoming State Board of Nursing – FT, 1996 – 1997; PT, 1995 – 1996

NCSBN Committees:

- Executive Officer Leadership Development Committee, Member, 2000
- Executive Officer Retreat Committee, Member, 2003
- Resolutions Committee, Member, 2001; Chair, 2002, 2003
- Unlicensed Assistive Personnel Committee, Chair, 2003 – 2005
- Institute of Regulatory Excellence, 2004
- Examination Committee, Member, 2005 – present
- Executive Officer Mentor, 2005 – present

Professional Organizations:

- Sigma Theta Tau American Nurses Association
- Wyoming Nurse's Association
- Wyoming Commission for Nursing and Nursing Education

United States Navy:

- Current Rank/Billets: CAPT, NC, USN
- OHSU Bremerton, WA, Officer in Charge, DET N, Cheyenne, WY
- OHSU Camp Pendleton, CA, Dept. Head, Medical-Surgical Nursing
- OHSU Camp Pendleton Headquarters Det., Health Promotion Officer
- Naval Reserve Readiness Command Region Southwest, San Diego, CA, 2002 – 2005
- Naval Reserve Fleet Hospital CBTZ 23, Minneapolis, MN, 1995, 2002
- Naval Reserve Fleet Hospital CBTZ 9, Bremerton, WA, 1990 – 1995
- Naval Reserve Center, Cheyenne, WY, 1975 – 1979
- Active Duty, Naval Regional Medical Center, Camp Lejeune, NC, 1973 – 1975

Military, Community & Civic Organizations/Activities:

- Member First United Methodist Church, Cheyenne, Wyoming
- Military Affairs Committee, Cheyenne, WY, Representing Naval Reserve Center, Cheyenne
- Naval Reserve Officers Association
- Association of Military Surgeons of the United States
- U.S. Navy League
- Wyoming Navy League
- Navy Nurse Corps Association
- American Legion Post #6

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

Probably the biggest challenge that continues to confront nursing regulation is the nursing shortage both nationally and internationally. This has impacted not only all areas of nursing, nursing education and nursing practice, but also health care in general. Nursing regulation is confronted with the issue of how to protect the health, safety and welfare of the public in the presence of ever-increasing demands upon the health care system including: (1) the aging population and the increasing chronicity of health care problems; (2) the aging nursing workforce; (3) the movement to expand the roles and scopes of licensed nursing professionals; and (4) the increased utilization of foreign educated nurses and unlicensed persons. The National Council of State Boards of Nursing can assume a leadership role to work collaboratively with nursing and other health care professions and organizations to identify solutions and meet the challenges confronting nursing and nursing regulation.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I have more than 33 years of nursing and nursing education experience, which includes both civilian and military practice. I will assist to advance the mission, vision and strategic initiatives of the National Council of State Boards of Nursing through working collaboratively with other Member Boards and listening to all view points in order to make informed decisions based on current research, practice and promote excellence in nursing regulation.

Date of expiration of term: 06/2007

Eligible for reappointment: Yes

Director-at-Large

Kathy Malloch, PhD, MBA, RN, FAAN

Board Member, Arizona Board of Nursing, Area I

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

Thirty-five years in nursing in roles of staff nurse, manager, vice president, educator, consultant and board of nursing member.

Arizona Board of Nursing

- Member since 1999
- Current president of the board; third term
- Past Chair of Scope of Practice Committee
- Current Chair Education Committee

NCSBN:

- Chair, Practice Breakdown Advisory Panel
- Member, Governance & Leadership Task Force
- Presenter/Facilitator Institute of Regulatory Excellence 2003, 2004, 2005
- Facilitator Presidents Session 2003, 2004
- Presenter/Facilitator Executive Officer Leadership Development Seminar 2004

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

The activities specific to advancing the science of nursing regulation through the Institute of Regulatory Excellence; providing additional opportunities for developing the core competencies of board members and staff through NCSBN sponsored conferences/summits; further learning lessons from states who have implemented the nurse licensure compact with a potential exploration of an international compact; further identification of international test sites for NCLEX; and research on practice breakdown have all contributed to creating new approaches and new knowledge to support regulation that is based on evidence. Specifically, the work of the Practice Breakdown Advisory Panel will provide information to assist regulators, leaders and educators to identify early signs of practice breakdown and intervene earlier thus decreasing violations of the nurse practice act and increasing patient safety. Continued healthy dialogue and focus on each of these areas is mission critical to NCSBN and boards of nursing.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

As a director-at-large, I will continue to support the mission, vision and strategic initiatives through responsible board member performance with a focus on evidence-based regulation as the means to achieve and sustain the mission of NCSBN. I believe that my energy, experience and innovative thinking as demonstrated in my many nursing roles, as well as abilities to listen, dialogue and challenge assumptions will contribute significantly to NCSBN's mission of being a leader in regulation.

Director-at-Large

Elizabeth Stullenbarger, DSN, RN

Board Member, Alabama Board of Nursing, Area III

Date of expiration of term: 12/31/07

Eligible for reappointment: First-term member, will be eligible in 2008

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

West Virginia Board of Nursing, Program Visitor, 1972 – 1976

Florida Board of Nursing, Educational Rules Task Force, 2001 – 2002

APRN Credentialing Task Force, 1996 – 1997

AL Board of Nursing, Member and Vice President, 2005 – 2006

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

NCSBN can influence positive outcome through avocation of quality educational outcomes and effectiveness assessment and regulation of those outcomes.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I will influence the mission and vision through support and advocacy as a board officer in my state and through activities of NCSBN if selected to serve. I also advocate through my position of work.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Committee on Nominations, Area III

Janice I. Hooper, PhD, RN

Board Staff, Texas Board of Nursing, Area III

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

Past nurse educator in Missouri in nursing programs at all levels (ADN, BSN, MSN, diploma)

Past president of Delta Lambda Chapter of Sigma Theta Tau, St. Louis

Program Evaluator for NLCNAC 1991 – 2002

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

NCSBN provides the only real avenue for joint collaboration and decision-making among boards of nursing. The resources provided from NCSBN and disseminated research findings are valuable information for boards, for nursing education and for nursing practice.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I would strive to uphold the high standards for professional and vocational nursing, especially in the area of nursing education. I would stay abreast of current philosophical underpinnings of NCSBN for application to local position papers and statements supporting safe and competent nursing practice.

Committee on Nominations, Area III

Emily Pharr, LPN

Board Member, Mississippi Board of Nursing, Area III

Date of expiration of term: 06/01/09

Eligible for reappointment: Yes

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

President – Mississippi LPN Association

National LPN Association

Treasurer – Mississippi Board of Nursing

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

Continuation and enhancement of ongoing research is the best way for NCSBN to have a positive impact upon challenges faced by nursing regulators. Evidence-based regulation is the best avenue for boards to fulfill their obligation of protection of the public through licensure and regulation of practitioners.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I will review all data presented, obtain additional data when needed, encourage inclusion of all stakeholders and make an informed decision regarding the issues within the mission of NCSBN that are presented to the Board.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Committee on Nominations – Area IV

Emmaline Woodson, RN, MS

Board Staff, Maryland Board of Nursing, Area IV

PROFESSIONAL/REGULATORY/COMMUNITY INVOLVEMENT INCLUDING SERVICE ON NCSBN COMMITTEE(S).

American Nurses Association

Maryland Nurses Association

Past member of several NCSBN Committees and Task Forces

Last served on the Disciplinary Advisory Panel for three years

Baltimore Tuskegee Alumni Association

American Red Cross Emergency Services Volunteer

PROPOSE HOW THE ACTIVITIES OF NCSBN CAN INFLUENCE A POSITIVE OUTCOME TO A MAJOR CHALLENGE THAT IS CURRENTLY FACING NURSING REGULATION.

I view NCSBN as a resource for its members, bringing a collective view and response to the issues facing all regulatory boards. NCSBN has taken a proactive stance in dealing with such issues as the economic short falls in several of the jurisdictions by supporting members participation in meetings and workshops. NCSBN has recognized the need to address issues regarding our diverse health care recipients and the need to assimilate foreign educated nurses into the health care force.

DESCRIBE HOW YOU WILL ADVANCE THE MISSION, VISION AND STRATEGIC INITIATIVES OF NCSBN.

I have a great passion for nursing and the work of the National Council of State Boards of Nursing. As a member of the Nominations Committee, I would strive to bring force the best candidates to work toward the advancement of NCSBN's mission, vision and strategic initiatives. Assuring that each candidate has a working knowledge of the mission, vision and strategic initiatives, and an awareness of the duties and responsibilities of the desired office.

2006 Report of the Board of Directors

Highlights of Business Activities Oct. 1, 2005, through May 31, 2006

COLLABORATION WITH EXTERNAL ORGANIZATIONS

- On behalf of the Board of Directors, President Donna Dorsey met with the leadership of the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculty, the International Council of Nurses, the U.S. Trade Office, the Philippine government, the Nursing & Midwifery Council of the United Kingdom, the Board of Nursing of Ireland and the Ontario College of Nursing.

STRATEGIC PARTNERSHIP MEETING ATTENDANCE BY NCSBN BOARD OF DIRECTORS AND/OR STAFF

- National Commission on Quality Long Term Care
- Institute of Medicine
- Sigma Theta Tau International Research Conference
- National Academy of State Health Policy (NASHP) Annual Meeting
- Globalization of Professional & Specialized Accreditation, Center for Quality Assurance in International Education (CQAIE)
- Council on Licensure, Enforcement and Regulation (CLEAR)
- Citizens Advocacy Center (CAC)
- American Medical Association (AMA)
- American National Standards Institute (ANSI)
- American Association of Colleges of Nursing (AACN) DNP Stakeholder Meeting
- Optimizing Global Health through Nursing Science
- American Organization of Nurse Executives (AONE) Roundtable
- Nursing Organizations Alliance (NOA)
- International Council of Nurses: Credentialing and Regulatory Forum
- National League for Nursing Education Summit
- American Association of Colleges of Nursing Fall Semiannual Meeting
- National Federation of Licensed Practical Nurses Annual Conference
- National Organization of Associate Degree Nursing Convention
- Sigma Theta Tau International Biennial Convention
- American Board of Nursing Specialties Fall 2005 Assembly
- Essential Nursing Competencies for Genetics and Genomics Meeting
- National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)
- The National Student Nurses' Association (NSNA)
- American Association of Colleges of Nursing (AACN) Baccalaureate
- FARB Attorney Certification Seminar and Leadership Conference
- National Practitioner Data Bank Executive Committee

Board of Directors

August 2005 — July 2006

Donna Dorsey, MS, RN, FAAN
President, Maryland, Area IV

Polly Johnson, MSN, RN, FAAN
Vice President, North Carolina, Area III

Sandra Evans, MAEd, RN
Treasurer, Idaho, Area I

Rolf Olson, JD
Area I Director, Oregon

Mary Blubaugh, MSN, RN
Area II Director, Kansas

Rose Kearney-Nunnery, PhD, RN
Area III Director, South Carolina

Myra Broadway, JD, MS, RN
Area IV Director, Maine

Faith Fields, MSN, RN
Director-at-Large, Arkansas, Area III

Constance Kalanek, PhD, RN
Director-at-Large, North Dakota, Area II

Staff

Kathy Apple, RN, MS, CAE
Executive Director

Legal Counsel

Thomas Abram, JD

Board Meeting Dates

- Aug. 4, 2005, Washington, DC
- Aug. 29-31, 2006, Chicago, Illinois
- Oct. 5, 2005, Conference Call
- Oct. 31 – Nov. 1, 2006, Electronic
- Dec. 7-9, 2006, Chicago
- Feb. 8-10, 2006, Chicago
- May 3-5, 2006, Chicago
- July 12-14, 2006, Chicago
- July 31, 2006, Salt Lake City, Utah

- Accreditation Council for Graduate Medical Education (ACGME)
- Federation of Association of Regulatory Boards (FARB)
- National Association Boards of Pharmacy (NABP)
- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- National Association of Clinical Nurse Specialists (NACNS)
- Alliance for Nursing Accreditation
- American Board of Nursing Specialties Fall 2006 Assembly (ABNS)
- National Health Policy Conference/Academy Health
- Public Policy Institute for Health Professionals/American College of Nurse Practitioners
- International Centre on Nurse Migration
- University Healthsystem Consortium
- National Governors Association
- American Nurses Association
- Canadian Nurses Association
- International Council of Nurses Regulatory Forum

FINANCE

- The Board approved the organizational budget for the fiscal year beginning Oct. 1, 2005, and ending Sept. 30, 2006.
- The Board reviewed and approved the financial quarterly statements for FY06.
- The Board met with the auditors to review the FY05 audit and approved the independent audit for the year ending Sept. 30, 2005.
- The Board reviewed the performance of the investment manager and the investment policy.
- The Board reviewed the current liability policy.
- The Board discussed the Finance Committee's report on Nur*sys*® revenue sharing.

GOVERNANCE & POLICY

- The Board discussed and revised NCSBN Policy 1.5, Record Retention Schedule.
- The Board reviewed the work of the Advance Practice Consensus Forum.
- The Board fulfilled all appointments to committee chairs and membership for FY06.
- The Board reviewed and discussed the proposed international mobility of nurse's public policy action plan. The plan included monitoring mobility issues and relevant legislation, collaboration with stakeholders.
- The Board reviewed and discussed the feasibility of NCSBN utilizing Nur*sys*® as a database for volunteer nurse information in disaster preparedness efforts.
- The Board finalized the Strategic Objectives for FY06.
- The Board discussed and revised the charge to the Practice Regulation and Education committee based on the 2005 Delegate Assembly resolution related to medication assistive personnel.

- The Board discussed the proposed public statement based on the 2005 Delegate Assembly resolution. The Board approved the proposed document, "Nursing Regulation and the Interpretation of Nursing Scopes of Practice." The document was distributed to Member Boards and placed on the NCSBN Web site.
- The Board finalized the calendar for board member attendance at external organization meetings.
- The Board moved to direct the Bylaws Committee to initiate bylaw revisions based on the Governance and Leadership Advisory Panel recommendations and the feedback received from the membership.
- The Board reviewed the history and outcomes of Lewin Group Analysis of nursing's economic value including NCSBN's participation and contribution to the study.
- The Board reviewed and discussed the NCSBN testimony presented to the Pennsylvania Legislature regarding the NCLEX® examination.
- The Board appointed a chair and members to the new Nur*sys*® Design Task Force. The Board charged the task force to, "Evaluate the Nur*sys*® business design and rules, along with associated policies and procedures, and make recommendations to the Board of Directors."
- Polly Johnson, chair of the Governance and Leadership Advisory Panel, provided routine updates on the work of the Advisory Panel.
- The Board appointed Rose Kearney-Nunnery to replace Martha Bursinger, who resigned the position, as Area III director.
- The Board moved to fund two representatives from each Member Board jurisdiction to attend the NLCA Discipline and Legal Counsel Summit.
- The Board reviewed and discussed the 2006 Midyear meeting agenda and the meeting evaluations.
- The Board approved the Board of Director meeting dates for FY07.
- The Board discussed potential guiding principles for the future of regulation.
- The Board reviewed and discussed the evaluations received related to the 2005 NCSBN Annual Meeting.
- The Board discussed NCSBN efforts to assist Member Boards of nursing affected by the hurricanes in FY05.
- The Board discussed the resolution from the American Medical Association to study the scope of practice of several health care disciplines including nurses.
- The Board reviewed the resolution accepted by the Council of State Governments regarding the need for criminal background checks via fingerprint.
- An environmental scan was discussed at each meeting.
- The Board reviewed and discussed the revisions to the awards process.
- The Board reviewed the outcome of the 2005 Committee Chair Orientation. The Board reviewed the recommendation regarding a formal nominating process and procedure for members interested in committee chair positions. The Board approved the proposed committee chair nomination and selection process.
- The Board approved the revisions to policy 4.5, Role of Committee Chair.
- The Board approved the resolution for rental of a safety deposit box with Chase bank for NCSBN use.
- The Board moved to approve a $1,000 donation to the UCSF Margretta Madden Styles International Student Scholarship Fund in honor of and in memorial to Dr. Gretta Styles.

- The Board facilitated a Member Board dial-in at each meeting to share information with the membership regarding Board of Director meeting agenda items and to listen to current issues and concerns from the membership.
- The Board reviewed and discussed the membership status of the Puerto Rico Board of Nurse Examiners.
- The Board reviewed and discussed the proposed Uniform Interstate Emergency Health Care Services Act.
- The Board reviewed and adopted the Legislative Considerations for Assessing Changes in Health Care Professions Scope of Practice document developed by NCSBN with the ASWB, FSBPT, FSMB, NBCOT and the NABP.
- The Board prepared strategic objectives for FY07.
- The Board reviewed and discussed a possible testing center site for the Philippines.
- The Board reviewed the evaluations of the Nur*sys*® User Meeting.
- The Board reviewed the preliminary results of the Gallup Evaluation of the Nurse Licensure Compact.
- The Board reviewed the proposed NPDB reporting rules.
- The Board conducted an evaluation of the Board meeting at the end of each meeting.
- The Board conducted a board self assessment for its performance for FY06.
- The Board reviewed the work of all committees and prepared a business agenda for the 2006 Delegate Assembly.

TESTING

- The Board reviewed and discussed the recommendations for additional country sites for administration of NCLEX®. The Board moved to accept the proposed seven additional countries and directed a comprehensive, targeted analysis report to be prepared by August 2006 for adding sites in the Middle East and the Philippines.
- The Board moved to include a discussion of the issues of an alternative language examination with the membership at the 2006 Midyear meeting.
- The Board discussed the current NNAAP™ examination contract with Promissor.
- The Board discussed the NCLEX communication plan report.
- The Board reviewed quarterly reports from Pearson VUE.
- The Board reviewed and approved revisions to examination policies.

PRACTICE, EDUCATION AND REGULATION

- The Board reviewed and discussed a joint delegation statement between NCSBN and ANA.
- The Board reviewed and discussed the report and the emergence of DNP programs in the United States. The Board directed staff to draft a letter related to NCSBN's concerns regarding promotion of doctorate of nursing programs.
- The Board reviewed and discussed the status of the 2005 Delegate Assembly resolution related to medication assistants.

INFORMATION TECHNOLOGY

- The Board discussed NCSBN's computer-based national data warehouse, Nur*sys*®, and the operational design of the system.
- The Board approved the proposed revision to Nur*sys*® Policy 1.2.

- The Board reviewed and approved revisions to IT policies.
- The Board was introduced to Nur Rajwany who is the new director of Information Technology.

RESEARCH

- The Board reviewed and discussed the Elements of Nursing Education Study results and the outcome of the Invitational Forum held Jan. 26, 2006, for external stakeholders.
- The Board reviewed the progress of all research projects currently under study.

REVIEW OF STRATEGIC PLAN

- The Board reviewed the year-end NCSBN Balanced Scorecard report for FY05.
- The Board reviewed the progress of the strategic plan quarterly.

Attachment

A. Annual Progress Report, October 2005 – May 2006

Attachment A

Annual Progress Report, October 2005 – May 2006

Background

The Annual Progress Report is provided as a summary of the year's activity and accomplishments in the work toward achieving the organization's strategic initiatives.

I. Strategic Initiative: Member Boards
Facilitate Member Board excellence through individual and collective development.

STRATEGIC OBJECTIVE 1

Implement and evaluate the Member Board development plan.

The three-year plan, documenting all education meetings, summits, information sharing and networking opportunities offered by NCSBN, is being used to assess member participation and satisfaction. Cumulative results of these evaluations will help guide future NCSBN educational offerings.

STRATEGIC OBJECTIVE 2

Facilitate timely information sharing and networking opportunities.

NCSBN continues to provide at least 10 pertinent activities per quarter to the membership in the form of information sharing and/or networking opportunities.

STRATEGIC OBJECTIVE 3

Continuously evaluate the effectiveness of timely education, information sharing and networking opportunities.

NCSBN evaluates all education, information sharing and network opportunities based on participation, number, variety, quality and information pertinent to the needs of the membership. The results of these evaluations provide evidence to continuously improve the quality of future NCSBN offerings.

STRATEGIC OBJECTIVE 4

Recognize excellence.

A clearly articulated and objective process for soliciting and identifying outstanding contributions to the organization has been communicated to the membership and enacted through the NCSBN Awards Program.

STRATEGIC OBJECTIVE 5

Support Member Boards seeking to enter into the Nurse Licensure Compact (NLC)

Provided direct assistance to four states requiring information on the NLC. Presented information regarding the facts about the NLC at numerous conferences. Began exploration of a federal grant process for states interested in entering the NLC.

Completed and distributed to the membership an independent evaluation of the NLC by the Gallup Organization.

II. Strategic Initiative: Regulatory Excellence
Promote evidence-based regulation that provides for public protection.

STRATEGIC OBJECTIVE 1

Identify indicators of regulatory excellence through CORE

Thirty-three Member Boards participated in CORE stakeholder surveys. New data collection methods identified and explored to further increase membership participation. CORE data collection tools and performance measures refined to provide better information.

STRATEGIC OBJECTIVE 2

Support Member Board adaptation of best practices.

National standard for drug screening parameters were recommend to Member Boards. Resources developed to support Member Boards with legislative authority information about criminal background checks including fingerprinting, planning, model policies and procedures. Model medication administration curriculum developed.

STRATEGIC OBJECTIVE 3

Collaborate with national organizations in the promotion of evidence-based regulation.

NCSBN participates in at least three pertinent activities per quarter with national organizations to promote evidence-based regulation. Examples of collaboration include the Regulatory Forum with the International Council of Nurses, the Advance Practice Consensus Forum and the Citizens Advocacy Center Pain Management Colloquium.

STRATEGIC OBJECTIVE 4

Describe the future regulation of APRNs.

A vision paper that describes the potential future regulation of Advanced Practice Registered Nurses drafted and released for external comment.

III. Strategic Initiative: PERC

Enhance the organizational culture to support change and innovation.

STRATEGIC OBJECTIVE 1

Implement recommendations to enhance NCSBN's ability to be progressive, creative and responsive to change.

Extensive process designed to create a collective generative discussion amongst the membership was conducted. Results of this process formed the basis for the proposed bylaws changes presented to the Delegate Assembly.

STRATEGIC OBJECTIVE 2

Evaluate the communication improvement plan based on evaluation of Member Board satisfaction with communication from the Board of Directors and NCSBN staff.

After evaluating the satisfaction with communication between Members Boards and the NCSBN Board of Directors and staff, a new, organizational marketing and communication plan was developed. This Board plan is intended to provide more timely and pertinent information to the membership regarding NCSBN organizational activities.

STRATEGIC OBJECTIVE 3

Enhance communication between Member Boards and external stakeholders.

Communication has been facilitated between Member Boards and the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the Citizens Advocacy Center, the Commission on Graduates of Foreign Nursing Schools, the Joint Commission on Accreditation of Hospital Organizations, the Institute for Safe Medication Practices, the National Association of State Health Policy and the National League for Nursing Accrediting Commission.

IV. Strategic Initiative: Competence

Position NCSBN as the premier organization to measure entry and continuing competence of nurses and related health care providers.

STRATEGIC OBJECTIVE 1

NCLEX is the premier examination for entry into practice.

Test development, psychometric and test delivery metrics developed to ensure adherence to contractual and operational program requirements have been identified. Related performance measures and targets have been identified and successfully achieved. Options regarding an alternative language-assisted NCLEX Examination were presented to the membership for discussion and feedback. The current NCLEX-PN Practice Analysis was completed. A new NCLEX-RN Test Plan was developed for Delegate Assembly approval.

STRATEGIC OBJECTIVE 2

Develop a strategic communication plan on public protection benefits of the NCLEX Examinations.

Strategic communication plan completed and implementation initiated. NCLEX promotional kits for Member Boards, including new revised and redesigned brochures, have been developed.

STRATEGIC OBJECTIVE 3

Continue development of an assessment instrument to measure continued competence of RNs and LPN/VNs.

A communication plan on continued competence developed and implemented. A draft regulatory model designed to be used by Member Boards to ensure the continued competence of the nurse was developed and provided to the membership for feedback. Continued competence practice analysis studies, designed to describe and validate the existence of "core" competencies, have been conducted for both registered and licensed practical/vocational nurses.

STRATEGIC OBJECTIVE 4

Maintain the quality of the NNAAP™ exam.

The 2005 Nurse Aide Practice Analysis was completed. Received and reviewed the 2005 NNAAP Technical Report. Contract with test service extended, potential future test vendor options and alternate exam ownership model explored.

STRATEGIC OBJECTIVE 5

Explore innovations in testing to measure entry-level competency.

Identified entry-level competencies that are not measured adequately by the NCLEX Examinations and identified unmet needs in competency assessment. Areas of innovation explored and reported to the membership. A plan to investigate new methodologies is in development.

V. Strategic Initiative: Data

Advance NCSBN as the leading source of data, information and research regarding nursing regulation and related health care issues.

STRATEGIC OBJECTIVE 1

Conduct research that provides evidence regarding regulatory initiatives that supports public protection.

The nurse practitioner/clinical nurse specialist role delineation study was conducted. Year three of the five-year study to investigate post-entry nurse competency has been completed. Completed and disseminated the elements of education research study. Work on the transition to practice research study continues. Based on previous Delegate Assembly action, the research study into the minimum number of clinical training hours necessary to reach entry-level competence will not be conducted. Research projects related to the discipline are currently under study.

STRATEGIC OBJECTIVE 2

Create a national nurse licensure database.

Thirty-four Member Boards participate in Nur*sys*®. Implemented a new in-house, data collection and cleaning (DCC) process to improve Nur*sys*® system performance. Eighty-seven percent of eligible Member Boards (48/55) have submitted discipline data to Nur*sys*® during the past year.

STRATEGIC OBJECTIVE 3

Serve as a national source of nurse workforce data.

Workforce data collection pilot project placed on hold while data elements and process by which data is already collected by Member Boards are reevaluated.

VI. Strategic Initiative: U.S./International Partner

Advance NCSBN as a key partner in nursing and health care regulation in the United States and internationally.

STRATEGIC OBJECTIVE 1

Develop and maintain collaborative working relationships with key national and international organizations to address major regulatory issues in health care.

The Advanced Practice Consensus Forum, ICN Regulatory Forum, Interdisciplinary Scope of Practice Group and joint Executive Officer seminar with medical boards were identified for areas of collaboration regarding the future of advanced practice regulation, global shortage of nurses and mobility, overlapping and interdisciplinary issues from medicine, pharmacy, physical therapy, occupational therapy, social work and executive officer collaboration, respectively.

STRATEGIC OBJECTIVE 2

Administer NCLEX effectively and efficiently at international sites.

Seven additional countries were added to the list of international administration locations. There are now a total of 10 countries that have international Pearson Professional Centers that deliver the NCLEX examinations. There has been 100 percent compliance with all testing policies and procedures.

STRATEGIC OBJECTIVE 3

Facilitate the mobility of safe and competent international nurses by influencing public policy.

Contributed to several nurse immigration related bills and amendments federally that sought to increase H1-B visas; monitor statistics by state of nurses from the top five international sending countries to the United States and assist with implementing effective policy regarding nurses who may come to the United States to work without repaying their country service requirement. Assisted Public Citizen/Global Trade Watch with nursing services related information on the GATS trade agreement. Developed and distributed communiqués regarding policy and relevant information for international audiences.

Section II

2006 NCSBN Annual Meeting

SECTION II: COMMITTEE REPORTS .... **TAB 2**

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Report of the Bylaws Committee

Recommendations to the Board of Directors

1. **Adopt the proposed revisions to the bylaws of NCSBN.**

   Rationale
   The Bylaws Committee worked jointly with the Governance and Leadership Advisory Panel to develop recommendations in fulfillment of the strategic initiative to enhance the organizational culture to support change and innovation. The proposed bylaw revisions were developed and revised with feedback from the membership and Board of Directors debate to impact the organization's ability to be progressive, creative and responsive to change.

   Fiscal Impact
   1. Four additional Board Members: $20,000 per year.
   2. Leadership Succession Committee: $33,000 per year.
   3. Associate Membership Dues: Unknown at this time.

Background

The Board of Directors or Delegate Assembly charges the Bylaws Committee with reviewing and making recommendations on proposed bylaw amendments as directed. For FY06, the Board of Directors directed the committee to initiate bylaw revisions based on the recommendations from the Governance and Leadership Advisory Panel to enhance the organizational culture to be more responsive to change and innovation.

Highlights of FY06 Activities

- The committee reviewed and discussed the charge to the committee, the NCSBN mission, vision, values and strategic plan.
- Bylaw basics were reviewed with a focus on providing a broad framework for the governance of the organization.
- The chair reviewed the recent history of bylaw revisions and amendments.
- The committee reviewed the recommendations from the Governance and Leadership Advisory Panel.
- The committee consulted with Polly Johnson, board liaison to the committee and the chair of the Governance and Leadership Advisory Panel, regarding the rationale for the Governance and Leadership Advisory Panel recommendations.
- The committee discussed the role of the Board of Directors and the role of Delegate Assembly from the view of best practices for nonprofit organizations. The committee utilized resource material from BoardSource and the American Society of Association Executives.
- The committee reviewed the bylaws of organizations similar to NCSBN representing health care licensing boards for pharmacy, medicine and physical therapy.
- The committee reviewed and discussed the draft "Guiding Principles for the Desired Future of NCSBN" developed by the Governance and Leadership Advisory Panel.
- Committee members were assigned sections of the bylaws to draft revision language. Draft revisions were forwarded to legal counsel for initial review and input.
- Questions were raised for review by the parliamentarian and legal counsel. Legal counsel was asked to develop a special proviso that will speak to the implementation of the proposed Board of Directors composition and address the ballot run-off requirement for the proposed composition.
- The committee reviewed, discussed and met their performance measures and targets from the Balanced Scorecard.
- The committee evaluated their meeting performance.

Members

Laura Rhodes, MSN, RN, Chair
West Virginia–RN, Area II

Martha Barr, MSN, RN
Tennessee, Area III

Karla Bitz, PhD, RN
North Dakota, Area II

Charlene Kelly, PhD, RN
Nebraska, Area II

Nancy Smith, PhD, RN, BC, FAANP
Colorado, Area I (October to November 2005; Consultant Member, December 2005 to August 2006)

Board Liaison
Polly Johnson, MSN, RN, FAAN
Vice President, North Carolina, Area III

Staff

Kathy Apple, RN, MS, CAE
Executive Director

Tom Abram, JD, Legal Counsel

Meeting Dates

- Nov. 7, 2005
- Dec. 13, 2005
- Jan. 4-5, 2006, Joint Meeting with Governance and Leadership Advisory Panel
- Jan. 18, 2006, Conference Call
- April 27, 2006, Conference Call

Relationship to Strategic Plan

Strategic Initiative III
Enhance the organizational culture to support change and innovation.

Strategic Objective 1
Implement recommendations to enhance NCSBN's ability to be progressive, creative and responsive to change.

Future Activities

None scheduled at this time.

Attachments

A. Proposed Bylaw Revisions with Comparison to Current Bylaws Including Rationale
B. Proposed Bylaw Revisions, Redline Version
C. Proposed Bylaw Revisions, Clean Copy
D. Special Proviso Adopted with the Leadership Succession Committee
E. Special Proviso Adopted with the Board of Directors

Attachment A

Proposed Bylaw Revisions with Comparison to Current Bylaws Including Rationale

Bylaws are intended to provide a framework for the governance of the organization.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article I		
■ Name		
The name of this organization shall be the National Council of State Boards of Nursing, Inc. (the "National Council").	The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).	■ NCSBN is the registered trademark name of the organization. ■ NCSBN distinguishes this organization from others that may also have "National Council" as part of their name. ■ The use of NCSBN is consistent with other nursing organizations that use an acronym to abbreviate their title. *Please note: the change from National Council to NCSBN has been made throughout the entire document.*
Article II		
■ Purpose and Functions		
Article II, Section 1. Purpose. The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.	***Article II, Section 1. Purpose.*** The purpose of NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.	■ Clean-up language.
Article II, Section 2. Functions. The National Council's functions shall include, but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.	***Article II, Section 2. Functions.*** NCSBN's functions shall include, but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.	■ Clean-up language.
Article III		
■ Members		
Article III, Section 1. Definition. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.	***Article III, Section 1. Definitions.*** a) *State Board of Nursing.* A state board of nursing is the governmental agency empowered to license and/or regulate practical/vocational, registered or advanced nursing practice in any state, territory or political subdivision of the United States of America. b) *Member Board.* A Member Board is a state board of nursing, which is approved by the Delegate Assembly as a Member of NCSBN.	■ Definition changed to allow for membership admission to advanced practice boards of nursing (with this change Illinois and Nebraska Advanced Practice Nursing Boards will be eligible for voting membership). ■ Member Board is a state board of nursing with full membership rights and privileges. Delegate Assembly continues to approve all new Member Board memberships.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
	c) *Associate Member.* An Associate Member is a nursing regulatory body or empowered nursing regulatory authority or an association thereof in another country or territory, which is approved by the Board of Directors as an Associate Member of NCSBN.	■ Associate Member: New category of membership for similar regulatory bodies and organizations that provides for increased input and involvement. ■ Greater diversity of input enhances decision making. ■ Expanding the membership increases transparency of the organization. ■ Associate Members may not vote and are not eligible for election to the Board of Directors or as Delegates to the Assembly. ■ The Board of Directors approves all new Associate Memberships based on criteria established by policy. ■ Associate Members may be eligible for committee membership consideration with the exception of the NCLEX® Examination Committee, the Finance Committee and the Leadership Succession Committee.
Article III, Section 2. Qualifications. Any state board of nursing that agrees to use one or more National Council Licensure Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").	***Article III, Section 2. Member Board Eligibility.*** To qualify for approval, as a Member Board, a state board of nursing, that regulates registered nurses and/or practical nurses must use one or more National Council Licensure Examination(s) (NCLEX®) for licensure of registered nurses and/or practical nurses, and execute a membership agreement with NCSBN specifying the terms and conditions for the use of the NCLEX® examination(s).	■ Continues membership requirement for use of NCLEX® examinations by boards of nursing regulating registered nurses (RN) and licensed practical/vocational nurses (LPN/VN).
Article III, Section 3. Admission. A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees and execution of a contract for using the NCLEX® examination.	***Article III, Section 3. Admission.*** A state board of nursing shall become a member of NCSBN and be known as a Member Board upon approval by the Delegate Assembly, payment of the required fees, and execution of a contract for using the NCLEX® examination, where applicable.	■ The addition of the words, "where applicable" permits membership of advanced practice boards without requiring the use of NCLEX-RN® and NCLEX-PN® examinations, since neither of these exams are for advanced practice nurses.
Article III, Section 4. Areas. The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.	***Article III, Section 4. Areas.*** The Delegate Assembly shall divide the membership into numbered geographical areas. At no time shall the number of areas be less than three nor more than six. New members shall be assigned to existing areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on NCSBN issues and promote diversity of representation throughout the organization.	■ Retains geographic areas to facilitate a means of communication and dialogue on common issues. ■ Removes area director position from the composition of the Board of Directors. ■ Geographic representation on the Board of Directors has implied a constituency-based role that is inconsistent with the legal role and is a responsibility of every member of the Board of Directors. It is the legal duty of every member of the Board of Directors to serve the best interests of the organization, not a geographic area. ■ This empowers all voting members to elect all members of the Board of Directors. ■ The Board of Directors appoints one or more board members to facilitate Area meetings.
Article III, Section 5. Fees. The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.	***Article III, Section 5. Fees.*** The annual membership fees, for a Member Board shall be set by the Delegate Assembly. The annual membership fees for Associate Members shall be set by the Board of Directors. To remain a member in good standing, members must pay the annual membership fee by October 1 each year.	■ Retains authority of the Delegate Assembly to set Member Board fees. ■ Clarifies that fees for Associate Members are set by the Board of Directors.
Article III, Section 6. Privileges. Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.	***Article III, Section 6. Privileges.*** Member Board privileges include, but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.	■ Ensures that the stated privileges are only provided to Member Boards.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article III, Section 7. Noncompliance. Any Member Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.	***Article III, Section 7. Noncompliance.*** a) Any member whose fees remain unpaid after October 1 is not in good standing. Any member who does not comply with the provisions of the bylaws and, where applicable, the membership agreement shall be subject to immediate review and possible termination by the Board of Directors. b) The Board of Directors may terminate the membership of any Associate Member, with or without cause, when in their judgment the best interests of NCSBN will be served thereby.	■ Provides additional authority to the Board of Directors to terminate the membership of an Associate Member for noncompliance. ■ Requires fees to be paid by October 1 rather than January 15.
Article III, Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.	***Article III, Section 8. Appeal.*** A Member Board may appeal the termination of its membership to the Delegate Assembly, which may reinstate the membership by majority vote.	■ Clarifies that only Member Boards may appeal termination of membership.
Article III, Section 9. Reinstatement. A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.	***Article III, Section 9. Reinstatement.*** Any member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership, which has been terminated for nonpayment of fees, shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.	■ Clarifies that both Member Boards and Associate Members, not in good standing for nonpayment of fees, may be reinstated upon payment of current fee and any delinquent fees.
Article IV		
■ Delegate Assembly		
Article IV, Section 1. Composition. a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (Standing Rules). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.	Designation of Delegates remains the same.	
b) *Qualification of Delegates*. Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board as a delegate.	b) *Qualification of Delegates.* Board members of Member Boards and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. An NCSBN officer or director may not represent a Member Board as a delegate	■ Clean-up language.
c) *Term.* Delegates and alternates serve from the time of appointment until replaced.	Term remains the same.	
Article IV, Section 2. Voting. a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.	a) *Delegate Assembly Session of the Annual Meeting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. A Member Board with no delegate present at the Delegate Assembly session of the Annual Meeting is not eligible to vote by proxy or absentee ballot.	■ Clarifies the difference between the Annual Meeting and the Delegate Assembly session. The Delegate Assembly session is the business portion of the Annual Meeting.
b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.	b) *Special Sessions.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of NCSBN or a delegate of another Member Board to cast its votes.	■ Clarifies a special session as a "special session of the Delegate Assembly." The word "corporate" is added in front of secretary to be consistent with new Article VIII, Chief Executive Officer.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article IV, Section 3. Authority. The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; approve the NCLEX® examination test service; and establish the fee for the NCLEX® examination.	***Article IV, Section 3. Authority.*** The Delegate Assembly shall adopt the mission, and develop and bring forth recommendations through debate and resolutions to the Board of Directors regarding the regulation of nursing practice and nursing education. The Delegate Assembly shall approve all new NCSBN Member Board memberships; approve the substance of all NCLEX® examination contracts between NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; elect the Board of Directors, elect the Leadership Succession Committee; approve amendments to the bylaws; adopt any plan of dissolution; and establish the fee for the NCLEX® examination.	■ The Board of Directors is the legally accountable body of the organization and therefore is the final authority over policy decisions. ■ Proposed language provides for appropriate balance of accountability between the membership and the Board of Directors. ■ The proposed authority clarifies that the membership develops resolutions related to regulatory issues as recommendations to the Board of Directors rather than directing the Board of Directors. ■ Delegate Assembly retains authority to approve new Member Boards. ■ Delegate Assembly retains authority to approve the substance of all NCLEX examination contracts with NCSBN. ■ Delegate Assembly retains authority to adopt test plans for NCLEX. ■ Delegate Assembly retains authority to establish the fee for NCLEX. ■ Delegate Assembly retains authority to elect the Board of Directors. ■ Delegate Assembly retains authority to amend the bylaws and any plan of dissolution. ■ Delegate Assembly retains authority to adopt the mission. ■ Delegate Assembly elects the Leadership Succession Committee. ■ Allows the Board of Directors to approve the NCLEX test service, as this is a business decision in keeping with the legal and fiduciary accountability of the Board. ■ Allows the Board of Directors to determine the strategic initiatives to fulfill the mission in keeping with the fiduciary responsibilities of the Board.
Article IV, Section 4. Annual Meeting. The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.	***Article IV, Section 4. Annual Meeting.*** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. Delegate Assembly sessions shall be held each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each member at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a session of the Delegate Assembly as soon as possible to conduct the business of NCSBN.	■ Clarifies Delegate Assembly as a session of the Annual Meeting. ■ Requires official notice of the session to Member Boards and Associate Members.
Article IV, Section 5. Special Session. The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days before the date for which such special session is called.	***Article IV Section 5. Special Session.*** The Board of Directors may call, and upon written petition of at least 10 Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each member at least ten days before the date for which such special session is called.	■ Requires official notice of a special session to Member Boards and Associate Members.
Article IV, Section 6. Quorum. The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.	***Article IV, Section 6. Quorum.*** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two members of the Board of Directors, including the president or president's designee, present in person. In the case of a special session, delegates may be present by proxy.	■ Allows more discretion for two members of the Board of Directors to be present as long as one is the president or president's designee.
Article IV, Section 7. Standing Rules. The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.	***Article IV, Section 7. Standing Rules.*** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly session.	■ Adds reference to "session" of the Delegate Assembly for clarity and consistency.
	Article IV, Section 8. Participation in Delegate Assembly Sessions.	

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
	a) *Public Session.* All sessions of the Delegate Assembly shall be open to the public unless the Delegate Assembly votes to go into executive session by a majority vote of the delegates present at the session. Members shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only Member Board delegates shall be entitled to vote; and only Member Board delegates and members of the Board of Directors may make motions at the Delegate Assembly sessions.	■ This section was moved from Article VIII, Section 1. Expands previous language to describe executive session and eliminates description of Delegate Assembly Forums guided by the Standing Rules (Standing Rules are used to guide all sessions of the Annual Meeting).
	b) *Executive Session.* The Board of Directors or Member Board delegates may call for an executive session during the Delegate Assembly session, provided that the minutes reflect the purpose of, and any action taken in, executive session. Executive session attendance shall include Member Board delegates and the Board of Directors, or as otherwise specified by the Board of Directors.	■ Permits the Board to include other persons or groups that might be integral to the discussion during the executive session.
Article V		
■ Officers and Directors	■ Board of Directors	■ Article V and VI have been combined into one Article (Article V). The numbering of each section in Article V has been adjusted to accommodate the revision.
Article V. Section 1	***Article V, Section 1. Composition.*** The Board of Directors shall consist of 13 elected officers and directors of NCSBN.	■ Formerly Section 1 of Article VI.
Article V, Section 1. Officers. The elected officers of the National Council shall be a president, a vice president and a treasurer.	***Article V, Section 2. Officers***. The elected officers of NCSBN shall be a president, a vice president and a treasurer.	■ Clean-up language.
Article V, Section 2. Directors. The directors of the National Council shall consist of two directors-at-large and a director from each Area.	***Article V, Section 3. Directors.*** There shall be 10 elected directors of NCSBN, including a person external to the organization.	■ The proposal expands the Board of Directors from nine to 13. The most effective Boards of Directors for nonprofits have nine to 15 members. ■ Increasing the number allows additional members to participate in the governance of the organization.
Article V, Section 3. Qualifications. Members and employees of Member Boards shall be eligible to serve as National Council officers and directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.	***Article V, Section 4. Qualifications for Directors.***	■ Retains qualifications specific to board members and staff of Member Boards.
	a) *Officers and Directors.* Board members of Member Boards and employees of Member Boards shall be eligible to serve as NCSBN officers and directors.	
	b) *Director External to the Organization.* Persons external to NCSBN and the membership, whose background and expertise compliments the other positions on the Board of Directors and is congruent with the mission and vision of NCSBN, may be elected as the director external to the organization based on the specific needs of NCSBN.	■ Adding one member external to the Board allows for unique expertise and diverse input in to the decision-making process (e.g., Barbara Safriet serves as an external member of the Board of Directors for the Federation of State Boards of Physical Therapy).
Article V, Section 4. Qualifications for President. The president shall have served National Council as either a delegate, a committee member, a director or an officer before being elected to the office of President.	***Article V, Section 5. Qualifications for President.*** The president shall have served NCSBN as a delegate, a committee member, a director or an officer before being elected to the office of president.	■ Clean-up language.
Article V, Section 5. Elections of Officers and Directors.	***Article V, Section 6. Election of Officers and Directors***.	
a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.	a) *Time and Place.* Officers and directors shall be elected by the Delegate Assembly during the Annual Meeting session of the Delegate Assembly. Three directors from the Member Boards shall be elected at each Annual Meeting, in addition to one officer. Election of the president, vice president and treasurer shall be staggered such that one officer and three directors are elected annually. The director external to the organization shall be elected every third year.	■ To improve continuity and effectiveness of the Board, the elections of the three officer positions are staggered. ■ The new composition allows for a smaller, annual turnover of the Board of Directors.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.	b) *Voting.* Voting shall be conducted in accordance with these bylaws and the Standing Rules. The report of the Leadership Succession Committee shall be read at the first session of the Delegate Assembly during the Annual Meeting. At that time, additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. Write-in votes shall be prohibited. Candidates receiving the highest number of votes shall be elected to fill the open positions.	■ Explicit language for current practice.
c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.	c) Area Directors is deleted.	■ Eliminates the role confusion that the area director position is constituency-based by representing a specific geographic area. Once elected, all positions of the Board have a legal duty to represent the best interests of the organization, not a geographic area or individual board of nursing.
d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.	d) *Run-Off Balloting.* In the event of a tie for an officer or director position to be filled in any given election, re-balloting shall be limited to those candidates who were tied. In the case of a tie on the re-balloting, the final selection shall be determined by lot.	■ Outlines the accepted practice for a run-off election.
e) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.		■ This information is contained within Article V, Section 6 (b) Voting.
Article V, Section 6. Terms of Office. The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.	***Article V, Section 7. Terms of Office.*** a) *Officer and Director Terms.* All members of the Board of Directors shall serve for a term of three years or until their successors are elected. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than six consecutive years as a member of the Board of Directors in the same position, or hold more than one officer position or director position at the same time.	■ All Board of Director positions are three-year terms including the director external to the organization. ■ Term limit is reflective of current bylaw language concept of limiting one person to two terms in one position. ■ The most common term length for nonprofit boards is three years according to surveys conducted by BoardSource and Stanford University. ■ Three-year terms are equitable across all positions. ■ Allows all positions to engage fully in the work of the Board.
	b) *Extended Eligibility.* Employees of Member Boards shall be eligible to serve as NCSBN officers and directors until their employment with the Member Board ends. A board member from a Member Board, who ceases to be a member of a Member Board prior to the end of his or her term as an NCSBN officer or director, can petition the Board of Directors to complete the term to which he or she was elected.	■ Consistent and longer terms will improve and support the effectiveness and efficiency of the Board. ■ Board Members of Member Boards may petition the Board of Directors of NCSBN to continue their term on the NCSBN Board of Directors if their state board term expires. This allows for increased participation of Board Members of Member Boards. ■ NCSBN liability insurance covers all NCSBN Board of Director members.
Article V, Section 7. Limitations. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.	***Article V, Section 8. Limitations.*** No candidate for or member of the Board of Directors shall hold an elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. An officer or director, who runs for another position on the Board of Directors, can maintain their current position on the Board of Directors while running for the new position and, if not elected, can complete the term of his or her current position.	■ Language maintains standard for preventing conflicts of interest. ■ Allows for a Board Member of NCSBN to remain in current position while running for another position on the Board. It is less disruptive to the continuity of the Board to not create a short vacancy on the Board followed by an appointment to fill the vacancy between the public announcement of the slate of candidates and the annual election.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article V, Section 8. Vacancies. A vacancy in the office of president shall be filled by the vice president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.	***Article V, Section 9. Vacancies.*** a) *Officer Vacancy.* A vacancy in the office of president shall be filled by the vice president for the remainder of the president's term. Vacancies in other officer positions shall be filled by the Board of Directors for the remainder of the officer term. b) *Director Vacancy.* A vacancy in any non-officer director position shall be filled by appointment by the Board of Directors. The person filling the vacancy of a director shall serve until the next Annual Meeting of the Delegate Assembly and a successor is elected. The Delegate Assembly shall elect a person to fill the remainder of the term.	■ The change allows for the appointee filling a vacancy in the vice president or treasurer position to fulfill the term allowing for improved continuity in the leadership of the Board.
Article V, Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the National Council.	***Article V, Section 10. Responsibilities of the President.*** The president shall preside at all sessions of the Delegate Assembly and meetings of the Board of Directors; exercise all powers and duties customarily incident to the office of president; and speak on behalf of and communicate the policies of NCSBN.	■ Clean-up language.
Article V, Section 10. Responsibilities of the Vice President. The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.	***Article V, Section 11. Responsibilities of the Vice President.*** The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president for the remainder of the president's term.	■ Improves continuity of leadership by allowing the vice president filling the vacancy of the president to finish the remainder of the term in which the vacancy occurs.
Article V, Section 11. Responsibilities of the Treasurer. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.	***Article, V, Section 12. Responsibilities of the Treasurer.*** The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the membership.	■ Provides increased transparency by providing financial reports to the Associate Members as well as Member Boards.
	Article V, Section 13. Responsibilities of the Board of Directors. The Board of Directors shall hire, support, and evaluate the Chief Executive Officer; annually assess the overall performance of the Board of Directors; approve all Associate Members; respond to recommendations from the Delegate Assembly in a manner that is consistent with the mission, vision, and strategic direction as well as the resources of the organization; and report the actions taken to the membership.	■ This new section makes the responsibilities of the Board of Directors more explicit. ■ The new language also directs the Board of Directors to report back to the Delegate Assembly actions taken regarding recommendations that came forth from the membership at Delegate Assembly.
Article VI	Article VI deleted; sections continue from Article V, Section 13.	■ Articles V and VI have been combined.
■ Board of Directors	Board of Directors is deleted.	
Article VI, Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the National Council.		■ Composition of the Board of Directors now addressed in Article V, Section 1.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article VI, Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the National Council except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.	***Article V, Section 14. Authority.*** The governance of the corporation is vested in the Board of Directors except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws. The Board of Directors is responsible for a) Implementing the corporation's mission; b) Determining and overseeing the corporation's vision, priorities, values, organizational planning and adherence to applicable legal, ethical, moral and fiduciary integrity standards; and c) Assuring the availability and appropriate allocation of resources to fulfill the corporation's mission, vision and priorities. The Board of Directors shall provide an annual report to the membership.	■ It is critical that the authority of the Board be consistent with the legal role and responsibility standards that govern nonprofit boards of directors. ■ The authority of the Board of Directors should be clear in regards to responsibilities and the accountability that bind individual Board members and the Board as a whole. ■ The Board is responsible for determining and overseeing the corporation's vision, priorities, values, organization planning, deploying resources, and adherence to applicable legal, ethical, moral and fiduciary integrity standards. ■ Determining the strategic initiatives allows the Board to be responsive to new and critical information related to the regulation of nursing. ■ Boards of Directors are under increasing scrutiny in their accountability and fulfillment of roles and responsibilities as illustrated by the implementation of new laws, both federal and state, resulting from the actions of companies such as Enron, WorldCom and Arthur Anderson. ■ The Board of Directors approves the NCLEX test services, as this is a business decision in keeping with the legal accountability and fiduciary responsibility of the Board.
Article VI, Section 3. Meetings of the Boards of Directors. The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hour notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.	***Article V, Section 15. Meetings of the Board of Directors.*** The Board of Directors shall hold its annual meeting in association with the Annual Meeting of NCSBN. The Board of Directors may schedule meetings of the Board of Directors at such times and places as determined by the Board of Directors and subject to notice as required by these bylaws, as necessary to accomplish the work of the Board of Directors. Publication of the dates for such meetings in the minutes of the Board of Directors meeting at which the dates are selected shall constitute notice of the scheduled meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least 24 hour notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.	■ Clean-up language.
Article VI, Section 4. Removal from Office. A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly. The Board of Directors may remove any member of the Board of Directors from office upon conviction of a felony, gross misconduct, failure to perform, dereliction of duties or conflict of interest by a two-thirds vote of the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.	***Article V, Section 16. Removal from the Board of Directors.*** The Board of Directors may remove any member of the Board of Directors, with or without cause, by a two-thirds vote, when in their judgment, the best interests of NCSBN will be served thereby.	■ Deletes specific causes for removal of a board member and replaces with language that is more discretionary.
Article VI, Section 5. Appeal. A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.	***Article V, Section 17. Appeal.*** A member of the Board of Directors who has been removed from the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.	Clean-up language.
Article VII	**Article VI**	
■ Nominations and Elections	■ Leadership Succession Committee	■ New title to reflect new charge.
Article VII, Section 1. Committee on Nominations.	***Article VI, Section 1. Leadership Succession Committee.***	■ Creation of an expanded leadership development and succession ensures that the Board building cycle is provided for within the structure of the organization. ■ Organizational leadership is a strategic process. ■ Organizational leaders are developed through careful planning cultivation, orientation, education and involvement. ■ Organizational leadership builds upon the diversity and expertise of the membership.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.	a) *Composition.* The Leadership Succession Committee shall be comprised of eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four at large members shall be elected from the board members of Member Boards and employees of Member Boards.	■ Designated positions on the committee ensure knowledge of the organization and previous leadership experiences are included.
b) *Term.* The term of office shall be two years. One half of the Committee members shall be elected in even numbered years and one half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.	b) *Term.* A member of the Leadership Succession Committee shall serve for a two-year term or until a successor is elected. Each member shall serve no more than two consecutive terms. Committee members shall assume their duties at the close of the Annual Meeting at which they are elected.	■ A two-year term with the ability to serve two terms is an appropriate length of service for the nature of this committee.
c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice-chair in the first year of the member's term and as chair in the second year of the term.	c) *Election.* Four committee members shall be elected by plurality vote of the Delegate Assembly at each Annual Meeting in accordance with the following schedule: election of the past Board of Director member and the employee of a Member Board shall occur on even years; and election of a current or former NCSBN committee chair and the board member of a Member Board shall occur on odd years, such that two designated members and two at large members are elected during each Annual Meeting.	■ This retains the authority of the Delegate Assembly to select the members of this committee.
d) L*imitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.	d) *Limitations.* A member of the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.	■ This prevents any real or perceived conflict of interest.
e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1a. of this Article. If the vacancy is the chair, the other person serving the second year of a two-year term shall be the chair. If the vacancy is the vice-chair, the other person serving the first year of a two-year term shall become the vice-chair. The person filling the vacancy shall serve the remainder of the term.	e) *Vacancy.* A vacancy occurring on the committee shall be filled from those still eligible candidates in the category in which the vacancy occurs, in order of the votes received. If there is no eligible candidate, the Board of Directors shall appoint an individual who meets the qualifications and requirements to serve the remainder of the committee member term.	■ Allowing the Board of Directors to appoint eligible members is efficient.
f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations and present a slate of qualified candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.	f) *Duties.* The Leadership Succession Committee shall develop and recommend principles and practices of leadership development throughout the organization; recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; select a diverse slate of candidates through evaluation of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.	■ The stated duties build the structure and charge of the committee to address leadership development throughout the organization.
	g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee. Any committee member whose eligibility status changes during his or her term, can petition the Board of Directors for approval to complete his or her committee term.	■ Gives the Board of Directors authority to approve or deny continuation as a member of the committee if the member's eligibility status changes.
Article VIII	**Article VII**	
■ Meetings	■ Meetings, Communication, Transacting Business	■ Title change to accurately reflect contents of the Article.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article VIII, Section 1. Participation a) *Delegate Assembly Session.* i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a). ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.	***Article VII, Section 1. Meetings.*** The Board of Directors, Delegate Assembly, and all committees of NCSBN, may establish methods of conducting business consistent with the bylaws provided that the meetings of the Board of Directors and committees are open to board members of Member Boards and employees of Member Boards.	■ Title changed to meetings; describes process for all meetings of the organization. ■ Language specific to Delegate Assembly has been moved to Article IV, Section 8.
b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.	Delegate Assembly Forums is deleted.	■ Eliminates description of Delegate Assembly Forums guided by the Standing Rules. Standing Rules are used to guide all sections of the Annual Meeting.
c) *Meetings.* National Council, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.		■ Moved to new Section 1 above.
d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, videoconference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.	***Article VII, Section 2. Interactive Communications.*** Board of Director and committee meetings may be held with one or more participants attending by telephone conference call, videoconference or other interactive means of conducting conference communications by which all persons can participate in the meeting. Participation pursuant to such means shall constitute the person's presence at the meeting. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.	■ Clarifies the ability of NCSBN to hold and conduct business through interactive communications while ensuring participation of all persons.
e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting	***Article VII, Section 3. Manner of Transacting Business.*** To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.	■ Renumbered section.
Article IX	**Article VIII**	■ Renumbered Article.
■ Executive Director	■ Chief Executive Officer	■ Title changed to what is now the common title of this position in nonprofit organizations.
Article IX, Section 1. Appointment. The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.	***Article VIII, Section 1. Appointment and Removal.*** The Chief Executive Officer shall be appointed by the Board of Directors. The appointment or removal of the Chief Executive Officer shall be by a majority vote of the Board of Directors.	■ Clean-up language and title change.
Article IX, Section 2. Authority. The Executive Director shall serve as the agent and chief administrative officer of the National Council and shall possess the authority and shall perform all duties incident to the office of Executive Director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Executive Director shall serve as corporate secretary and oversee maintenance of all documents and records of the National Council and shall perform such additional duties as may be defined and directed by the Board.	***Article VIII, Section 2. Authority.*** The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN; the disbursement of funds; and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of NCSBN and shall perform such additional duties as may be defined and directed by the Board of Directors.	■ Clean-up language and title change.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article IX, Section 3. Evaluation. The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.	***Article VIII Section 3. Evaluation.*** The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual compensation.	■ Clean-up language and title change.
Article X	**Article IX**	■ Renumbered Article.
■ Committees		
Article X, Section 1. Standing Committees. National Council shall maintain the following standing committees.	***Article IX, Section 1. Standing Committees.*** The Board of Directors shall appoint the following standing committees.	■ Clarifies the role of the Board of Directors in appointing members to standing committees. Reflective of current practice. ■ The common practice for nonprofits currently is to have as few standing committees as possible. The work of the organization is done through special committees. ■ Standing committees and related duties of those committees do not change and they have certain functions to perform that are essential to the harmonious operation of the organization (Roberts Rules of Order).
a) *Examination Committee*. The Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.	a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. The members shall consist of board members of Member Boards and employees of Member Boards. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The NCLEX® Examination Committee shall recommend test plans to the Board of Directors who will then recommend the test plan to the Delegate Assembly.	■ Clarifies the advisory role of the committee, which is congruent with the reporting lines of all other committees. ■ Clarifies that only board members of Member Boards and employees of Member Boards are appointed to this committee.
b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.	b) *Finance Committee.* The Finance Committee shall be comprised of at least five members and the treasurer, who shall serve as chair. The members shall consist of board members of Member Boards and employees of Member Boards. The Finance Committee shall review the annual budget, NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.	
c) *Practice, Regulation, and Education Committee.* The Practice, Regulation, and Education Committee shall be comprised of at least six members. The Committee shall provide general oversight of nursing practice, regulation, and education issues.	c) Practice, Regulation, and Education Committee is deleted.	■ Special committees are convened to review and develop recommendations related to practice, education and regulation issues as there have been in the past. Coordination and prevention of duplicative work can be facilitated in multiple ways.
d) B*ylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.	d) Bylaws Committee is deleted.	■ Bylaws committee is appointed and convened by the Board of Directors when the Board of Directors or Delegate Assembly determines there is a need for changes to the bylaws (See Article XIII, Section 2).
e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.	e) Resolutions Committee is deleted.	■ Resolutions committee can be a group convened informally for Delegate Assembly as it has been in the past.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article X, Section 2. Special Committees. The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.	***Article IX, Section 2. Special Committees.*** The Board of Directors may appoint special committees as needed to accomplish the mission of NCSBN.	■ Simplifies the language.
Article X, Section 3. Delegate Assembly Committees. The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.	***Article IX, Section 3.*** Delegate Assembly Committees remains the same.	■ Renumbered Article.
Article X, Section 4. Committee Membership.		
a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors. Standing committees shall include only current members and employees of Member Boards. Special committees may also include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.	a) *Composition.* Members of committees shall be appointed by the Board of Directors from the membership, unless otherwise stated elsewhere in the bylaws and provided that Associate Members may not serve on the Leadership Succession, NCLEX® Examination, or Finance Committees. Committees may also include other individuals selected for their special expertise to accomplish a committees charge or as otherwise specified in the bylaws. The president, or presidents designee, shall be an ex-officio member of all committees except the Leadership Succession Committee.	■ Allows Member Boards and Associate Members to participate in committees. ■ Clean-up language.
b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.	b) *Term.* Standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.	■ Clean-up language.
c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.	c) *Vacancy.* A vacancy may be filled by appointment by the Board of Directors for the remainder of the term.	■ Clean-up language.
d) *Committee Duties.* 1. *Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors. 2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors. 3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.	d) Committee Duties is deleted.	■ Duties are best described in policy.
Article XI	**Article X**	■ Renumbered Article.
■ Finance		

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
Article XI, Section 1. Audit. The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.	***Article X, Section 1. Audit.*** The financial records of NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.	■ Clean-up language.
Article XI, Section 2. Fiscal Year. The fiscal year shall be from October 1 to September 30.		
Article XII	**Article XI**	■ Renumbered Article.
■ Indemnification		
Article XII, Section 1. Direct Indemnification. To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.	Direct Indemnification remains the same.	■ Renumbered Article.
Article XII, Section 2. Insurance. To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.	Insurance remains the same.	■ Renumbered Article.
Article XII, Section 3. Additional Rights. Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall: a) Not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and b) Continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.	Additional Rights remains the same.	■ Renumbered Article.
Article XIII	**Article XII**	■ Renumbered Article.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE/COMMENTS
■ Parliamentary Authority		
The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.	The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern NCSBN in all cases not provided for in the articles of incorporation, bylaws, Standing Rules and any special rules of order adopted by NCSBN.	■ Adds Standing Rules. ■ Clean-up language.
Article XIV	**Article XIII**	■ Renumbered Article.
■ Amendment of Bylaws		
These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:	***Article XIII, Section 1. Amendment and Notice.*** These bylaws may be amended at any Annual Meeting session or special session of the Delegate Assembly upon written notice of the proposed amendment from the Board of Directors to the members	■ Clean-up language.
a) Written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or	a) At least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or	■ Clean-up language.
b) Written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.	b) At least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting. In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.	
	Article XIII, Section 2. Bylaws Committee. A Bylaws Committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.	■ New section to ensure that the Board of Directors or the Delegate Assembly can ask for a Bylaws Committee to be convened. ■ Limits Bylaws Committee members to board members from Member Boards or employees of Member Boards.
Article XV	**Article XIV**	■ Renumbered Article.
■ Dissolution		
Article XV, Section 1. Plan. The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows:	***Article XIV, Section 1. Plan.*** The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of NCSBN. The plan shall provide, among other things, that the assets of NCSBN be applied as follows:	■ Clean-up language.
Firstly, all liabilities and obligations of the National Council shall be paid or provided for.	Firstly, all liabilities and obligations of NCSBN shall be paid or provided for.	
Secondly, any assets held by the National Council which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.	Secondly, any assets held by NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.	
Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.	Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.	
Article XV, Section 2. Acceptance of Plan. Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy-five percent (75%) of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.	***Article XIV, Section 2. Acceptance of Plan.*** Such plan shall be acted upon by the Delegate Assembly at an Annual Meeting session of the Delegate Assembly or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a session of the Delegate Assembly, at which a quorum is present, must vote affirmatively to dissolve.	■ Changing to a majority vote is reflective of current organizational practice.
Article XV, Section 3. Conformity to Law. Such plan to dissolve must conform to the law under which National Council is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.	***Article XIV, Section 3. Conformity to Law.*** Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.	■ Clean-up language.

Attachment B

Proposed Bylaw Revisions, Redline Version

Note:

Underlined text is information added to the bylaws. Strikethrough text is information deleted from the bylaws.

NCSBN Bylaws

Revisions adopted - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revisions adopted - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revisions adopted – 8/11/01
Amended – 08/07/03

Article I

■ **Name**

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

Article II

■ **Purpose and Functions**

Section 1. *Purpose.* The purpose of ~~the National Council~~ NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* ~~The National Council's~~ NCSBN's functions shall include, but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. ~~The National Council~~ NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ **Members**

Section 1. *Definitions.*

a) *State Board of Nursing.* A *state board of nursing* is the governmental agency empowered to license and/or regulate practical/vocational, registered or advanced practice nursing practice in any state, territory or political subdivision of the United States of America.

b) *Member Board.* A *Member Board* is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.

c) *Associate Member.* An *Associate Member* is a nursing regulatory body or empowered nursing regulatory authority or an association thereof in another country or territory, which is approved by the Board of Directors as an Associate Member of NCSBN.

Section 2. ~~***Qualifications***~~ *Member Board Eligibility.* To qualify for approval, as a Member Board, ~~Any~~ a state board of nursing that regulates registered nurses and/or practical nurses must ~~that agrees to~~ use one or more National Council Licensure Examination(s) (NCLEX®) for licensure of registered nurses and/or practical nurses, and execute a membership agreement with NCSBN specifying ~~under~~ the terms and conditions ~~specified by the National Council and pays the required fees may be a member of the National Council ("Member Board")~~ for the use of the NCLEX® examination(s).

Section 3. *Admission.* A state board of nursing shall become a member of ~~the National Council~~ NCSBN and be known as a Member Board upon approval by the Delegate Assembly, ~~as described in Article IV,~~ payment of the required fees, and execution of a contract for using the NCLEX® examination, where applicable.

Section 4. ***Areas.*** The Delegate Assembly shall divide the membership into numbered geographical areas. At no time shall the number of areas be less than three nor more than six. New members shall be assigned to existing areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on ~~National Council~~ NCSBN issues and ~~provide~~ promote diversity of representation ~~on the Board of Directors and on committees~~ throughout the organization.

Section 5. ***Fees.*** The annual ~~member~~ membership fees, ~~as~~ for a Member Board shall be set by the Delegate Assembly. ~~shall be payable each October 1~~ The annual membership fees for Associate Members shall be set by the Board of Directors. To remain a member in good standing, members must pay the annual membership fee by October 1 each year.

Section 6. ***Privileges.*** ~~Membership~~ Member Board privileges include, but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. ***Noncompliance.***
a) Any ~~Member Board~~ member whose fees remain unpaid after ~~January 15~~ October 1 is not in good standing. Any ~~Member Board which~~ member who does not comply with the provisions of the bylaws ~~and contracts of the National Council~~ and, where applicable, the membership agreement shall be subject to immediate review and possible termination by the Board of Directors.
b) The Board of Directors may terminate the membership of any Associate Member, with or without cause, when in their judgment the best interests of NCSBN will be served thereby.

Section 8. ***Appeal.*** ~~Any~~ A Member Board may appeal the termination of its membership ~~by the Board of Directors is subject to appeal~~ to the Delegate Assembly, which may reinstate the membership by majority vote.

Section 9. ***Reinstatement.*** ~~A Member Board~~ Any member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership, which has been terminated for nonpayment of fees, shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. ***Composition.***

a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (Standing Rules). An alternate, duly appointed by a Member Board, may replace a delegate and assume all delegate privileges.

b) *Qualification of Delegates.* Board ~~M~~members of Member Boards and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. An ~~National Council officer or director~~ NCSBN officer or director may not represent a Member Board as a delegate.

c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. ***Voting.***

a) *Delegate Assembly Session of the Annual Meeting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. ~~There shall be no proxy or absentee voting~~ A Member Board with no delegate present at the Delegate Assembly session ~~at~~ of the Annual Meeting is not eligible to vote by proxy or absentee ballot.

b) *Special ~~Meetings~~ Sessions.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of ~~the National Council~~ NCSBN or a delegate of another Member Board to cast its votes.

Section 3. ***Authority.*** The Delegate Assembly ~~the membership body of the National Council, shall provide direction for the National Council through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session.~~ shall adopt the mission, and develop and bring forth recommendations through debate and resolutions to the Board of Directors regarding the regulation of nursing practice and nursing education. The Delegate Assembly shall approve all new ~~National Council~~ NCSBN Member Board memberships; approve the substance of all NCLEX® examination contracts between ~~the National Council~~ NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; ~~approve the NCLEX® examination test service~~; elect the Board of Directors; elect the Leadership Succession Committee; approve amendments to the bylaws; adopt any plan of dissolution; and establish the fee for the NCLEX® examination.

Section 4. ***Annual Meeting.*** The ~~National Council~~ NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. ~~The~~ Delegate Assembly sessions shall ~~meet~~ be held each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each ~~Member Board~~ member at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a ~~meeting~~ session of the Delegate Assembly as soon as possible to conduct the business of ~~the National Council~~ NCSBN.

Section 5. ***Special Session.*** The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each ~~Member Board~~ member at least ten days before the date for which such special session is called.

Section 6. ***Quorum.*** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two ~~officers~~ members of the Board of Directors, including the president or the president's designee, present in person. ~~or, i~~In the case of a special session, delegates may be present by proxy.

Section 7. ***Standing Rules.*** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly ~~meeting~~ session.

Section 8. ***Participation in Delegate Assembly Sessions.***

a) *Public Session.* All sessions of the Delegate Assembly shall be open to the public unless the Delegate Assembly votes to go into executive session by a majority vote of the delegates present at the session. Members shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only Member Board delegates shall be entitled to vote; and only Member Board delegates and members of the Board of Directors may make motions at the Delegate Assembly sessions.

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b) *Executive Session.* The Board of Directors or Member Board delegates may call for an executive session during the Delegate Assembly session, provided that the minutes reflect the purpose of, and any action taken in, executive session. Executive session attendance shall include Member Board delegates and the Board of Directors, or as otherwise specified by the Board of Directors.

Article V

■ **~~Officers and~~ Board of Directors**

Section 1. *Composition.* The Board of Directors shall consist of 13 elected officers and directors of NCSBN.

Section ~~1~~ 2. *Officers.* The elected officers of ~~the National Council~~ NCSBN shall be a president, a vice-president and a treasurer.

Section ~~2~~ 3. *Directors.* The There shall be ten elected directors of ~~the National Council~~ NCSBN, ~~shall consist of two directors-at-large and a director from each Area~~ including a person external to the organization.

Section ~~3~~ 4. *Qualifications for Board of Directors.*
a) ***Officers and Directors.*** Board ~~M~~members of Member Boards and employees of Member Boards shall be eligible to serve as ~~National Council~~ NCSBN officers and directors. ~~until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.~~
b) ***Director External to the Organization.*** Persons external to NCSBN and the membership, whose background and expertise compliments the other positions on the Board of Directors and is congruent with the mission and vision of NCSBN, may be elected as the director external to the organization based on the specific needs of NCSBN.

Section 4 5. *Qualifications for President.* The president shall have served ~~National Council~~ NCSBN as ~~either~~ a delegate, a committee member, a director or an officer before being elected to the office of president.

Section ~~5~~ 6. *Election of Officers and Directors.*
a) *Time and Place.* ~~Election of~~ ~~o~~Officers and directors shall be ~~by ballot of~~ elected by the Delegate Assembly during the Annual Meeting session of the Delegate Assembly. ~~during the Annual Meeting.~~ Three directors from the Member Boards shall be elected at each Annual Meeting, in addition to one officer. Election of the president, vice-president and treasurer shall be staggered such that one officer and three directors are elected annually. The director external to the organization shall be elected every third year.
b) ~~*Officers and Directors at Large.* Officers and directors at large shall be elected by majority vote of the Delegate Assembly~~ *Voting.* Voting shall be conducted in accordance with these bylaws and the Standing Rules. The report of the Leadership Succession Committee shall be read at the first session of the Delegate Assembly during the Annual Meeting. At that time, additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. Write-in votes shall be prohibited. Candidates receiving the highest number of votes shall be elected to fill the open positions.
~~c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.~~
~~d)~~ c *Run-Off Balloting.* ~~If a candidate for officer or director does not receive a majority vote on the first ballot,~~ In the event of a tie for an officer or director position to be filled in any given election, re-balloting shall be limited to ~~the two~~ those candidates ~~receiving the highest numbers of votes for each position~~ who were tied. In the case of a tie on the ~~reballoting~~ re-balloting, the final selection shall be determined by lot.

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~~c) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited~~.

Section ~~6~~ 7. *Terms of Office.* ~~The president, vice-president, treasurer and Area directors shall be elected~~
a) *Officer and Director Terms.* All members of the Board of Directors shall serve for a term of ~~two~~ three years or until their successors are elected. ~~Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years.~~ Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than ~~four~~ six consecutive years as a member of the Board of Directors in the same position, or hold more than one officer position or director position at the same time.
b) *Extended Eligibilty.* Employees of Member Boards shall be eligible to serve as NCSBN officers and directors until their employment with the Member Board ends. A board member from a Member Board, who ceases to be a member of a Member Board prior to the end of his or her term as an NCSBN officer or director, can petition the Board of Directors to complete the term to which he or she was elected.

Section ~~7~~ 8. *Limitations.* ~~No person may hold more than one officer position or directorship at one time~~. No ~~officer or director~~ candidate for or member of the Board of Directors shall hold an elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with ~~the National Council~~ NCSBN, as determined by the Leadership Succession Committee ~~on Nominations~~ before election to office and as determined by the Board of Directors after election to office. ~~If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.~~ An officer or director, who runs for another position on the Board of Directors, can maintain his or her current position on the Board of Directors while running for the new position and, if not elected, can complete the term of his or her current position.

Section ~~8~~ 9. *Vacancies.*
a) *Officer Vacancy.* A vacancy in the office of president shall be filled by the vice-president for the remainder of the president's term. Vacancies in other officer positions shall be filled by the Board of Directors for the remainder of the officer term.
b) *Director Vacancy.* A vacancy in any non-officer director position shall be filled by appointment by the Board of Directors. ~~The Board of Directors shall fill all other vacancies by appointment~~. The person filling the vacancy of a director shall serve until the next Annual Meeting of the Delegate Assembly and a successor is elected. The Delegate Assembly shall elect a person to fill ~~any~~ the remainder of the term.

Section ~~9~~ 10. *Responsibilities of the President.* The president shall preside at all ~~meetings~~ sessions of the Delegate Assembly and meetings of the Board of Directors; ~~assume~~ exercise all powers and duties customarily incident to the office of president; and speak on behalf of and communicate the policies of ~~the National Council~~ NCSBN.

Section ~~10~~ 11. *Responsibilities of the Vice-President.* The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president ~~until the next Annual Meeting~~ for the remainder of the president's term.

Section ~~11~~ 12. *Responsibilities of the Treasurer.* The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the ~~Delegate Assembly~~ membership.

Section 13. *Responsibilities of the Board of Directors.* The Board of Directors shall hire, support, and evaluate the Chief Executive Officer; annually assess the overall performance of the Board of Directors;

approve all Associate Members; respond to recommendations from the Delegate Assembly in a manner that is consistent with the mission, vision, and strategic direction as well as the resources of the organization; and report the actions taken to the membership.

~~Article VI~~

~~Board of Directors~~

- ~~**Section 1.** ***Composition.*** **The Board of Directors shall consist of the elected officers and directors of the National Council**~~

Section ~~2~~ 14. ***Authority.*** The governance of the corporation is vested in the Board of Directors ~~shall transact the business and affairs and act on behalf of the National Council~~ except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws. ~~and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly.~~ The Board of Directors is responsible for (a) implementing the corporation's mission; (b) determining and overseeing the corporation's vision, priorities, values, organizational planning and adherence to applicable legal, ethical, moral, and fiduciary integrity standards; and (c) assuring the availability and appropriate allocation of resources to fulfill the corporation's mission, vision, and priorities. The Board of Directors shall provide an annual report ~~annually~~ to the ~~Delegate Assembly~~ membership.

Section ~~3~~ 15. ***Meetings of the Board of Directors.*** The Board of Directors shall hold its annual meeting in association with the Annual Meeting of NCSBN. The Board of Directors may schedule ~~other regular~~ meetings of the Board of Directors at ~~other~~ such times and places as determined by the Board of Directors and subject to notice as required by these bylaws, as necessary to accomplish the work of the Board of Directors. Publication of the dates for such ~~regular~~ meetings in the minutes of the Board of Directors meeting at which the dates are selected shall constitute notice of the scheduled ~~regular~~ meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hour notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4 16. ***Removal from ~~Office~~ the Board of Directors.*** ~~A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly.~~ The Board of Directors may remove any member of the Board of Directors, ~~from office upon conviction of a felony, gross misconduct, failure to perform, dereliction of duties or conflict of interest~~ with or without cause, by a two-thirds vote when in their judgment, the best interests of NCSBN will be served thereby. ~~of the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.~~

Section ~~5~~ 17. ***Appeal.*** A member of the Board of Directors who has been removed ~~by~~ from the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article ~~VII~~ VI

- **~~Nominations and Elections~~ Leadership Succession Committee**

Section 1. ***Leadership Succession Committee ~~on Nominations~~***

a) *Composition*. The Leadership Succession Committee ~~on Nominations shall be comprised of one person from each Area~~ shall be comprised of eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four at large members shall be elected from board members of Member Boards and employees of Member Boards. ~~Committee members shall be members or employees of Member Boards within the Area.~~

b) *Term*. ~~The term of office shall be two years. One-half of the~~ A member of the Leadership Succession Committee ~~members~~ shall serve for a two year term or until a successor is elected. A member shall

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serve no more than two consecutive terms. ~~be elected in even numbered years and one half in odd number years.~~ Committee ~~M~~members shall assume their duties at the close of the Annual Meeting at which they are elected.

c) *Election*. ~~The~~ Four Committee members shall be elected by plurality vote of the Delegate Assembly at ~~the~~ each Annual Meeting in accordance with the following schedule: election of the past Board of Director member and the employee of a Member Board shall occur on even years; and election of a current or former NCSBN committee chair and the board member of a Member Board shall occur on odd years, such that two designated members and two at large members are elected during each Annual Meeting. ~~The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term.~~

d) *Limitations*. A member of ~~elected or appointed to~~ the Leadership Succession Committee ~~on Nominations~~ may not be nominated for an officer or director position during the term for which that member was elected or appointed.

e) *Vacancy*. A vacancy occurring ~~in~~ on the committee shall be filled from ~~the remaining~~ those still eligible candidates ~~from~~ in the ~~Area~~ category in which the vacancy occurs, in order of the votes received. If ~~no remaining candidates from an Area can serve~~ there is no eligible candidate, the Board of Directors shall ~~fill the vacancy with~~ appoint an individual ~~from the Area~~ who meets the qualifications ~~of Section 1a. of this Article. If the vacancy is the chair, the other person serving the second year of a two year term shall be the chair. If the vacancy is the vice chair, the other person serving the first year of a two year term shall become the vice chair. The person filling the vacancy shall~~ and requirements to serve the remainder of the committee member term.

f) *Duties*. ~~The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations and present a slate of qualified candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.~~ The Leadership Succession Committee shall develop and recommend principles and practices of leadership development throughout the organization; recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; select a diverse slate of candidates through evaluation of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.

g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee. Any committee member whose eligibility status changes during his or her term, can petition the Board of Directors for approval to complete his or her committee term.

Article ~~VIII~~ VII

■ Meetings, Communications, Transacting Business

~~**Section 1.** ***Participation***~~

~~a) *Delegate Assembly Session.*~~

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

~~(ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.~~

~~*Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.~~

~~c)~~ **Section 1.** *Meetings.* The Board of Directors, Delegate Assembly and ~~National Council, including~~ all committees ~~thereof~~ of NCSBN, may establish methods of conducting ~~its~~ business ~~at all other meetings~~ consistent with the bylaws provided that the meetings of the Board of Directors and committees are open to board members of Member Boards and employees of Member Boards.

~~d)~~ **Section 2.** *Interactive Communications.* Board of Director and committee ~~M~~meetings may be held with one or more participants attending by telephone conference call, videoconference or other interactive means of conducting conference communications ~~constitute meetings where valid decisions may be made~~. by which all persons can participate in the meeting. Participation pursuant to such means shall constitute the person's presence at the meeting. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the ~~National Council~~ NCSBN Office.

~~e)~~**Section 3.** *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article ~~IX~~ VIII

■ Chief Executive ~~Director~~ Officer

Section 1. ***Appointment and Removal.*** The Chief Executive Officer ~~Director~~ shall be appointed by the Board of Directors. The ~~selection~~ appointment or ~~termination~~ removal of the Chief Executive Officer ~~Director~~ shall be by a majority vote of the Board of Directors.

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

Section 3. ***Evaluation.*** The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer ~~Director~~, and shall set the Chief Executive Officer's ~~Director's~~ annual ~~salary~~ compensation.

Article ~~X~~ IX

■ Committees

Section 1. ***Standing Committees.*** The Board of Directors ~~National Council~~ shall ~~maintain~~ appoint the following standing committees.

a) NCLEX® *Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. The members shall consist of board members of Member Boards and employees of Member Boards. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall ~~provide general oversight of~~ advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The NCLEX® Examination Committee shall ~~approve item development panels and~~ recommend test plans to the Board of Directors who will then recommend the test plans to the Delegate Assembly.

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~~Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities~~.

b) *Finance Committee.* The Finance Committee shall be comprised of at least ~~four~~ five members and the treasurer, who shall serve as chair. The members shall consist of board members of Member Boards and employees of Member Boards. The Finance Committee shall review the annual budget, ~~the National Council's~~ NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

~~c) *Practice, Regulation, and Education Committee.* The Practice, Regulation, and Education Committee shall be comprised of at least six members. The Committee shall provide general oversight of nursing practice, regulation, and education issues.~~

~~d) *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.~~

~~e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.~~

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of NCSBN. ~~the National Council and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.~~

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

a) *Composition.* Members of ~~Standing and Special~~ committees shall be appointed by the Board of Directors from the membership, unless otherwise stated elsewhere in the bylaws and provided that Associate Members may not serve on the Leadership Succession, NCLEX® Examination, or Finance Committees. ~~Standing committees shall include only current members and employees of Member Boards. Special committees may also include consultants or~~ Committees may also include other individuals selected for their special expertise to accomplish a committee's charge or as otherwise specified in the bylaws. ~~In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work~~. The president, or president's ~~delegate~~designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. ~~on Nominations.~~

b) Term. ~~The~~ ~~s~~Standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.

c) Vacancy. A vacancy may ~~occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may~~ be filled by appointment by the Board of Directors for the remainder of the term~~.~~

~~*d) Committee Duties.*~~

~~1.*Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.~~

~~2.~~1. ~~*Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.~~
~~3.*Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly~~.

Article ~~XI~~ X

Finance

Section 1. ***Audit.*** The financial records of ~~the National Council~~ NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. ***Fiscal Year.*** The fiscal year shall be from October 1 to September 30.

Article ~~XII~~ XI

Indemnification

Section 1. ***Direct Indemnification.*** To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. ***Insurance.*** To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. ***Additional Rights.*** Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article ~~XIII~~ XII

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern ~~the National Council~~ NCSBN in all cases not provided for in the articles of incorporation, bylaws, Standing Rules and any special rules of order adopted by ~~the National Council~~ NCSBN.

Article ~~XIV~~ XIII

■ Amendment of Bylaws

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting session or special session of the Delegate Assembly upon written notice of the proposed amendment(s) from the Board of Directors to the members:

a) ~~written notice to the Member Boards of the proposed amendments~~ at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or

b) ~~written notice that proposed amendments may be considered~~ at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws Committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.

Article ~~XV~~ XIV

■ Dissolution

Section 1. ***Plan.*** The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of ~~the National Council~~ NCSBN. The plan shall provide, among other things, that the assets of ~~the National Council~~ NCSBN be applied as follows:

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

Secondly, any assets held by ~~the National Council~~ NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. ***Acceptance of Plan.*** Such plan shall be acted upon by the Delegate Assembly at an Annual Meeting session of the Delegate Assembly or legally constituted special session called for the purpose of acting upon the proposal to dissolve. ~~Seventy-five percent (75%)~~ A majority of all Delegates present at a ~~meeting~~ session of the Delegate Assembly, at which a quorum is present, must vote affirmatively to dissolve.

Section 3. ***Conformity to Law.*** Such plan to dissolve must conform to the law under which ~~National Council~~ NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

Attachment C

Proposed Bylaw Revisions, Clean Copy

NCSBN Bylaws

Revisions adopted – 8/29/87
Amended – 8/19/88
Amended – 8/30/90
Amended – 8/01/91
Revisions adopted – 8/05/94
Amended – 8/20/97
Amended – 8/8/98
Revisions adopted – 8/11/01
Amended – 08/07/03

Article I

■ **Name**

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

Article II

■ **Purpose and Functions**

Section 1. *Purpose*. The purpose of NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* NCSBN's functions shall include, but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ **Members**

Section 1. *Definitions.*

a) *State Board of Nursing*. A *state board of nursing* is the governmental agency empowered to license and/or regulate practical/vocational, registered or advanced practice nursing practice in any state, territory or political subdivision of the United States of America.
b) *Member Board*. A *Member Board* is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
c) *Associate Member*. An *Associate Member* is a nursing regulatory body or empowered nursing regulatory authority or an association thereof in another country or territory, which is approved by the Board of Directors as an Associate Member of NCSBN.

Section 2. *Member Board Eligibility*. To qualify for approval, as a Member Board, a state board of nursing that regulates registered nurses and/or practical nurses must use one or more National Council Licensure Examination(s) (NCLEX®) for licensure of registered nurses and/or practical nurses, and execute a membership agreement with NCSBN specifying the terms and conditions for the use of the NCLEX® examination(s).

Section 3. *Admission*. A state board of nursing shall become a member of NCSBN and be known as a Member Board upon approval by the Delegate Assembly, payment of the required fees and execution of a contract for using the NCLEX® examination, where applicable.

Section 4. ***Areas.*** The Delegate Assembly shall divide the membership into numbered geographical areas. At no time shall the number of areas be less than three nor more than six. New members shall be assigned to existing areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on NCSBN issues and promote diversity of representation throughout the organization.

Section 5. ***Fees.*** The annual membership fees, for a Member Board shall be set by the Delegate Assembly. The annual membership fees for Associate Members shall be set by the Board of Directors. To remain a member in good standing, members must pay the annual membership fee by October 1 each year.

Section 6. ***Privileges.*** Member Board privileges include, but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. ***Noncompliance.***

a) Any member whose fees remain unpaid after October 1 is not in good standing. Any member who does not comply with the provisions of the bylaws and, where applicable, the membership agreement shall be subject to immediate review and possible termination by the Board of Directors.
b) The Board of Directors may terminate the membership of any Associate Member, with or without cause, when in their judgment the best interests of NCSBN will be served thereby.

Section 8. ***Appeal.*** A Member Board may appeal the termination of its membership to the Delegate Assembly, which may reinstate the membership by majority vote.

Section 9. ***Reinstatement.*** Any member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership, which has been terminated for nonpayment of fees, shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. ***Composition.***

a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (Standing Rules). An alternate, duly appointed by a Member Board, may replace a delegate and assume all delegate privileges.
b) *Qualification of Delegates.* Board members of Member Boards and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. An NCSBN officer or director may not represent a Member Board as a delegate.
c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. ***Voting.***

a) *Delegate Assembly Session of the Annual Meeting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. A Member Board with no delegate present at the Delegate Assembly session of the Annual Meeting is not eligible to vote by proxy or absentee ballot.
b) *Special Sessions.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of NCSBN or a delegate of another Member Board to cast its votes.

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Section 3. ***Authority.*** The Delegate Assembly shall adopt the mission, and develop and bring forth recommendations through debate and resolutions to the Board of Directors regarding the regulation of nursing practice and nursing education. The Delegate Assembly shall approve all new NCSBN Member Board memberships; approve the substance of all NCLEX® examination contracts between NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; elect the Board of Directors; elect the Leadership Succession Committee; approve amendments to the bylaws; adopt any plan of dissolution; and establish the fee for the NCLEX® examination.

Section 4. ***Annual Meeting.*** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. Delegate Assembly sessions shall be held each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each member at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a session of the Delegate Assembly as soon as possible to conduct the business of NCSBN.

Section 5. ***Special Session.*** The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each member at least ten days before the date for which such special session is called.

Section 6. ***Quorum.*** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two members of the Board of Directors, including the president or the president's designee, present in person. In the case of a special session, delegates may be present by proxy.

Section 7. ***Standing Rules.*** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly session.

Section 8. ***Participation in Delegate Assembly Sessions.***

a) *Public Session.* All sessions of the Delegate Assembly shall be open to the public unless the Delegate Assembly votes to go into executive session by a majority vote of the delegates present at the session. Members shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only Member Board delegates shall be entitled to vote; and only Member Board delegates and members of the Board of Directors may make motions at the Delegate Assembly sessions.

b) *Executive Session.* The Board of Directors or Member Board delegates may call for an executive session during the Delegate Assembly session, provided that the minutes reflect the purpose of, and any action taken in, executive session. Executive session attendance shall include Member Board delegates and the Board of Directors, or as otherwise specified by the Board of Directors.

Article V

■ Board of Directors

Section 1. ***Composition***. The Board of Directors shall consist of 13 elected officers and directors of NCSBN.

Section 2. ***Officers.*** The elected officers of NCSBN shall be a president, a vice-president and a treasurer.

Section 3. ***Directors.*** There shall be ten elected directors of NCSBN, including a person external to the organization.

Section 4. ***Qualifications for Board of Directors.***

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a) ***Officers and Directors***. Board members of Member Boards and employees of Member Boards shall be eligible to serve as NCSBN officers and directors.
b) ***Director External to the Organization***. Persons external to NCSBN and the membership, whose background and expertise compliments the other positions on the Board of Directors and is congruent with the mission and vision of NCSBN, may be elected as the director external to the organization based on the specific needs of NCSBN.

Section 5. ***Qualifications for President.*** The president shall have served NCSBN as a delegate, a committee member, a director or an officer before being elected to the office of president.

Section 6. ***Election of Officers and Directors.***
a) *Time and Place.* Officers and directors shall be elected by the Delegate Assembly during the Annual Meeting session of the Delegate Assembly. Three directors from the Member Boards shall be elected at each Annual Meeting, in addition to one officer. Election of the president, vice-president and treasurer shall be staggered such that one officer and three directors are elected annually. The director external to the organization shall be elected every third year.
b) *Voting*. Voting shall be conducted in accordance with these bylaws and the Standing Rules. The report of the Leadership Succession Committee shall be read at the first session of the Delegate Assembly during the Annual Meeting. At that time, additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. Write-in votes shall be prohibited. Candidates receiving the highest number of votes shall be elected to fill the open positions.
c) Run-Off Balloting. In the event of a tie for an officer or director position to be filled in any given election, re-balloting shall be limited to those candidates who were tied. In the case of a tie on the re-balloting, the final selection shall be determined by lot.

Section 7. ***Terms of Office.***
a) *Officer and Director Terms*. All members of the Board of Directors shall serve for a term of three years or until their successors are elected. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than six consecutive years as a member of the Board of Directors in the same position, or hold more than one officer position or director position at the same time.
b*) Extended Eligibility*. Employees of Member Boards shall be eligible to serve as NCSBN officers and directors until their employment with the Member Board ends. A board member from a Member Board, who ceases to be a member of a Member Board prior to the end of his or her term as an NCSBN officer or director, can petition the Board of Directors to complete the term to which he or she was elected.

Section 8. ***Limitations***. No candidate for or member of the Board of Directors shall hold an elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. An officer or director, who runs for another position on the Board of Directors, can maintain his or her current position on the Board of Directors while running for the new position and, if not elected, can complete the term of his or her current position.

Section 9. ***Vacancies.***
a) *Officer Vacancy*. A vacancy in the office of president shall be filled by the vice-president for the remainder of the president's term. Vacancies in other officer positions shall be filled by the Board of Directors for the remainder of the officer term.
b) *Director Vacancy*. A vacancy in any non-officer director position shall be filled by appointment by the Board of Directors. The person filling the vacancy of a director shall serve until the next Annual

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Meeting of the Delegate Assembly and a successor is elected. The Delegate Assembly shall elect a person to fill the remainder of the term.

Section 10. ***Responsibilities of the President.*** The president shall preside at all sessions of the Delegate Assembly and meetings of the Board of Directors; exercise all powers and duties customarily incident to the office of president; and speak on behalf of and communicate the policies of NCSBN.

Section 11. ***Responsibilities of the Vice-President.*** The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president for the remainder of the president's term.

Section 12. ***Responsibilities of the Treasurer.*** The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the membership.

Section 13. ***Responsibilities of the Board of Directors.*** The Board of Directors shall hire, support, and evaluate the Chief Executive Officer; annually assess the overall performance of the Board of Directors; approve all Associate Members; respond to recommendations from the Delegate Assembly in a manner that is consistent with the mission, vision, and strategic direction as well as the resources of the organization; and report the actions taken to the membership.

Section 14. ***Authority.*** The governance of the corporation is vested in the Board of Directors except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws. The Board of Directors is responsible for (a) implementing the corporation's mission; (b) determining and overseeing the corporation's vision, priorities, values, organizational planning and adherence to applicable legal, ethical, moral, and fiduciary integrity standards; and (c) assuring the availability and appropriate allocation of resources to fulfill the corporation's mission, vision, and priorities. The Board of Directors shall provide an annual report to the membership.

Section 15. ***Meetings of the Board of Directors.*** The Board of Directors shall hold its annual meeting in association with the Annual Meeting of NCSBN. The Board of Directors may schedule meetings of the Board of Directors at such times and places as determined by the Board of Directors and subject to notice as required by these bylaws, as necessary to accomplish the work of the Board of Directors. Publication of the dates for such meetings in the minutes of the Board of Directors meeting at which the dates are selected shall constitute notice of the scheduled meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hour notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 16. ***Removal from the Board of Directors.*** The Board of Directors may remove any member of the Board of Directors, with or without cause, by a two-thirds vote when in their judgment, the best interests of NCSBN will be served thereby.

Section 17. ***Appeal.*** A member of the Board of Directors who has been removed from the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VI

■ Leadership Succession Committee

Section 1. ***Leadership Succession Committee***

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a) *Composition*. The Leadership Succession Committee shall be comprised of eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four at large members shall be elected from board members of Member Boards and employees of Member Boards.

b) *Term*. A member of the Leadership Succession Committee shall serve for a two-year term or until a successor is elected. A member shall serve no more than two consecutive terms. Committee members shall assume their duties at the close of the Annual Meeting at which they are elected.

c) *Election*. Four Committee members shall be elected by plurality vote of the Delegate Assembly at each Annual Meeting in accordance with the following schedule: election of the past Board of Director member and the employee of a Member Board shall occur on even years; and election of a current or former NCSBN committee chair and the board member of a Member Board shall occur on odd years, such that two designated members and two at large members are elected during each Annual Meeting.

d) *Limitations*. A member of the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.

e) *Vacancy*. A vacancy occurring on the committee shall be filled from those still eligible candidates in the category in which the vacancy occurs, in order of the votes received. If there is no eligible candidate the Board of Directors shall appoint an individual who meets the qualifications and requirements to serve the remainder of the committee member term.

f) *Duties*. The Leadership Succession Committee shall develop and recommend principles and practices of leadership development throughout the organization; recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; select a diverse slate of candidates through evaluation of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.

g) *Eligibility*. Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee. Any committee member whose eligibility status changes during his or her term, can petition the Board of Directors for approval to complete his or her committee term.

Article VII

■ Meetings, Communications, Transacting Business

Section 1. ***Meetings***. The Board of Directors, Delegate Assembly and all committees of NCSBN, may establish methods of conducting business consistent with the bylaws provided that the meetings of the Board of Directors and committees are open to board members of Member Boards and employees of Member Boards.

Section 2. ***Interactive Communications***. Board of Director and committee meetings may be held with one or more participants attending by telephone conference call, videoconference or other interactive means of conducting conference communications by which all persons can participate in the meeting. Participation pursuant to such means shall constitute the person's presence at the meeting. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.

Section 3. *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

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Article VIII

■ Chief Executive Officer

Section 1. ***Appointment and Removal.*** The Chief Executive Officer shall be appointed by the Board of Directors. The appointment or removal of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

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

Section 3. ***Evaluation.*** The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual compensation.

Article IX

■ Committees

Section 1. ***Standing Committees.*** The Board of Directors shall appoint the following standing committees.

a) NCLEX® *Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. The members shall consist of board members of Member Boards and employees of Member Boards. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The NCLEX® Examination Committee shall recommend test plans to the Board of Directors who will then recommend the test plans to the Delegate Assembly.

b) *Finance Committee.* The Finance Committee shall be comprised of at least five members and the treasurer, who shall serve as chair. The members shall consist of board members of Member Boards and employees of Member Boards. The Finance Committee shall review the annual budget, NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. ***Special Committees.*** The Board of Directors may appoint special committees as needed to accomplish the mission of NCSBN.

Section 3. ***Delegate Assembly Committees.*** The president shall appoint such Delegate Assembly committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. ***Committee Membership.***

a) *Composition.* Members of committees shall be appointed by the Board of Directors from the membership, unless otherwise stated in the bylaws and provided that Associate Members may not serve on the Leadership Succession, NCLEX® Examination, or Finance Committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge or as otherwise specified in the bylaws. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee.

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b) *Term.* Standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
c) *Vacancy.* A vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

Article X
■ Finance

Section 1. *Audit.* The financial records of NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XI
■ Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:
a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XII
■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern NCSBN in all cases not provided for in the articles of incorporation, bylaws, Standing Rules and any special rules of order adopted by NCSBN.

Article XIII

■ Amendment of Bylaws

Section 1. *Amendment and Notice*. These bylaws may be amended at any Annual Meeting session or special session of the Delegate Assembly upon written notice of the proposed amendment from the Board of Directors to the members:

a) at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
b) at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee*. A Bylaws Committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.

Article XIV

■ Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of NCSBN. The plan shall provide, among other things, that the assets of NCSBN be applied as follows:

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

Secondly, any assets held by NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by the Delegate Assembly at an Annual Meeting session of the Delegate Assembly or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a session of the Delegate Assembly, at which a quorum is present, must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

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Attachment D

Special Proviso Adopted with the Leadership Succession Committee

1. The revised Bylaws shall become effective on the day and upon the adjournment of the Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws are adopted by the Delegate Assembly, except as provided in paragraph two of this Proviso.
2. The revisions to Article V, Section 2, 3, 5(a) and 6(a) shall become effective and officers and directors shall be elected and/or appointed in the years 2007–2013 in accordance with the following schedule:

Committee on Nominations and Leadership Succession Committee

Positions	2006 Election	2007 Election	2008 Election	2009 Election	2010 Election	2011 Election	2012 Election	2013 Election
Area 1 *		X (At Large)		X		X		X
Area 2 *		X (At Large)		X		X		X
Area 3 *	X (Area 3 *)		X (At Large)		X		X	
Area 4 *	X (Area 4 *)		X (At Large)		X		X	
Past NCSBN Committee Chair		X		X		X		X
Board Member or Member Board		X		X		X		X
Past Board of Director Member		X (for a 1-Year Term)	X (for a 2-Year Term)		X		X	
Staff of Member Board		X (for a 1-Year Term)	X (for a 2-Year Term)		X		X	

** After 2006, the position will not be an "Area" position but will be known as an "At Large" position.*

X indicates the year in which a position will be elected.

Attachment E

Special Proviso Adopted with the Board of Directors

1. The revised Bylaws shall become effective on the day and upon the adjournment of the Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws are adopted by the Delegate Assembly, except as provided in paragraph two of this Proviso.
2. The revisions to Article V, Section 2, 3, 5(a) and 6(a) shall become effective and officers and directors shall be elected and/or appointed in the years 2007–2013 in accordance with the following schedule:

Officer and Director Election Schedule

Positions	2006 Election	2007 Election	2008 Election	2009 Election	2010 Election	2011 Election	2012 Election	2013 Election
President	X (President)		X (President For 3-Year Term)			X (President)		
Vice President	X (Vice President		X (Vice President 1-Year Term)	X (Vice President 3-Year Term)			X (Vice President)	
Treasurer	X (Treasurer)		X (Treasurer 2-Year Term)		X (Treasurer 3-Year Term)			X (Treasurer)
Director-at-Large	X (Director-at-Large)	X (Director-at-Large 1-Year Term)	X (Director-at-Large 3-Year Term)			X		
Director-at-Large	X (Director-at-Large)	X (Director-at-Large 1-Year Term)	X (Director-at-Large 3-Year Term)			X		
Area I		X (Director 1-Year Term)	X (Director 3-Year Term)			X		
Area II		X (Director 2-Year Term)		X (Director 3-Year Term)			X	
Area III		X (Director 2-Year Term)		X (Director 3-Year Term)			X	
Area IV		X (Director 2-Year Term)		X (Director 3-Year Term)			X	
New Director After 8/06		X (Director 3-Year Term)			X			X
New Director After 8/06		X (Director 3-Year Term)			X			
New Director After 8/06		X (Director 3-Year Term)			X			
Director External to the Organization After 8/06			X (Director External to the Organization)			X (Director External to the Organization)		

X indicates the year in which a position will be elected.

Report of the Disciplinary Resources Advisory Panel

Recommendations to the Board of Directors

1. **Adopt the proposed language to the NCSBN Model Practice Act regarding criminal background checks (CBC).**

   Rationale
   P.L. 92 – 544 states the criteria necessary for board authorization to access FBI fingerprinting data. The proposed language amends Model Nursing Practice Act (MNPA), Article IV, Section 5, Powers and Duties of the Board, to add specific language that addresses the requirements of P.L. 92 – 544. The second proposed amendment to MNPA Article IV adds language regarding how to use criminal background check information in licensure decision making. The third addition is to add definitions to Article III. These additions will make the MNPA Model Nursing Practice Act adopted by the 2004 Delegate Assembly congruent with the Model CBC Process for Boards of Nursing adopted by the 2005 Delegate Assembly.

   Fiscal Impact
   Publication costs incorporated into the FY07 budget.

2. **Adopt the proposed standard for drug screening.**

   Rationale
   There are no national standards for drug screening. Each board and laboratory has established their own testing criteria based on their needs and experience. The proposed standard was developed after a study of the literature to review the parameters used for drug screening, a survey of Member Boards and consultation with experts in the field. Developing consistent standards will decrease the variation between jurisdictions and facilitate the collaboration between boards of nursing and alternative programs.

   Fiscal Impact
   None

Background

The funding for the implementation of the disciplinary process, from the screening of complaints through investigations, case prosecution, board decision making and compliance monitoring, is the largest budgetary item for the majority of boards of nursing. Discipline matters also occupy the majority of board meeting time. Discipline decision making requires the best of board members to wisely balance the board's responsibility to protect the public with an individual nurse's right to practice a chosen profession. The board relies heavily on board staff, investigators and attorneys to inform this process. In addition, discipline is the area of board responsibility most apt to be scrutinized by the media, legislators and policy makers.

The Disciplinary Advisory Panel was first appointed in 2001 and charged with the responsibility of planning an Investigators Summit. In 2002, the panel planned a second summit adding an attorney component and in 2003 the first combined Investigator and Attorney Summit was held. In 2004, the advisory panel renamed the program to the Investigator and Attorney Workshop. The program again provided offerings for investigators, attorneys and board discipline staff. In 2004, the advisory panel planned the program themes for FY05 and FY06 workshops, and the advisory panel contributed greatly to the development of both these programs.

The advisory panel developed a disciplinary resources plan in 2002, outlining a variety of discipline resources. The Board of Directors charged the panel to continue to implement the plan. Additional resources were completed in 2003 and 2004.

Members

Valerie Smith, MS, RN, Chair
Arizona, Area I

Debra L. Evans, BSN, RN
Washington, Area I

Rene D. Cronquist, JD, RN
Minnesota, Area II

Donald Hayden, BS
South Carolina, Area III

Elliot Hochberg, BS
California–RN, Area I

Bette Jo Horst, RN, MAHA
Ohio, Area II

Barbara McGill, MSN, RN
Louisiana–RN, Area III

Staff

Vickie Sheets, JD, RN, CAE
Director of Practice and Regulation

Meeting Dates

- Dec. 14-15, 2005
- Feb. 29 – March 1, 2006
- April 20-21, 2006
- May 21-24, 2006, Investigator and Attorney Workshop

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objective 3
Continuously evaluate the effectiveness of timely education, information sharing and networking opportunities.

Strategic Initiative II
Promote evidence-based regulation that provides for public protection.

Strategic Objective 2
Support Member Board adaptation of best practices.

Strategic Initiative V
Advance NCSBN as the leading source of data, information, and research regarding nursing regulation and related health care issues.

Strategic Objective 1
Conduct research that provides evidence regarding regulatory initiatives that supports public protection.

The Board of Directors' charge in FY06 was to support Member Boards adaptation of best practices, develop drug screen parameters to recommend to Member Boards as a national standard, develop policies and procedures for utilizing CBC, and explore the feasibility of developing a formal certification program for nursing board investigators and nursing board attorneys.

Highlights of FY06 Activities

- Identified topics and guest speakers for discipline calls.
- Participated in discipline calls held for investigators, attorneys and other staff (calls have had high level participation from Member Board staff, investigators and attorneys).
  - Feb. 14, 2006, Intentional Harm with guest Dr. Kathryn Ramsland, professor of forensic psychology at DeSales University
  - April 11, 2006, Federal Data Banks: Proposed Federal rules to implement other practitioner reporting to the NPDB, with guest Betsy Ranslow, senior associate for external relations, Practitioner Data Bank Branch, HRSA
  - June 13, 2006, Drug Screening, Valerie Smith presented proposed paper
  - Oct. 10, 2006, CBC (scheduled)
  - Dec. 12, 2006, Impact of disasters on discipline process.
- Promoted participation in discipline and investigator networking.
- Provided feedback to NCSBN staff regarding the discipline content in Nur*sys*®.
- Provided feedback to NCSBN staff regarding proposed NPDB rules.
- Recommended development of a method to track imposter nurses.
- Met telephonically with representatives of the Council on Licensure, Enforcement and Regulation (CLEAR) and Reid Investigator Training.
- Met with the executive director of the Federation of Associations of Regulatory Boards (FARB).
- Evaluated opportunity to hold joint 2007 training with the Administrators in Medicine (AIM) (affiliated with the Federation of State Medical Boards).
- Evaluated the 2005 Investigator and Attorney Workshop.
- Identified subjects and speakers for the 2006 Investigator and Attorney Workshop to be held May 22-24, 2006, in Memphis, Tennessee.
- Explored the feasibility of developing formal certification programs for nursing investigators and nursing attorneys.
- Toured the simulation lab at Northwestern Medical Center to explore how simulation and other new technology might be incorporated in remediation and for maintaining nurse competence
- Developed the following resources:
  - *CBC Resource Pack* – resources to support Member Boards that conduct criminal background checks (*see Attachment A*).
  - Proposed CBC language for the NCSBN Model Nursing Practice Act (*see Attachment B*).
  - Drug Screening as a Regulatory Tool – a paper proposing standards for boards of nursing for drug screening parameters (*see Attachment C*).

Future Activities

- Advise staff in the development of the 2007 Investigator and Attorney Workshop.
- Complete Pain Management Statement.
- Begin development of an investigator certification program.

Attachments

A. Criminal Background Checks (CBC) Resource Pack

B. Proposed language regarding CBC to amend Model Nursing Practice Act

C. Drug Testing as a Regulatory Tool

Attachment A

Criminal Background Check (CBC) Resource Pack: Resources for Boards of Nursing

Evidence-based resources to support Member Boards in the implementation of Criminal Background Checks (CBC).

Introduction

In 2005 NCSBN's Delegate Assembly adopted a paper developed by the Disciplinary Resources Advisory Panel entitled *Using Criminal Background Checks to Inform Licensure Decision-Making*. This paper provided guidelines for conducting CBCs describing the legal authority required to mandate criminal background checks, practical suggestions for boards moving toward this requirement and information on using CBC data to inform nursing licensure decision making. The following recommendations from the advisory panel were adopted as part of the paper, including that:

1. State and federal criminal background checks are conducted on applicants for nursing licensure.
2. Applicants for licensure should not receive a permanent license prior to receipt of criminal background check results and meeting all licensure requirements.
3. It is not the role of the board of nursing to retry a case or second-guess the criminal justice system. It is the role of the board to use conviction histories in decision making regarding competence conduct and licensure.
4. There is a permanent bar to the most serious felonies.[1]
5. There be a time-limited bar for other serious crimes.[2]
6. The behavior underlying plea bargains and lesser offenses should be evaluated using identified criteria for mitigating and aggravating circumstances.
7. Boards retain the discretion, under defined circumstances and following a strict and predetermined process, to determine that extraordinary circumstances warrant a waiver of either the time-limited or permanent bar (NCSBN 2005).

This year the Disciplinary Resources Advisory Panel was charged to develop resources to support best practices by Member Boards currently using criminal background checks. The purpose of this paper is to introduce the *CBC Resource Pack*.

Background

Health care consumers are dependent upon professional licensing boards to conduct appropriate screening of applicants. Nurses work with patients, residents and clients throughout the whole spectrum of health care settings. Nursing care is often of an intimate physical nature and involves therapeutic contact with patients while providing health care services. Nurses are afforded access to the facility rooms and homes of people who are sick, disabled, dependent or infirm. Nurses are in a position to have access to information about a patient as well as to the patient's personal property and loved ones in a way not generally available in a business or social relationship or to the public. Often, vulnerable individuals are unable to protect themselves, voice objections to actions or provide accurate accounts at a future time (RI, 2001). Advocacy for these patients, residents and clients is an important aspect of nursing and is in the finest tradition of nursing practice (NCSBN, 2005). Nurses are placed in a position of public trust.

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[1] Crimes that are to be permanently barred include: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children, criminal mistreatment of children or vulnerable adults, and exploitation of vulnerable individual (e.g., financial exploitation in an entrusted role).

[2] Crimes subject to a time-limited bar include drug trafficking, embezzlement, theft and arson.

In light of this extraordinary trust, nurses are held to a high standard. Boards of nursing have the responsibility of regulating nursing and have a duty to exclude individuals who pose a risk to the public health and safety. One means of predicting future behavior is to look at past behavior. Checking whether applicants for the privilege of nursing licensure have a criminal history and examining the nature of that history can provide significant information for boards to use in making decisions about who should be granted the privilege to practice nursing.

Overview to the Resource Pack

The advisory panel has developed the *CBC Resource Pack* to support boards of nursing implementing CBC, as recommended in the Model CBC Process adopted in 2005. Below are brief descriptions of each resource.

Section One: Planning. Plan something well and you are halfway toward achieving your goal. The guide for planning addresses the resources, policies and work processes needed to implement CBC. The section includes checklists for the steps needed to implement CBC.

Section Two: Model Policies and Procedures. Articulating effective policies and procedures will guide your staff in what to do, how to be alert for potential problems and how to find solutions. Policies will also support your board members in using the CBC data to inform decision making. These documents outline ongoing management and security and propose an evaluation plan.

Section Three: CBC Communication Plan. As with other board activities, you need to give notice to and inform your various stakeholders that you are going to utilize CBC and the implications for licensees and applicants. Other correspondence, brochures and suggestions for the list serve to inform easily those groups who would benefit from notice of changes or updates.

Appendices. Additional materials are provided with examples of statutory authority, information about fingerprinting technology and policy discussions for boards that are planning to conduct additional CBC (e.g., for nurses currently in practice).

Conclusion

Life is all about choices, and the choices made have impact and may have significant consequences on later life activities. If a person chooses not to pursue post-secondary education, many professional opportunities, including nursing, are not available. If a person makes poor judgments and gets involved in criminal activities, this affects the person's subsequent ability to exercise selected privileges in our society. The truth is that regulation does pose barriers – necessary barriers that provide assurance that complex professional activities are reserved to those individuals who have demonstrated competence to practice a profession. Whenever mandatory requirements for entering a profession are implemented, some people are denied the privilege to practice the profession. The fact there needs to be a disciplinary process indicates that entry requirements alone cannot screen every unsafe applicant or licensee.

The vast majority of encounters between nurses and their patients are positive interactions that allow nurses to meet the health needs of patients. While the chances are small that a nurse is someone whose behavior may put the patient at risk of harm, incidents of serious incompetence, neglect or abuse traumatizes the victims and shakes public trust in care providers and organizations serving vulnerable populations (Cooper & Sheets, 1998). The Disciplinary Resources Advisory Panel offers these resources to support Member Boards to use effectively the powerful tool of CBC.

Section One – Planning

The paper adopted by NCSBN's Delegate Assembly entitled *Using Criminal Background Checks to Inform Licensure Decision-Making* recommended state and federal criminal background checks for all applicants for nursing licensure. The paper further recommended that conviction of certain offenses result in a permanent bar or time-limited bar to licensure. Other criminal behavior should be evaluated on a case-by-case basis. These specific recommendations still leave a significant number of critical issues a board must consider to implementing background checks. The following guidelines are intended to assist boards in identifying the critical issues, making policy decisions and planning for implementation of criminal background checks.

I. **Resource Planning**

A. ***Identify Resources Needed In-house***

1. *Full-time Employees/Staff Training*
Implementing CBC will increase workload for staff, including answering questions regarding the criminal background checks process and results, reviewing CBC results and conducting necessary investigations. This may require the hiring of additional staff and will require training of all involved staff. In addition, management staff will be required to devote time to planning the CBC implementation process and obtaining necessary statutory authority for CBC. When estimating workload increases, consider the average number of applications for licensure each year. Consider both applicants for licensure by examination and interstate endorsement.

2. *Legal Counsel*
If the board does not have statutory authority for CBC, include planning for the time and resources needed to obtain review and approval of proposed laws.

3. *Space*
Plan for adequate space for blank fingerprint cards (if provided by the board) and secure storage of criminal history results. Because of the additional time needed to process licensure applications, additional storage space may be needed for the open applications.

4. *Security*
Criminal history results must be stored in a secure manner to ensure their confidentiality. This may require a board to revise its system of record storage. Only those with a need to have access to the records should have access to the records. Record retention schedules and policies should address retention and security of criminal records and the method(s) by which the records will be destroyed.

5. *Application Forms and Database Updates*
Paper and electronic application forms will need to be revised to include information regarding CBC requirements. The board may also wish to revise any application questions regarding criminal history disclosures. Database systems will need to be revised to reflect the requirements for a CBC to be obtained, reviewed and approved prior to licensure. The board may wish to consider utilizing a dedicated computer with limited access for purposes of receiving CBC results.

6. *Fiscal Planning*
Planning for the financial aspect of requiring CBC should address any issues specific to the state. The issues identified above will likely have a fiscal impact on the board. Applicants will be assessed the costs associated with obtaining their fingerprints and obtaining the criminal background check; however, boards will have to plan for the accompanying operational costs.

7. *Impact on Other Board Operations*
Planning must include consideration of the potential impact of adding the CBC requirement to the licensure process for other aspects of board operations (e.g., increased amount of time required for making licensure decisions).

B. ***Resources from Other Agencies***

1. *Statutory Authority*
   If the board does not currently have statutory authority for CBC, identify key legislators and policy makers and inform them about the need for CBC as part of the licensure process and solicit their support and assistance in obtaining the legislative support needed.
2. *Involvement*
   Involve other agencies early on in process so they can plan for changes in workload and obtain appropriations if needed to deal with the increased workload.
3. *State Agency for Fingerprint Data*
   Determine what state agency has access to and maintains fingerprint data that will serve as the conduit for transmitting fingerprints to the FBI and criminal record histories to the board. Early involvement with this agency will assist in planning and minimize the chance of overlap or gaps in the process.
4. *Contacts List*
   Develop a contact list that includes relevant state agencies and departments, legislators and other key stakeholders. Other boards of nursing can provide helpful voices of experience.

C. ***Communications***
Careful and comprehensive communication will assist in the development of a successful CBC program. This will include communication with stakeholders prior to seeking statutory authority for CBC to minimize the risk of challenges at the legislature, communication during the implantation phase and ongoing implementation regarding the process.

II. **Policy Planning**
The board will need to make a number of important policy decisions prior to seeking statutory authority for CBC and prior to implementing a CBC program. At a minimum boards will conduct CBC on all licensure applicants. The board may also choose to conduct CBC on other populations (see Appendix A). The board will need to determine whether applicants are eligible for a permit to practice pending receipt of the CBC results.

III. **Work Process Planning**

A. ***Develop Work Process/Work Flow***

1. Select type of testing
   a. How are prints obtained? Fingerprint cards, LiveScan or other biometrics? Ensure availability of sufficient locations for quality fingerprinting.
   b. What other state agencies need to be involved in process?
   c. Develop process for receiving and securing CBC results.
2. Identify board decision points.
3. Identify process for receiving and reviewing CBC results. Determine whether pending results will be monitored and how board staff should initiate follow-up.
4. Determine criteria for evaluating positive CBC findings.
5. Determine criteria for opening case investigation and investigating positive CBC findings.
6. Determine how the CBC will be used to inform decisions.

B. ***Address Potential Problems***

1. Quality of fingerprints. Some individuals cannot get readable fingerprints.
   For applicants with unreadable prints, boards are recommended to waive the fingerprinting requirement if fingerprints have been submitted and determined to

be unreadable more than once and obtain a criminal record search by name and other identifiers such as date of birth or social security number.

2. Other

C. ***Use of CBC to Inform Decision Making***

1. Effect of prior conviction
2. Decisions about granting permits
3. Uses of permanent bar, time-limited bar and case-by-case decisions
   a. Permanent bar is recommended for conviction of serious felonies, including murder, rape and aggravated robbery.
   b. Time-limited bar is recommended for other serious convictions including drug trafficking and theft.
   c. Case-by-case decisions are used for other convictions and plea bargains, etc. The board should establish criteria for review of individual cases that are not subject to a felony bar. Specific state requirements will dictate whether the case review criteria must be stated in law, rule or may be established by board policy.
4. Delegation to board staff. For effective and efficient management of the volume of records that will be received, many boards delegate some degree of decision making to board staff. This may range from initial triage decisions to record gathering and preparing summary reports to case-processing decisions based on criteria approved by the board.
5. Determine criteria for appeals by applicants denied licensure based on positive criminal history.
6. Other

D. ***Ongoing Management Concerns***

1. Access to records
2. Security of documents and CBC data
3. Coordination with investigators and attorneys when needed
4. Ongoing training and staff development
5. Other

E. ***Plan for evaluation of process and outcomes***

See Appendices A and B for Planning Checklists and Appendix C for examples of statutory language.

Section Two – Model CBC Policies and Procedures

This section provides model policies and procedures for states that conduct criminal background checks (CBC) on applicants and licensees, based upon the *Model Process for the Use of Criminal Background Checks* adopted by the 2005 NCSBN Delegate Assembly.

Introduction

In the past, many boards included a "good moral character" requirement for licensure, an approach intended to seek information about this aspect of qualification. Some jurisdictions continue to use this as a requirement for licensure. The trend in recent years, however, has been for boards to move away from "good moral character" (some see this term as being vague, subjective and difficult to define) to requiring criminal background checks.

CBC were seen as a more objective and reliable source of information regarding an applicant's behavior and conduct. Boards have traditionally inquired about criminal history by asking questions about convictions on licensure applications. Criminal background checks provide validation of the information reported on applications.

The topics addressed in the model CBC policies and procedures are:

Topic One – Who should undergo CBC?

Topic Two – Type of CBC

Topic Three – When should CBC be conducted?

Topic Four – Process for Implementing CBC

Topic Five – Anticipate Problems

Topic Six – CBC triggered investigations

Topic Seven – Using CBC to inform decision making

Topic Eight – Ongoing management

Topic One – Who Should Undergo CBC

Policy 1.1

Registered Nurses and Licensed Practical/Vocational Nurses. Applicants for licensure by exam, endorsement or reinstatement following revocation shall undergo CBC as part of the licensure application process.

- Registered nurse (RN)
- Licensed practical/vocational nurse (LPN/VN)

Policy 1.2

Advanced Practice Registered Nurses. Applicants for Advanced Practice Registered Nurse (APRN) shall undergo CBC as part of obtaining licensure or the authority to practice.

Policy 1.3

Nursing Assistants. Applicants for the Nurse Aide Registry and certification as nursing assistants shall undergo CBC as part of the registration and/or certification process.

- Nurse Aide Registry
- Certified Nursing Assistant I (CAN I)
- Certified Nursing Assistant II (CAN II)
- Medication Assistant – Certified (MA-C)

****Some boards may use other terminology, such as registration or licensure, for nurse aide regulation.*

Procedure 1.1

Registered Nurses and Licensed Practical/Vocational Nurses. Instructions and materials shall be included as part of licensure applications for:

- RN and LPN/VN initial licensure
- RN and LPN/VN endorsement
- RN and LPN/VN reinstatement of revoked license.

Procedure 1.2

Advanced Practice Registered Nurses. Instructions and materials shall be included as part of licensure applications for:

- APRN initial licensure
- APRN by endorsement
- APRN reinstatement of revoked license.

Procedure 1.3

Nursing Assistants. Instructions and materials included as part of registration and certification applications for:

- Nurse Aide Registry
- CNA I, CNA II and MA-C initial certification
- CNA I, CNA II and MA-C by endorsement
- CNA I, CNA II and MA-C reinstatement of revoked certificate.

****Some boards may use other terminology, such as registration or licensure, for nurse aide regulation.*

Topic Two – Type of CBC

Policy 2.1

State and Federal CBC. Conduct both state and federal CBC on:

- Applicants for RN and LPN/VN licensure
- Applicants for APRN licensure/authority to practice
- Application for Nurse Aide Registry and certification as a CNA I, CNA II and MA-C.

Policy 2.2

CBC Methodology. Fingerprinting, either through biometrics (electronic LiveScans) or paper and ink "hard cards," is required for all federal criminal background checks conducted for licensing purposes.

See Appendix C for information about fingerprinting.

Topic Three – When Should CBC Be Conducted

Policy 3.1	**Timing of CBC.** I. CBC shall be conducted at the time of application for nursing licensure (all levels). II. CBC shall be conducted for all applicants for the nurse aide registry and certification as nursing assistive personnel.
Policy 3.2 OPTION ONE	**Temporary Permits.** The board may grant temporary permits to practice nursing while CBC for the licensure application are being processed and are pending, if the person has not had affirmative answers to the qualifying questions on the licensure application and has met all other licensure requirements. *PRO*: Allows an experienced nurse who has met all other qualifications to work sooner allowing public access to nursing care. *PRO:* Many more endorsement applicants have no criminal history than those who do. *CON:* Potential for a nurse with a criminal background to have access to vulnerable individuals before the board knows about conviction.
Policy 3.2 OPTION TWO	**Temporary Permits.** The board may grant temporary permits to practice nursing to applicants who have met all requirements of a temporary permit and have had CBC results returned and meets criteria for licensing. *PRO*: Strictest standard prevents individuals with criminal histories from practicing before board has review opportunity. *PRO:* Does not rely on the expectation of low numbers to protect the public. *CON:* The majority of endorsing nurses do not have a conviction history, yet many are prevented from practicing until the criminal background check process is complete.
Policy 3.3 OPTION ONE	**Sitting for Examination.** Applicants for initial license may sit for the licensing examinations while waiting for CBC results to be processed. *PRO:* Allows new graduate to test more quickly after graduation (applicants do better on the exam if not delayed in taking). *CON:* May be more efficient for board to deal with positive CBC before individual is allowed to sit for the examination.
Policy 3.3 OPTION TWO	**Sitting for Examination.** Applicants for initial license may sit for the licensing examinations after CBC results are received. *PRO:* Individuals disqualified for licensure do not go through time and expense of exam. *CON:* New graduate prevented from sitting for the exam closer to graduation.

Procedure 3.1	**Timing of CBC** I. CBC for RNs and LPN/VNs shall be conducted at the time of application for: A. Initial licensure B. Licensure by endorsement C. Reinstatement of revoked license. II. CBC for APRNs (all categories) shall be conducted at the time of application for: A. Initial licensure/authority to practice B. Licensure/authority to practice by endorsement C. Reinstatement of revoked license/authority to practice. III. CBC for the nursing assistive personnel: A. Initial application for the Nurse Aide Registry B. Initial application for certification as CNA I, CNA II and MA-C C. Application for certification as CNA I, CNA II and MA-C by endorsement D. Application for reinstatement of revoked certificate.
Procedure 3.2 OPTION ONE	**Temporary Permits.** Upon submission of a completed fingerprint card to the agency (i.e., state law enforcement agency or Department of Public Safety) and FBI, and fulfillment of all other licensure requirements, an applicant for licensure by endorsement is eligible for a temporary permit to practice nursing. The permit issued by the board will be valid until the final licensure decision is made based on the results of the CBC.
Procedure 3.2 OPTION TWO	**Temporary Permits.** An applicant for licensure by endorsement is not eligible for a temporary permit until such time as they have met all requirements of a temporary permit and have had CBC results returned from the Department of Public Safety and FBI.
Procedure 3.3 OPTION ONE	**Sitting for Examination.** Upon submission of a completed fingerprint card to the agency (i.e., state law enforcement agency or Department of Public Safety) and FBI, and fulfillment of all requirements to sit for the licensure examination, the applicant for licensure by examination may be authorized to sit for the examination.
Procedure 3.3 OPTION TWO	**Sitting for Examination.** An applicant for licensure by examination is not eligible to sit for the licensure examination until such time as they have met all requirements of a temporary permit and have had CBC results returned from the Department of Public Safety and FBI. *******The burden of proof is on the applicant to demonstrate that they are competent (knowledge and behavior) and qualified to be granted the privilege of licensure.*

Topic Four – Process for Implementing CBC

Policy 4.1	**Requirement for CBC** I. Licensure applications shall inquire regarding previous criminal history. II. The board of nursing obtains state, regional (if available) and federal CBC records.

Procedure 4.1 **Licensure Application Questions**

I. Applications shall include questions about previous background and criminal history.

II. Applications shall ask only those questions that are a potential or actual bar to licensure.

Example:
Have you ever been convicted of a felony? The fact that a felony conviction has been expunged, vacated, later dismissed or that your civil rights have been restored does not mean that you may answer this question "no."

III. Other nonbarring convictions can be reviewed on a case-by-case basis upon the receipt of the CBC information from the FBI. (Assumption: fingerprint based CBC will detect other criminal history that may be reviewed on a case-by-case basis using consistent standards.)

****This increases efficiency and decreases unnecessary resources in reviewing responses to prior convictions that otherwise are not likely to bar a person from licensure or otherwise be of concern to the board.*

A. If an applicant answers "yes" to a question related to crimes that may bar them from licensure (felony offense) but then provides documents reflecting a nondisbarring conviction (misdemeanor or traffic offense), a written retraction of the "yes" answer should be submitted and should affirm that they have not been convicted of a felony.

****New technology is being developed continually so states are advised to use terminology in statutes and rules that is broad enough to accommodate new developments involving fingerprints and other reliable biometrics but specific enough to articulate what is intended and required by the statute.*

Procedure 4.1 **Implementation**

I. A lead staff member shall be assigned by the executive officer (EO)/ director or designee to be the custodian of records.

A. The EO will designate one or more staff members to accomplish the following:

1. Work with board attorney to ensure compliance with: state constitution, state statutes, state regulations, state contracts (e.g., subscriber agreement) and state policies (signed by executive officer/director, program manager or equivalent).
2. Process development.
3. Conduct criminal record history review.
4. Develop employee training including:
   a. Record retention and destruction procedures
   b. What constitutes misuse of CBC information
   c. Consequences of misuse of CBC information.
5. Develop employee statement form (internal procedure).
   a. Signed by all who have access
   b. Original in employee's personnel file
   c. Employee attests or declares that he or she is aware of confidentiality procedures and consequences of misuse of criminal background information.

   ****Employee statement may not be required in all jurisdictions.*
6. Recommend policy.
7. Develop security measures.
   a. Employee access restricted to employees who have been cleared.
   b. Computers or faxes receiving information are secure.
   c. Information not stored electronically is secure.
   d. Information stored in locked cabinet during determination.
8. Criminal offense record information misuse.
   a. Unauthorized person must not have access to information.
   b. Furnishing criminal offense record information to an unauthorized person is prohibited.
   c. Reproducing criminal offense record information for secondary dissemination is prohibited.
9. Change in contact information.

B. Communication with state agency or bureau personnel responsible for fingerprinting and transmitting fingerprints to the FBI. Advise them as soon as possible of the numbers of applicants who will need to be tested and alert them as to times when the workload will increase (e.g., graduations).

C. Obtain fingerprint cards or identify locations and agencies that perform fingerprinting or obtain instructions for conducting electronic

D. Develop security measures for CBC data management. Limit staff access to the CBC data.

E. Develop process for receiving CBC reports from the FBI via state authorities.

F. Train staff to handle phone calls and questions. Prepare standard scripts for anticipated questions (e.g., clarifying disqualifying arrests or convictions).

G. Develop questionnaire regarding arrests, charges and convictions (i.e., Arizona questionnaire).

H. Prepare information letter to students, schools, interested parties listing bars, time frames and actions required by law (i.e., Ohio Ramos letter).

I. Prepare educational materials for applicants that describe the purpose of fingerprinting, the procedures for screening, places to get fingerprinted and that the applicant is responsible for any costs from local law enforcement, the state agency and the FBI.

J. Ask questions on application regarding arrests, charges and convictions, and include directions of what documents to obtain and provide with the application.

K. Develop standard correspondence and forms to support communication between:

    1. Board and applicant
    2. Board and state agency conducting the fingerprints
    3. Board and FBI.

L. Train staff to read the reports that will include arrests as well as convictions.

M. Develop a policy to guide staff in those situations involving old convictions where court records are unavailable.

    ****For example, a CBC identifies a conviction that occurred 20 years earlier, but the applicant claims it was never a conviction, or that it was expunged or it was really her sister who actually sustained the conviction. The court reports that there are no records remaining to substantiate or refute the applicant's story.*

N. Determine how to present information for consideration by the board.

Topic Five – Anticipate Problems

Policy 5.1.	**Unreadable Prints.** The board shall conduct a CBC on an applicant's/licensee's name, social security number and other vital statistics when an individual has unreadable prints.
Policy 5.2	**Customer Relations.** Staff shall provide information in response to caller questions.
Policy 5.3	**Confidentiality.** By federal statute, information obtained through CBC cannot be shared with anyone else other than the subject of the CBC. Any suspected security breach shall be investigated.

Procedure 5.1 **Unreadable Prints.**

I. If the initial submission of fingerprints (completed through a trained individual) is unreadable, the applicant shall be required to resubmit another set of fingerprints.

II. If, after the second submission, the prints remain unreadable, the applicant shall provide a written verified statement disclosing any arrests or convictions.

   A. If there has been a prior arrest or conviction, the applicant shall provide the date of the arrest or conviction, the arresting jurisdiction, the report number, date of offense, the court in which the matter was heard, the date, case number and the final disposition.

   B. The agency shall request the Department of Public Service and the FBI to conduct a record search using the applicant's name and social security number.

Procedure 5.2 **Customer Relations.** Develop scripts for frequently asked questions. If a caller is difficult and does not respond to usual call strategies, refer to a supervisor.

Procedure 5.3 **Investigation of Suspected Security Breach.**

I. Notify the board executive officer, staff member responsible for the CBC process, other staff involved with the process and the board's attorney of the suspected breach.

II. Examine processes for storing and maintaining confidential data both written and electronic for possible deficiency.

III. Interview staff to explore if someone else could have obtained access to information.

IV. Work with board attorney to determine course of action.

V. Potential consequences of misuse:

   A. Administrative disciplinary action against employee

   B. Criminal or civil proceedings against employee

   C. Agency losing access to criminal offense record information

   D. Criminal or civil proceedings against agency.

Topic Six – CBC Triggered Investigations

Policy 6.1 **Threshold for Review.** Convictions meeting the threshold for review, but not requiring the felony bar (*see Section Seven*) must be evaluated on a case-by-case basis looking at the underlying conduct and evaluated using defined criteria.

Policy 6.2 **Validation.** Board staff shall validate convictions meeting the threshold for review identified on the licensure application and/or through CBC review.

Procedure 6.1 **Screening and Triage.** Work with the board to develop criteria to guide staff in the implementation of screening and triage of the CBC results.

Procedure 6.2 **CBC Validation.**

I. Information provided by applicant.
   The applicant/licensee shall be required to provide a written explanation of the offense to include date of the incident, circumstances surrounding the arrest(s) or conviction(s), arresting agency and court name and location.

   ****Written explanation provides a measure of the individual's candor, accountability and insight into their offense(s).*

II. Information received from criminal records report.

   **** If the agency is able to independently obtain the source documents, it provides assurance that portions have not been withheld by the applicant/licensee. There may be times when it is not in the best interest of the applicant/licensee to provide the agency with a copy of the report.*

   ****Obtaining and reviewing the arresting records in addition to the conviction records provides a better understanding of the conduct that the conviction is based upon.*

III. Sources of validation information.

   A. Court Documents. Obtain the following court documents (each state will label the documents differently).
      1. Charges (document describes the actions, events and what the applicant was charged with).
      2. Plea (e.g., guilty, not guilty, no contest).
      3. Findings (e.g., findings of the court, guilty, not guilty, dismissed).
      4. Sentencing (e.g., how the applicant was punished, post conviction requirements, incarceration, suspension, probation, money penalties, drug treatment).
      5. Request the police report that will provide information on the underlying act.

   B. How to obtain information.
      1. Send a letter or questionnaire to the applicant requiring him/her to provide the court documents and summary of events that resulted in the conviction/charges.
      2. Subpoena records.
      3. Board staff sends a letter to the court requesting the court documents.

   C. Other communication related to the investigation

      ****It is important to confirm and validate findings. CBC provide a valuable tool for boards, but boards should be cognizant that not all arrests/convictions are recorded and there are at times where errors are made in reporting.*

      ****The burden, however, is ultimately upon the individual applicant to provide any documentation that would prove or disprove a criminal conviction or, if appropriate, provide any aggravating or mitigating evidence regarding criminal conviction.*

Topic Seven – Using CBC to Inform Decision Making

Policy 7.1 **Use of Data.** The board of nursing shall use data obtained through CBC to inform licensure decisions.

Policy 7.2 **Timing of Decisions.** Applicants for licensure shall not receive a permanent license prior to receipt of CBC results and meeting all licensure requirements.

Policy 7.3	**Permanent Bars to Licensure.** There is a permanent bar to the most serious felonies as listed below: I. Murder II. Felonious assault III. Kidnapping IV. Rape V. Aggravated robbery VI. Sexual crimes VII. Criminal mistreatment of children or vulnerable adults VIII. Exploitation of vulnerable individual (e.g., financial exploitation in an entrusted role). ****The standards presented in this policy reflect the CBC Model adopted by the 2005 NCSBN Delegate Assembly.*
Policy 7.4	**Time-Limited Bar to Licensure**. There is a time-limited bar for other serious crimes, including: I. Drug trafficking II. Embezzlement III. Theft IV. Arson. ****The standards presented in this policy reflect the CBC Model adopted by the 2005 NCSBN Delegate Assembly.*
Policy 7.5	**Plea Bargains and Lesser Offenses.** Behavior underlying plea bargains and lesser offenses be evaluated using the criteria for mitigating and aggravating circumstances.
Policy 7.6	**Reconsideration.** An applicant or licensee may request an appeal of a board decision.
Procedure 7.1	**Screening Convictions.** I. Board staff may use the following criteria to screen convictions. A. Crime was misdemeanor B. Crime was not violent C. At least [ ] years have passed since conviction D. At least [ ] years have passed since completion of sentence/sanctions E. No additional convictions F. No additional arrests G. Steady employment for at least [ ] years H. Rehabilitation efforts I. Person was less than [ ] years of age at time of commission of crime J. Uses candor in reporting event. II. The following arrests/convictions do not require investigation, assuming that there is no identified pattern or repetitiveness of the arrest/conviction: A. First offense not prosecuted B. Minor charges involving property (e.g., shoplifting) if no subsequent arrests C. Minor drug (e.g., possession of small amount of marijuana) D. Other minor offenses not prosecuted E. Minor traffic arrests and convictions (not including DUI, endangerment, etc.)

Procedure 7.2	**Appeal of Decision.** Follow appeal procedures in state Administrative Procedures Act if an applicant for licensure or a licensee request a reconsideration of a board's decision based on a criminal conviction. ****The burden of proof is on the applicant to demonstrate that they are competent (knowledge and behavior) and qualified to be granted the privilege of licensure.*

Topic Eight – Ongoing Management

Policy 8.1	**Training and Orientation.** The board will ensure ongoing staff training and orientation.
Policy 8.2	**Periodic Policy Review**. The board will periodically review and update and/or revise as needed board policies and procedures related to the CBC process.
Policy 8.3	**CBC Evaluation.** The board shall periodically review the outcomes and conduct analyses on use of CBC in the licensure process.
Policy 8.4	**Audit.** The board may periodically undergo audits by state and federal entities with oversight of relevant laws and regulations.
Policy 8.5	**Records Retention.** The board shall prescribe a records retention schedule consistent with state and federal laws and regulations.
Procedure 8.1	**Training.** I. The board shall require employee training including: A. Record retention and destruction procedures B. What constitutes misuse C. Consequences of misuse. II. Employee statement form (internal procedures). A. Signed by all who have access B. Original in employee's personnel file C. Employee attests or declares that he/she is aware of confidentiality procedures and the consequences of misusing CBC information.
Procedure 8.2	**Policy Review.** I. Board staff shall maintain CBC policies and procedures. II. The board shall conduct periodic review of CBC policies and procedures to ensure that they are current and complete. III. Board staff shall maintain records regarding the resources used to conduct CBC both financial and human, and may include the number of applicants/licensees with disqualifying convictions.
Procedure 8.3	**Evaluation** I. Board staff shall submit periodic CBC report to the board for their review. II. Every [ ] years, the board will conduct additional review, including obtaining feedback from stakeholders. III. Board staff shall periodically evaluate process changes. IV. Board staff shall periodically evaluate triage criteria.

Procedure 8.4	**Audits.** I. Periodic audits may be conducted by the state's Department of Justice or equivalent state agency that has oversight of these laws and regulations regarding: A. Subscriber agreement B. Policy C. Custodian of record D. Employment statement forms E. Record security F. Training. II. Audits by FBI regarding record security.
Procedure 8.5	**Destroying CBC Data.** Subject's identity must no longer be discernible. All identifying information shall be destroyed through shredding or confidential destruction.

Section Three – CBC Communication Plan

Whenever the board of nursing undertakes new activities, it is essential to give notice and provide information to all interested parties. This section sets forth a framework for planning these important communications.

Criminal Background Check Communication Plan Outline

I. Identify Who: Stakeholders
  A. Schools of Nursing
    1. Nursing faculty
    2. Nursing students
  B. Licensees
  C. Licensure applicants
  D. Nursing and other health care organizations/professional associations
  E. Nursing employers
  F. Legislators and policy makers
  G. NLC states (for NLC participants)
  H. Public
  I. Media
  J. Other boards of nursing
  K. Other government agencies

II. Identify When Information is Needed
  A. Early in consideration to require CBC
  B. When legislation is pending
  C. After legislation, during transition and preparation
  D. Promulgating regulation
  E. Upon implementation
  F. Regular updates
  G. Application materials

III. Identify What Information is Needed
  A. Rationale for conducting CBC on nurses and other health care providers
  B. Anticipated impact on students, applicants and nurses
  C. Potential impact on employers
  D. List of crimes that prohibit licensure
  E. Information about the process
  F. Policies and procedures made available
  G. CBC updates, including impact on licensure process
  H. Aggregate statistical outcomes of CBC
  I. Results of policy and process review and evaluation

IV. Identify What Vehicles
  A. Board of nursing Web site
    1. Provide regular updates throughout process of obtaining authority, transition and implementation
    2. Proposed legislation
    3. Enacted laws and promulgated rules/regulations

4. Explanation of why need to be checked again (even though the applicant may have been recently checked prior to clinical sessions)
5. Information about the process
    a. Where to obtain fingerprint cards (if applicable)
    b. Tips for ensuring readable prints and assuring fingerprint card is acceptable (if applicable)
    c. Where to go for fingerprints
    d. What to expect
    e. Expected timelines
    f. What happens if a criminal history is discovered
    g. Applicant rights
    h. Impact on currently licensed nurses
6. FAQ
7. Fact sheets (e.g., on how to do, costs, etc.)
8. Case studies
9. Targeted information (see below)

B. NCSBN CBC Kit for Boards – a CD with selection of resources

C. NCSBN Web site
1. Model CBC process
2. Model legislation
3. CBC resource pack
4. Samples of correspondence, forms from Member Boards
5. Case studies from Member Boards
6. Explore podcast for outreach to students nurses
7. FAQ
8. Fact sheets (e.g., on how to do, costs)
9. Case studies
10. Targeted information (see below)

D. Board of nursing brochures
1. Explain the why, who, where, when and what of CBC
2. Used by board representatives in speaking to schools, nursing organizations and other speaking opportunities

E. Targeted Information
1. Students
2. Licensees and/or legal counsel
3. Public
4. Media
5. Other

F. Other Communications
1. FAQ
2. Press release
3. CBC fact sheet
4. Correspondence
    a. State criminal agency
    b. Law enforcement (getting police reports)

c. Courts (e.g., obtaining court records)
d. Nursing students and schools
e. Applicants for licensure
f. Licensees
g. Attorneys representing applicants and licensees
h. Hospitals and other professional organizations
i. Attorneys representing applicants and licensees
j. Op-ed article/letter to editor (local publications and newspapers)
k. Public
l. Other

V. List Serves
Identify groups that would benefit from prompt notice of changes or updates (e.g., deans of nursing schools, staff involved in obtaining CBC for students)

Appendix A

CBC Planning Checklist: Board of Nursing Policy Decisions

Board Policy Issue	Check When Decided	Date	Comments
I. Who is to receive CBC? At a minimum, all applicants for licensure should receive CBC as a step in the licensure process.			
A. All applicants for all levels of initial licensure (LPN, RN and APRN if applicable)			
B. All endorsement applicants			
C. All applicants for reinstatement of a revoked license or certificate			
D. All applicants for all types of nursing assistant This is a highly mobile population with frequent job turnover. There is potential for large numbers of positive CBC that must be evaluated and/or investigated. This activity is resource intensive, but nursing assistants often work with the most vulnerable patients in long-term care and in home settings.			
II. What decision making may be delegated to board staff? Many boards delegate some degree of decision making to board staff so that they can effectively and efficiently manage the volume of records that will be received.			
Data gathering and management			
Initial triage decisions			
Initiate investigations based on board approved criteria			
Reports and recommendation to the board			
Case decisions based on board approved criteria			
****Board needs to identify criteria for case decisions.*			
III. Criteria for evaluating positive CBC results – were these factors considered?			
Type and severity of crime			
Person's age at time of offense			
Completion of sentence/sanctions			
Time elapsed since crime			
Time elapsed since conviction			
Time elapsed since completion of sentence/sanctions			
Additional arrests and convictions			
Work history			
Uses candor in reporting event			
Crime occurred within last five years			
Person still incarcerated			

Board Policy Issue	Check When Decided	Date	Comments
Person still under parole			
Person still under court probation			
History of multiple convictions			
IV. Using the CBC to inform decisions It is not the role of the board of nursing to retry a case or second-guess the criminal justice system. It is the role of the board to use conviction histories in decision making regarding competence conduct and licensure.			
A. Permanent bar to certain categories of felonies Some believe that this is the safest standard. Violent crimes represent the highest risk of dangerousness, and there is a high recidivism rate for property crimes. The NCSBN CBC Model recommends the following crimes should be considered as a permanent bar to licensure: ■ Murder ■ Felonious assault ■ Kidnapping ■ Rape ■ Aggravated robbery ■ Sexual crimes ■ Criminal mistreatment of children or vulnerable adults ■ Exploitation of vulnerable individuals (e.g., financial exploitation in an entrusted role).			
Was this a felony conviction?			
If yes, was the felony one that is subject to a permanent bar to licensure?			
B. Time limited bar to felony convictions Provides time for the individual to get his/her life back together and demonstrate that they do not pose a risk to patients/public (most recidivism occurs in the first three years after a conviction). Identifies a minimum period of time that the applicant with a prior felony would be required to complete all court requirements (absolute discharge) before being eligible to apply for licensure. Decreases number of cases decided by board because they cannot apply before meeting the time requirement after absolute discharge. Burden of proof upon applicant. Board has discretion to license or not license upon application. The NCSBN CBC Model recommends that there be a time-limited bar for other serious crimes, including: ■ Drug trafficking ■ Embezzlement ■ Theft ■ Arson			
Was this a felony conviction?			
If yes, was the felony one that is subject to a time-limited bar to licensure?			
When was the criminal conviction?			
Has person completed sentence and been absolutely discharged by the court?			

Board Policy Issue	Check When Decided	Date	Comments
C. Case-by-case review Historically, the approach was used by boards of nursing and is still used by a majority of nursing boards. Allows the board to exercise the most discretion to consider the context of the crime and the person's life after the conviction. Challenges include avoiding inconsistency of actions over time due to changes in board composition and the potential for being manipulated by a clever person. The NCSBN CBC Model recommends that there be a case-by-case review for felony offenses that do not meet either the permanent bar restriction or time limited bar restriction. The behavior underlying plea bargains and lesser offenses should be evaluated using the following criteria for mitigating and aggravating circumstances.			
Aggravating circumstances that the board may consider as exacerbating the situation: ■ Multiple or repeat criminal violations ■ Prior disciplinary action ■ Conviction for a crime against a child or vulnerable adult ■ Conviction determined to be related to professional practice ■ Abuse of trust in order to commit the violations ■ Exploitation of unique position or knowledge ■ Financial benefit accrued by respondent ■ Knowing, willful or reckless conduct ■ Lack of rehabilitation potential ■ Lying under oath and/or on an application for a credential ■ Currently subject to court oversight (e.g., under probation for previous criminal convictions).			
Mitigating circumstances in a case include: ■ Lack of previous convictions in this or any other jurisdiction ■ The respondent acted under strong and immediate provocation ■ At a time prior to detection, the respondent compensated or made a good faith attempt to compensate the victim for the injury or loss sustained ■ The respondent was suffering from a mental or physical condition that significantly diminished his or her capacity for understanding the ramifications of or ability to control his or her conduct. This can only be applied if such condition is not an element of the violation (e.g., charges under impaired practitioner) ■ Engaged in and benefited from rehabilitation ■ The respondent sought and/or completed appropriate remedial measures prior to institution of disciplinary actions (i.e., responsible and accountable for own actions) ■ Isolated incident ■ Minimal risk of harm to patients or clients.			

Board Policy Issue	Check When Decided	Date	Comments
V. **Waiver.** Boards retain the discretion, under defined circumstances and following a strict and predetermined process, to determine when extraordinary circumstances warrant a waiver of either the time-limited or permanent bar.			
****This section will be state specific. Some states' laws may allow this type of discretion; others may not. If allowed by state law, the board should discuss this issue before a request is received to identify the type of circumstances when they would consider a waiver and articulate the process to be followed in these rare circumstances.*			

Appendix B

CBC Planning Checklist: Board of Nursing Staff

Steps Toward Implementation	Check When Completed	Completion Date	Comments
IDENTIFY RESOURCES – IN-HOUSE			
I. Determine workload and staff needed to:			
Assignment of lead staff			
Evaluate volume and range of workload			
Work process development			
Implement steps in process			
Enforce security of data			
Answer questions			
Review CBC results			
Conduct investigations triggered by positive CBC results			
II. Identify equipment needed			
Computers and electronic			
Other equipment needs			
III. Staff training			
A. Who			
All involved staff as to roles – specifics			
Selected staff – cross-train specifics			
Other staff members – general			
Management – general, specifics as needed			
B. What – General			
Background, reasons for doing, general process			
Need for confidentiality			
How to respond to questions and inquiries			
C. What – Specific			
CBC process			
Specifics of each role in the operation			
Confidentiality procedures			
What constitutes misuse			
Consequences of misuse of CBC data			
Record retention and destruction procedures			

Steps Toward Implementation	Check When Completed	Completion Date	Comments
IV. Space			
Staff work stations			
Secure storage of CBC results			
Other storage needs			
V. Security			
Limit access to CBC data			
Secure faxes or computers to receive CBC data			
Information stored in locked cabinet during determination			
VI. Fiscal planning			
New staff positions, if needed			
New space, if needed			
Legal			
Pass through budgetary items, if needed			
Publication educational and communication materials			
Staff travel (training)			
Plan for increased numbers of investigations			
Planning consultants, if needed			
Other miscellaneous budgetary items			
VII. Potential impact on other board operations			
Interface with licensing process			
Revise licensure applications (paper and electronic)			
Reprogramming data system			
Interface with investigators			
Interface with discipline process			
Interface with board			
IDENTIFY RESOURCES – EXTERNAL			
I. Legal			
Assure compliance with requirements of:			
Federal statutes, rules/regulations, including P.L. 92-544			
State constitution			
State statutes, rules/regulations			
State policies			
State contracts (e.g., subscriber contract for CBC)			

Steps Toward Implementation	Check When Completed	Completion Date	Comments
II. State Criminal Agency			
Identify state agency responsible for fingerprinting			
Identify contact(s)			
Advise agency that the board is to work with the volume of CBCs the board will submit, and work with agency to facilitate the workload and process			
Establish procedure for collecting fingerprints			
Establish procedure for submitting fingerprints			
Establish procedure for receiving CBC results			
Establish procedure for unreadable prints			
III. Statutory authority			
Identify key legislators and possible authors of legislation			
Draft proposed legislation addressing requirement to obtain CBC as component of licensure process; consequences of criminal history			
Communications			
A. Identify stakeholders			
B. Develop communication plan			
C. Develop communication materials and resources – *see Section Three for Communication Plan*			
Planning the Process – "How to"			
A. Develop work process/work flow			
Steps required of applicant			
Map out internal processes and communication			
Board role in collecting fingerprints			
Board role in submitting fingerprints			
State agency to complete state CBC			
State agency submits for FBI check			
State agency receives FBI results			
Board staff receives and reviews CBC results			
Board staff make delegated decisions based on Board established criteria to license			
Board staff referrals to Board for review and decision			

Steps Toward Implementation	Check When Completed	Completion Date	Comments
B. Anticipate potential problems and prepare responses			
Quality of fingerprints			
Applicants who cannot get readable prints			
Conducting CBC using a criminal record search by name and other identifiers			
Slow or no response from agency			
Time delays submissions and receipts			
Identify peak periods of use (e.g., graduation times)			
C. Ongoing management			
Access to records			
Security of documents and CBC data			
Coordination with investigators and attorneys as needed			
Work with schools of nursing to get information to students and graduates			
Other			
EVALUATION OF PROCESS AND OUTCOMES			
Determine evaluation criteria			
Identify measures to monitor			
Establish schedule			
Analyze results			
Make recommendations for continued operation			

Appendix C

Examples of Statutory Authority for CBC

Statutory authority is needed to access the Federal Bureau of Investigation (FBI) database when the data is used for matters that do not involve the police or courts. Public Law 92-544 authorizes the FBI to conduct a criminal background check for boards empowered by a state statute approved by the U.S. attorney general. Boards must comply with jurisdictional requirements to obtain access to state criminal records.

The FBI established the following mandatory elements of a state statute enacted under PL 92-544. The state statute must:

1. Exist as a result of a legislative enactment;
2. Require that the criminal background check be fingerprint based;
3. Authorize the submission of fingerprints to the state identification bureau for forwarding to the FBI for a national criminal history check;
4. Identify the categories of licensees subject to criminal backgrounds; and
5. Provide that an authorized government agency be the recipient of the results of the record check.

Sample Statutory Language

I. Nurse Practice Act, powers of the board section (Arizona):

This state has established a time-limited bar to felony convictions that is further articulated in administrative rule. The language cited below provides the statutory authority for access to federal CBC.

The boards shall require each applicant for initial licensure to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to Section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the Federal Bureau of Investigation.

II. Code of Criminal Procedure (Alaska)

This is an example of a state that grants authority to conduct CBC for several professions in one statutory provision.

Title 12. CODE OF CRIMINAL PROCEDURE
Chapter 12.62. CRIMINAL JUSTICE INFORMATION AND RECORDS CHECKS
Article 02. NATIONAL CRIME HISTORY RECORD CHECK

Sec. 12.62.400. National criminal history record checks for employment, licensing, and other non-criminal justice purposes.

To obtain a national criminal history record check for determining a person's qualifications for a license, permit, registration, employment, or position, a person shall submit the person's fingerprints to the department with the fee established by AS 12.62.160. The department may submit the fingerprints to the Federal Bureau of Investigation to obtain a national criminal history record check of the person for the purpose of evaluating a person's qualifications for:

A. A license or conditional contractor's permit to manufacture, sell, offer for sale, possess for sale or barter, traffic in, or barter an alcoholic beverage under AS 04.11;
B. Admission to the Alaska Bar Association under AS 08.08;
C. Licensure as a collection agency operator under AS 08.24;
D. Licensure to practice nursing or certification as a nurse aide under AS 08.68.

[The details regarding obtaining and processing fingerprints is described in the Nurse Practice Act]

III. Nurse Practice Act (Arkansas)

This state has a bar to licensure for specified felony convictions. In addition to the authority to require CBC, this statute delineates the specific felonies that are barred, a mechanism for waiver and a list of permanently barred felonies.

17-87-312. Criminal background checks.

A. Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.
B. The check shall conform to the applicable federal standards and shall include the taking of fingerprints.
C. The applicant shall sign a release of information to the board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.
D. Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.
E. Except as provided in subdivision (L)(1) of this section, no person shall be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court:
    1. Capital murder as prohibited in § 5-10-101;
    2. Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
    3. Manslaughter as prohibited in § 5-10-104;
    4. Negligent homicide as prohibited in § 5-10-105;
    5. Kidnapping as prohibited in § 5-11-102;
    6. False imprisonment in the first degree as prohibited in § 5-11-103;
    7. Permanent detention or restraint as prohibited in § 5-11-106;
    8. Robbery as prohibited in § 5-12-102;
    9. Aggravated robbery as prohibited in § 5-12-103;
    10. Battery in the first degree as prohibited in § 5-13-201;
    11. Aggravated assault as prohibited in § 5-13-204;
    12. Introduction of controlled substance into the body of another person as prohibited in § 5-13-210;
    13. Terroristic threatening in the first degree as prohibited in § 5-13-301;
    14. Rape as prohibited in §§ 5-14-103;
    15. Sexual indecency with a child as prohibited in § 5-14-110;
    16. Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 – 5-14-127;
    17. Incest as prohibited in § 5-26-202;
    18. Offenses against the family as prohibited in §§ 5-26-303 –5-26-306;
    19. Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
    20. Endangering the welfare of a minor in the first degree as prohibited in § 5-27-203;
    21. Permitting abuse of a child as prohibited in § 5-27-221(a)(1) and (3);

22. Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-27-303 –5-27-305, 5-27-402, and 5-27-403;
23. Felony adult abuse as prohibited in § 5-28-103;
24. Theft of property as prohibited in § 5-36-103;
25. Theft by receiving as prohibited in § 5-36-106;
26. Arson as prohibited in § 5-38-301;
27. Burglary as prohibited in § 5-39-201;
28. Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5-64-608 as prohibited in § 5-64-401;
29. Promotion of prostitution in the first degree as prohibited in § 5-70-104;
30. Stalking as prohibited in § 5-71-229;
31. Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection;
32. Computer child pornography as prohibited in §5-27-603; and
33. Computer exploitation of a child in the first degree as prohibited in §5-27-605.

F. [Temporary permits]
   1. [Pending CBC]
      a. The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check.
      b. The permit shall be valid for no more than six (6) months.
   2. Except as provided in subdivision (L)(1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately revoke the provisional license.

G. [Waiver]
   1. The provisions of subsections (e) and subdivision (F)(2) of this section may be waived by the board upon the request of:
      a. An affected applicant for licensure; or
      b. The person holding a license subject to revocation.
   2. Circumstances for which a waiver may be granted shall include, but not be limited to, the following:
      a. The age at which the crime was committed;
      b. The circumstances surrounding the crime;
      c. The length of time since the crime;
      d. Subsequent work history;
      e. Employment references;
      f. Character references; and
      g. Other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.

H. [CBC data]
   1. Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:
      a. The affected applicant for licensure, or his authorized representative; or
      b. The person whose license is subject to revocation or his or her authorized representative.
   2. No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

I. Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

J. Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

K. The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

L. [Expungement]
   1. For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (L)(2) of this section.
   2. Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:
      a. Capital murder as prohibited in § 5-10-101;
      b. Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
      c. Kidnapping as prohibited in § 5-11-102;
      d. Rape as prohibited in § 5-14-103;
      e. Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5§ 5-14-125;
      f. Endangering the welfare of a minor in the first degree as prohibited in § 5-27-203 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-204;
      g. Incest as prohibited in § 5-26-202;
      h. Arson as prohibited in § 5-38-301;
      i. Endangering the welfare of incompetent person in the first degree as prohibited in § 5-27-201; and
      j. Adult abuse that constitutes a felony as prohibited in § 5-28-103.

IV. Statutory authority included in Nurse Practice Act, implementation detail in rule (Louisiana)

This is another example of statutory authority included in the state's Nurse Practice Act. In addition to requiring CBC for licensure applicants, this state requires CBC of nursing students prior to entering clinical practice.

§920.1. Louisiana State Board of Nursing; authorization to obtain criminal history record information

A. As used in this section the following terms shall have the following meaning:
   1. "Applicant" means a person who has made application to the board for the issuance or reinstatement of any form of licensure.
   2. "Board" means the Louisiana State Board of Nursing.
   3. "Bureau" means the Louisiana Bureau of Criminal Identification and Information of the office of state police within the Department of Public Safety and Corrections.
   4. "Criminal history record information" means information collected by state and federal criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, bills of information, or any formal criminal charges, and any disposition arising therefrom, including sentencing and criminal correctional supervision and release, but does not include intelligence for investigatory purposes, nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.
   5. "FBI" means the Federal Bureau of Investigation of the United States Department of Justice.
   6. "Licensure" means any license or permit which the board is authorized to issue, including permission to enroll as a student in clinical nursing courses.

B. In addition to any other requirements established by law or board rules, the board shall require an applicant, as a condition for eligibility for licensure:
   1. To submit a full set of fingerprints, in a form and manner prescribed by the board
   2. To permit the board to request and obtain state and national criminal history record information on the applicant
   3. To charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history record information on the applicant.

C. In accordance with the provisions and procedure prescribed by this section, the board shall request and obtain state and national criminal history record information from the Louisiana Bureau of Criminal Identification and Information of the office of state police within the Department of Public Safety and Corrections and the Federal Bureau of Investigation of the United States Department of Justice relative to any applicant for licensure whose fingerprints the board has obtained pursuant to this section for the purpose of determining the applicant's suitability and eligibility for licensure.

D. Upon request by the board and upon the board's submission of an applicant's fingerprints, and such other identifying information as may be required, the bureau shall conduct a search of its criminal history record information relative to the applicant and report the results of its search to the board within sixty (60) days after receipt of any such request. The bureau may charge the board a reasonable processing fee for conducting and reporting on any such search.

E. If the criminal history record information reported by the bureau to the board does not provide grounds for disqualification of the applicant for licensure under the applicable law administered by the board, the board shall have the authority to forward the applicant's fingerprints and such other identifying information as may be required to the FBI with a request for a search of national criminal history record information relative to the applicant.

F. Any and all state or national criminal history record information obtained by the board from the bureau or FBI which is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its

members, officers, investigators, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. No such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. Acts 1997, No. 311, §1.

§3330. Criminal History Record Information

A. Authority of the Louisiana State Board of Nursing (Board). The Board derives its authority to obtain criminal history record information from R.S. 37:920.1.

B. The following applicants for licensure or permission to enroll in clinical nursing courses shall submit to a criminal history record information check:

1. Registered Nurse by examination
2. Registered Nurse by endorsement
3. Advanced Practice Registered Nurse, if records not checked in relation to the RN license
4. Reinstatement of RN and/or APRN license, if license has not been active for five (5) years or more
5. Registered nurse students prior to enrollment in a clinical nursing course.

C. The Board may require criminal history record information checks of the following individuals:

1. An applicant for any license, permit, reinstatement, or permission to enroll in clinical nursing courses if there is reason to believe there is information relative to evaluating the applicants eligibility or disqualification for licensure.
2. A licensee as part of the investigation process if there is reason to believe there is information relative to eligibility or disqualification for continued licensure.

D. The Board shall require from students seeking admission to clinical nursing courses, a completed Application for Approval to Enroll in a Clinical Nursing Course and a $20 enrollment application fee prior to the student's enrollment in a clinical nursing course.

E. The applicant or licensee must review and sign the Authorization to Disclose Criminal History Record Information.

F. The applicant or licensee must contact the state or local police/sheriff department and submit two (2) fingerprint cards to be completed. The law enforcement agency may specify a designated location and fee for the completion of the fingerprint cards.

G. The two (2) completed fingerprint cards must be returned to the Board office by the applicant or licensee with the required fee. The cards and fee will be forwarded to the Louisiana Department of Public Safety. The second card will be forwarded to the Federal Bureau of Investigations by the Louisiana Department of Public Safety.

H. The submission of the fingerprint cards and the signed Authorization to Disclose Criminal History Record Information must be received prior to the license being processed or during the semester that the first clinical nursing course has begun.

I. The processing of the license or the entry into clinical nursing courses may not be delayed awaiting these reports; however, future action may result if the criminal history record information so indicates. If the criminal history record reveals criminal activity which constitutes grounds for denial under R.S. 37.921. or LAC 46:X:VII.3331, then the license issued shall be recalled or the progression in clinical nursing courses may be denied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:920.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR26:1614 (August 2000), LR 30:2829 (December 2004).

V. Statute Applying to Several Agencies (Missouri)

Certain agencies to submit fingerprints, use of fingerprints for background search – procedure for submission.

43.543. Any state agency listed in section 621.045, RSMo, the division of professional registration of the department of economic development, the department of social services, the supreme court of Missouri, the state courts administrator, the department of elementary and secondary education, the Missouri lottery, the Missouri gaming commission, or any state, municipal, or county agency which screens persons seeking employment with such agencies or issuance or renewal of a license, permit, certificate, or registration of authority from such agencies; or any state, municipal, or county agency or committee, or state school of higher education which is authorized by state statute or executive order, or local or county ordinance to screen applicants or candidates seeking or considered for employment, assignment, contracting, or appointment to a position within state, municipal, or county government; or the Missouri peace officers standards and training, POST, commission which screens persons, not employed by a criminal justice agency, who seek enrollment or access into a certified POST training academy police school, or persons seeking a permit to purchase or possess a firearm for employment as a watchman, security personnel, or private investigator; or law enforcement agencies which screen persons seeking issuance or renewal of a license, permit, certificate, or registration to purchase or possess a firearm shall submit two sets of fingerprints to the Missouri state highway patrol, Missouri criminal records repository, for the purpose of checking the person's criminal history. The first set of fingerprints shall be used to search the Missouri criminal records repository and the second set shall be submitted to the Federal Bureau of Investigation to be used for searching the federal criminal history files if necessary. The fingerprints shall be submitted on forms and in the manner prescribed by the Missouri state highway patrol. Fees assessed for the searches shall be paid by the applicant or in the manner prescribed by the Missouri state highway patrol. Notwithstanding the provisions of section 610.120, RSMo, all records related to any criminal history information discovered shall be accessible and available to the state, municipal, or county agency making the record request.

Appendix D

Fact Sheet: The Latest on Fingerprinting

Fingerprint identification is a method of identification using the impressions made by the minute ridge formations or patterns found on the fingertips. No persons have exactly the same arrangement of ridge patterns and the patterns of one individual remain unchanged throughout life. Other personal characteristics may change, but fingerprints do not. FBI fingerprint searches are highly preferable to name checks for screening (FBI, 2005). Fingerprint comparison is the accepted standard for establishing positive identification of criminal history record subjects in the United States. Fingerprint technology has proved to be a reliable, cost-effective means of identification.

Fingerprint Identification:

1. A fingerprint is an individual characteristic.
2. Fingerprints remain unchanged during an individual's lifetime.
3. Fingerprints have general ridge patterns that permit them to be systematically classified.

History

In the late 1800s, it was discovered that every person had a unique set of fingerprints. This provided a major breakthrough in the criminal justice system. Scotland Yard installed the first fingerprinting bureau in 1901 and soon after fingerprinting became installed worldwide. Fingerprints began as identification in general, not in terms of evidence. Fingerprints were introduced as evidence in the court of law because of their accuracy. The first method of fingerprints was with powders and is still used today to lift fingerprints. Cameras are used to take photos of fingerprints and enlarge them. When taking prints, law enforcement uses ink and rollers to lift the prints and store them on cards. One example of advancement in fingerprinting technology is the laser, which can lift prints from a larger variety of surfaces. The computer is now a common tool, as well. It electronically scans fingerprints into computers.

The use of CBCs in the licensing of occupations and professions began with the childcare industry as a response to numerous allegations of misconduct and identification of providers with questionable backgrounds. While a lack of criminal history is no guarantee against future criminal acts, it is an indicator that the person is less likely to commit crimes in the future. Nurses provide services for vulnerable people, often of a personal and intimate nature, so it is in the public's interest to determine that those seeking the authority to practice nursing are qualified to do so, including in the area of behavior, attitudes and conduct. Boards are advised to check both state and federal criminal records. Fingerprint comparison is the accepted standard for establishing positive identification of criminal history record subjects in the United States.

Current Fingerprinting Technology

AUTOMATIC FINGERPRINT IDENTIFICATION SYSTEM (AFIS)

The FBI has a national computer file that contains millions of fingerprints. For example, Minnesota's Bureau of Criminal Apprehension installed LiveScan systems (an example of AFIS), which increased fingerprint efficiency and dramatically reduced the number of fingerprint cards that were rejected from 17 percent to less than 1 percent. California also has a LiveScan system for licensure applicants called Criminal Offender Record Information System.

BIOMETRICS

- Fingerprint access devices for home and office
- Fingerprint reader scanning technology
- Security software
- Scalable and flexible
- Store particular data about the fingerprint in a much smaller template

- Easy to use password manager Single Sign On
- Two types of Fingerprint Scanning
  - Optical – visual image of finger
  - Semiconductor – generated electric field to image a finger

Fingerprinting is often thought of as an ink and paper process. Most jurisdictions utilize optical scanners known as LiveScan systems.

Comparison

	AFIS	Biometric Systems
Collection	Optical scanners or LiveScan systems.	Biometric fingerprint system used to logon to a computer.
Capture	AFIS systems are designed to use the entire fingerprint.	Biometrics only use the center of the print.
Infrastructure	AFIS require a backend infrastructure for storage, matching and duplicate resolution.	Biometrics systems rely on a computer or peripheral device for processing and storage.
Scale	AFIS is scalable to millions of users conducting constant searches 1:N.	Biometric do not require significant processing power – almost invariably 1:1.
Storage	Stores images of fingerprints.	Store particular fingerprint data.
Response time	AFIS fingerprint systems may take hours to match a candidate and the processing time could take days up to weeks through state agencies.	Biometric fingerprint systems respond within seconds.
Accuracy	AFIS may return top five candidates.	Biometric returns a single yes or no answer.
Cost	AFIS capture device is far less expensive.	More expensive

THE FUTURE OF FINGERPRINTING: IMPLICATIONS FOR BOARDS OF NURSING

Fingerprints are being recognized as forms of security and safety. Parents now have the option of fingerprinting their children in case of abduction. Banks are starting to utilize thumbprints as a signature program to help identify the check holder. There is now controversy developing about fingerprinting all citizens at birth. Some feel it would benefit society and others feel it is a threat to privacy.

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Attachment B

Proposed Revision to Model Nursing Practice Act

Article III, Section 3. *Other Definitions*.

Add the following definition:

A. *Absolute discharge from sentence*. Absolute discharge from sentence means completion of any sentence including imprisonment, probation, parole, community supervision or any form of court supervision.

Article IV, Section 5. *Powers and Duties*. The board shall:

Replace the current C2b): Require criminal background checks on applicants and licensees as determined by the board.

With the new sections C2b), c) and d):

b) Each applicant for initial licensure or licensure by endorsement shall submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the federal bureau of investigation. The information shall be used to:

  i. Revoke a license of a person [revoke the multistate licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults, exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).

  ii. Revoke a license of a person [revoke the multistate licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, and arson, or an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filling an application pursuant to this chapter. Persons who have had an absolute discharge from one of the above felony convictions may apply to the board for licensure. At that time, the board may issue a license or deny licensure or otherwise discipline the person.

  iii. Revoke a license of a person [revoke the multistate licensure privilege of a person pursuant to (state statute pertaining to Nurse Licensure Compact)] *** or not issue a license or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.

c) The board may require applicants for reinstatement after lapsed license and shall require applicants for reinstatement after discipline to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check. The board may deny reinstatement or otherwise discipline the applicant for reinstatement.

d) Each applicant for listing on the Nurse Aide Registry, initial nursing assistant I or II, or medication assistant certification or certification by endorsement shall submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the federal bureau of investigation. The information shall be used to:

  i. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to

an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults, exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).

ii. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felonies: drug trafficking, embezzlement, theft, and arson, or an applicant who has not received an absolute discharge from the sentences for these felony convictions three or more years prior to the date of filling an application pursuant to this chapter. Persons who have had an absolute discharge from one of the above felony convictions may apply to the board for licensure. At that time, the board may issue a license or deny licensure or otherwise discipline the person.

iii. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.

This paragraph does not apply to a person who has filed an application for licensure or renewal before [effective date] and who has disclosed to the board one or more felony convictions on the person's application.

*Brackets around a phrase or term indicate language that will be state specific. The phrases with both brackets and *** identifies language that would be used by states participating in the Nurse Licensure Compact and APRN Compact.*

Attachment C

Drug Screening as a Regulatory Tool – Executive Summary

Introduction and Purpose

Substance abuse continues to be one of the most frequent allegations of misconduct and leading cause of disciplinary action against a nurse's license. It is the primary focus of alternative programs' goals is to provide early identification, entry into treatment and the safe re-entry into practice of nurses with known histories of substance abuse and addiction. Assuring that the nurse remains abstinent from substance use is critical as nurses working under the influence of drugs or alcohol place patients, colleagues and themselves at risk of harm. One parameter of monitoring abstinence is through random drug screening or testing to detect the use of unauthorized or illegal drugs for the purpose of assuring patient safety. Although drug testing may be conducted on other bodily fluids (i.e., blood, sweat and saliva) and to a limited extent through hair analysis, urine testing is most commonly used. In determining the presence or absence of drugs, a specified threshold concentration (cutoff) is identified. A positive urine drug screen is one in which the concentration of drug metabolites to urine is greater than the established cutoff.

The term "drug" for the purposes of this document includes illicit drugs, prescription drugs and alcohol. There currently exists great variability in panels of drugs tested, detection thresholds and frequency of drug testing. This paper presents recommendations for drug screening standards for use by boards of nursing and alternative/monitoring programs to be used in board orders and alternative/monitoring program agreements/contracts.

Recommended Parameters

The key drug screening standards recommended are:

Frequency of testing – During first year of treatment when relapse percentages are highest, a minimum of 18-24 random tests should be conducted. During the second year of monitoring/ documented recovery, a minimum of 12 random drug screens should be conducted with the frequency decreasing with further sustained recovery and compliance.

Specimen collection methods – An observed collection is the preferred and most reliable method; if an observed collection is not available, the minimum standard is a dry room collection.

Notification of nurse to submit to testing – The nurse should be required to call on a daily basis to ascertain if he or she is required to submit to drug screening on that date.

Timeframe for testing – The specimen is submitted on the same date as the notice to test. The drug of choice or suspected abuse may warrant a decreased submission time.

What drugs to test – See drugs listed on the recommended minimum basic panel in the table below. All drug screen panels should include the individual's known drugs of choice/abuse in addition to basic panel. Additionally ethyl glucuronide (EtG) testing for alcohol use is recommended at a minimum for persons with alcohol as a known drug of abuse or to confirm a disputed positive urine alcohol result.

Threshold level (cutoff) – Thresholds are specific for the drug/analyte being tested. See the table below for summary of recommended minimum screening and confirmation levels.

Specimen Validity Testing – Confirming that the urine specimen is valid for drug screening and detection includes validating temperature, pH, specific gravity, creatinine and the absence of oxidizing adulterants (e.g., nitrites).

Chain of custody – Protocol parameters include specimen identification; documentation of who had possession of the specimen; when and how the specimen was transported and stored before it was analyzed, thereby preventing unauthorized access to the specimen; adulteration or tampering; and misidentification of the specimen and donor.

Compliance Issues – The two most common drug screening noncompliance issues involve failure to test and positive drug screen findings. Contractual agreements between the laboratory and nursing board/designee should include a provision for the timely notification of a failure to test or positive results. Board orders or contractual agreements between the licensee and the nursing board/designee should contain sanctions for failure to comply including notification of the nursing employer and removal or suspension from practice.

RECOMMENDED MINIMUM BASIC PANEL (URINE)

Drug	Initial Drug Test Level – Immunoassay	Confirmatory Drug Test Level – GC/MS
Ethyl Alcohol	0.01% (enzymatic)	0.01% (GC)
Amphetamines[1]	1000 ng/ml	200 ng/ml Amphetamine 500 ng/ml Methamphetamine
Benzodiazepines[2]	200 ng/ml	200 ng/ml
Propoxyphene/metabolite	300 ng/ml	100 ng/ml
Barbiturates[3]	200 ng/ml	200 ng/ml
Cocaine/metabolite	300 ng/ml	150 ng/ml
Cannabinoids	20 ng/ml	10 ng/ml
Opiates[4] Includes Synthetics	300 ng/ml	300 ng/ml
Meperidine/metabolite	200 ng/ml	100 ng/ml
Methadone/metabolite	300 ng/ml	100 ng/ml
Tramadol	200 ng/ml	100 ng/ml
Ethylglucuronide (EtG)	500 ng/ml (LC/MS-MS)	500 ng/ml (LC/MS-MS)

OTHER COMMONLY TESTED SUBSTANCES

Drug	Initial Drug Test Level – Immunoassay	Confirmatory Drug Test Level – GC/MS
Ketamine	300 ng/ml	100 ng/ml
Pentazocine (Talwin)	200 ng/ml	100 ng/mL
Butorphanol (Stadol)	100 ng/ml	100 ng/ml
Fentanyl	0.5 ng/ml	0.4 ng/ml
Meprobamate (Soma)	100 ng/ml	100 ng/ml
Nalbuphine (Nubain)	200 ng/ml	200 ng/mL
Phencyclidine	25 ng/ml	25 ng/ml
Drug of Choice (if not included above)	Level of Detection (LOD) using suitable technology	LOD

[1] Amphetamines include Methamphetamine.

[2] Benzodiazepines include drugs such Alprazolam (Xanax), Chlordiazepoxide (Librium), Lorazepam (Ativan), Nordiazepam, Oxazepam (Serax), Temazepam (Restoril), Triazolam (Halcion), Clonazepam (Klonopin), Estazolam, Halazepam (Paxipam), Midazolam (Versed), Diazepam (Valium), Flurazepam (Dalmane), Nitrazepam (Somnibel), Prazepam (Sentrax), and Triazolam (Halcion).

[3] Barbiturates include drugs such as Amobarbital, Butalbital, Pentobarbital, Phenobarbital, and Secobarbital.

[4] Opiates and synthetic narcotics include Codeine, Morphine, Hydromorphone, Hydrocodone, and Oxycodone. Detecting oxycodone may require an additional synthetic opiate test and should be included in the contract between the monitoring authority and the drug-testing laboratory. The Fentanyl analogs require separate immunoassay. Butorphanol, Ketamine, Meperidine, Nalbuphine, and Tramadol require separate immunoassay.

Drug Screening as a Regulatory Tool

Introduction

Drug screening provides an important tool to assist boards of nursing in monitoring individuals whose licenses are encumbered by reason of substance abuse/chemical dependency and assuring patient safety. Drug screening is also an important tool used in alternative program monitoring and treatment follow-up of licensees with a prior substance abuse or addiction history.

Purpose

This paper presents recommendations for drug screening standards for use by boards of nursing and alternative/monitoring programs to be used in board orders and alternative/monitoring program agreements/contracts. The key parameters for drug screening addressed in this paper are:

- Random testing and for cause testing
- Frequency of testing
- Who collects specimen
- Specimen collection methods
- Notification of nurse to submit to testing
- Time frame for testing
- Who tests specimen
- What drugs to test
- Specimen validity testing
- Special alcohol testing issues
- Compliance
- Positive drug tests.

Guiding Principles

1. The purpose of nursing regulation is to protect the public.
2. Nurses working under the influence of drugs or alcohol place patients, colleagues and themselves at risk of harm.
3. The term “drug” for the purposes of this document includes illicit drugs, prescription drugs and alcohol.
4. Chemical dependency is a disease process where relapse and return to drug use is not uncommon, particularly during the early phases of recovery. Drug testing may serve as a deterrent to drug use and assists in the identification of relapse.
5. Urine drug testing is quantitative with the purpose of determining the presence or the absence of a drug in the urine at a specified threshold concentration (cutoff). A positive urine drug screen is not an indicator of level of impairment but rather an indicator of drug/alcohol use.
6. Drug testing is the most reliable indicator of abstinence. There currently exists great variability in panels, detection thresholds and frequency of testing. As technology improves detection of drug use will also improve.
7. A drug threshold (cutoff) level should not be lower than the technology in use is capable of testing.
8. With the increasing value placed on urine substance screening there has come increasing attempts to “beat the test.” Specimen validity is a critical component of drug testing and is used to determine whether a specimen has been diluted, substituted or adulterated.

Terminology

Drug use testing may be conducted on bodily fluids (i.e., urine, blood and saliva) to detect the presence of unauthorized or illegal drugs. Drug use testing may also be conducted on hair.

Two-step testing is the process used for drug testing in laboratories. The initial screen of a urine sample is commonly performed using immunoassay. Other techniques may be applicable. Positive results, those that are equal to or greater than the established threshold, are further analyzed for confirmation by gas chromatography/mass spectrometry (GC/MS). GC/MS provides specific information on the amount and kind of drug present in a urine sample. This two-step process is done to prevent false positive results from being reported and is the standard in the drug testing industry. *Note: the procedures for ethanol include enzymatic initial assay and gas chromatography for the confirmation test.*

False negative refers to a test that reports negative but was actually positive. The most common cause of a false negative report is related to intentional dilution or adulterated specimens.

False positive refers to a test that reports positive but was actually negative. GC/MS analysis is used to reduce or eliminate the “false” positive that may be detected in the initial screening immunoassay.

Dilute urine is a urine specimen with creatinine and specific gravity values that are lower than expected for human urine. A specimen in which the creatinine is greater than or equal to 2 mg/dL but less than 20mg/dL and the specific gravity of the sample is greater than 1.0010 but less than 1.0030 is reported as “dilute.”

Substituted urine is a urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine. A specimen is reported as “substituted” if the urine creatinine is less than 2 mg/dL and specific gravity is less than or equal to 1.0010 or greater than or equal to 1.0200.

Adulterated urine is a urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration. A specimen is reported as “adulterated” when:

- The nitrite concentration is greater than or equal to 500mcg/mL.
- The pH is less than 3 or greater than or equal to 11.
- The specimen contains an exogenous substance that is not a normal constituent of urine or an endogenous substance at a higher concentration than normal physiological concentration is present in the specimen.

Threshold level (cutoff) is specific for the drug/analyte being tested. The threshold level is the concentration of drug/analyte, which is a specimen with a concentration equal to or greater than the cutoff is reported as “positive.” At the present, with the exception of federally mandated testing, most laboratories establish their own threshold levels. The level may be set for technical reasons (i.e., a particular lab technique cannot reliably detect concentrations below that value). There also may be clinical or business reasons. For example, a higher threshold on the initial immunoassay results in less initial positive findings and thus less need for retesting and confirmation by GC/MS, a more expensive test to perform. As most boards of nursing and alternative programs use a “zero-tolerance” approach to drug screening for monitoring sobriety, the cutoff levels should be based more on the reliability of technique rather than to minimize the number of people detected.

National Laboratory Certification Program is the U.S. Department of Health and Human Services program that certifies laboratories to test specimens for a five-drug panel and specimen validity. The SAMHSA Department of Transportation (DOT) Program five-drug test panel includes: (1) Amphetamine and Methamphetamine, (2) Cocaine Metabolite, (3) Marijuana Metabolite, (4) Opiates (e.g., Codeine, Morphine and 6-Acetylmorphine) and (5) PCP. This panel was developed to meet the needs of most federal workplaces. Boards of nursing and alternative programs routinely test for additional drugs that nurses may use and have access to in the workplace.

Medical Review Officer (MRO) is a licensed physician (MD or DO) who has specialized training in interpreting and evaluating positive test results and is knowledgeable of substance abuse disorders. The MRO has the following responsibilities:

1. Determine that the information on the chain of custody form is forensically and scientifically supportable
2. Interview the licensee when required
3. Make a determination regarding the test result
4. Report the verified result
5. Maintain records and confidentiality of the information
6. Testify, if needed, regarding the interpretation and validity of positive results.

Key Parameters in Drug Screening

Random Drug Screening, as a monitoring requirement in a board disciplinary order or an alternative program agreement/contract, with limitation on the amount of time from notification to the time of submission/collection is the best method to control against adulteration, dilution or substitution. A nurse with an encumbered license or an alternative program agreement may also be directed to submit to drug screening *for cause* when there is suspected or reported use or relapse.

Frequency of Testing – Because relapse occurs more frequently within the first year of recovery, drug testing should be conducted more frequently early in treatment and recovery. With a longer period of documented recovery and compliance, frequency of testing may be decreased. If there is suspected use, relapse or other red flags, frequency of testing should be increased for the time necessary to gain additional objective information. The recommended minimum frequency of drug testing during the first year of monitoring/documented sobriety should be 18-24 tests. The recommended minimum frequency of drug testing during the second year of monitoring/documented recovery should be 12 tests. When considering the frequency of testing, other case-by-case criteria to consider include:

- Length of time without use (longer sobriety equals less frequent testing)
- Identified or reported as impaired on the job versus no job related impairment identified
- Expert evaluator findings and recommendations from the treatment program
- Severity of disease
- Multiple drug use
- Prior history of treatment and relapse history
- Work setting (supervised, observed practice equals less frequent testing; isolated, independent work setting equals more frequent testing).

Who Collects Specimen? Individuals who have been trained and demonstrate competency as urine specimen collectors.

How is a Specimen Collected? An observed collection is the preferred and most reliable method in preventing substitution or tampering with a specimen. If an observed collection not available, the minimum standard is a dry room collection. A dry room requires that the only source of water available in the room is in the commode. The water supplying the commode contains a dyeing agent (most commonly blue) to prevent or detect the substitution of toilet water. An observed collection should be required if a dry room is not available or the nurse has a prior history of substitution, dilution, and/or adulteration of specimens or if a report of the nurse substituting, diluting or adulterating specimens is received.

Notification for Testing – The nurse should be assigned a color, number or other unique code. It is recommended that the nurse be required to call on a daily basis to ascertain if their color, number or code has been selected for drug screening and be required to submit to drug screening on the date that their assigned color, number or code is posted.

Time Frame for Testing – Several of the drugs of abuse have short detection time frames. The recommended standard is to require submission of a specimen on the same date as the notice to test. Depending upon the drug of abuse and the detection period, a shorter time frame may be warranted.

Chain of Custody – An important consideration for drug testing is to maintain the documentation of the collection, transportation and laboratory testing of a specimen. Chain of custody is the process and documentation of proper specimen identification and handling from the time of collection until completion of testing. The chain of custody protocol assures the specimen belongs to the individual whose information is printed on the specimen bottle label (or is associated with the ID on the chain of custody form and the ID on the specimen bottle), no adulteration or tampering has taken place, exactly who had possession of the specimen, when and how the specimen was transported and stored before it was analyzed, no unauthorized access to the specimen was possible and the specimen was handled in a secure manner. A chain of custody must be maintained for the drug test findings to stand up to legal challenges. *Note: the courier who transports the sealed specimen package from the collection site to the laboratory does not sign the chain of custody since the courier does not have direct access to the specimen. The specimen is sealed inside a shipping container.*

Specimen Validity Testing – Testing for dilution, substitution and adulteration of the urine specimens is known as specimen validity testing (i.e., making sure the specimen is valid for testing). The usual parameters for which the sample is tested include temperature, pH, specific gravity, creatinine and oxidizing adulterants (e.g., nitrites). Every specimen should be tested for validity.

The temperature of the urine at the time of collection is recorded and verified to be consistent with the temperature of urine exiting the body. If the temperature is outside of the 90–100° F range, the specimen should be considered invalid.

Creatinine is a normal metabolic waste product that a person excretes into their urine, producing and excreting about the same amount of creatinine each day. Creatinine is measured in units of milligrams per deciliter or mg/dL. The expected concentration of creatinine is equal to or greater than 20 mg/dL. If the creatinine is less than 20 mg/dL, a second test for dilution, specific gravity, should be conducted. This test measures the amount of dissolved substances in the urine. See definition for "dilute" in ***terminology*** above.

Substitution can occur by substituting urine with a nonurine fluid, by adding other fluids directly into the urine or by consumption of very excessive amounts of fluids. Another method of substitution, which may not be picked up during the dilutions tests, involves substituting and submitting "clean" urine. The two most common methods for submitting "clean" urine is through catheterization or by placing clean urine is a small vial that may be undetected by the collection site personnel. Submission of a substituted specimen should be interpreted as refusal by the nurse to submit to a drug test. See definition of "substituted" in ***terminology*** above.

Dilute specimens may be caused by ingestion of large amounts of fluids; various medications (e.g., diuretics, antihypertensives, psychotropics); or various medical conditions (e.g., kidney, congestive heart failure, diabetes or polydipsia). Deliberate ingestion of large amounts of fluids or taking medications or substances with diuretic properties is the most common method of attempting to avoid drug detection. A dilute specimen is an invalid specimen for determining the presence of drugs. It is recommended that a person submitting a dilute specimen be required to resubmit another specimen upon the identification of the dilute specimen. Further submission of dilute specimens may warrant a medical review to rule out any underlying medical causes and should be considered noncompliance absent a medical reason. See definition of "dilute" in ***terminology*** above.

Adulteration occurs when a foreign substance is added to the urine specimen in order to interfere with the testing. Substances such as bleach, acids, Drano, salt and Visine have long been used to adulterate specimens. Brand names of products designed for this purpose include Klear, Urine Luck, Whizzies and THC Free. The most common adulterants today are oxidants, acids and bases.

Oxidants are chemicals that react primarily to destroy marijuana metabolites in the urine. Oxidants include nitrite, chromium (VI), bleach and many other compounds. Nitrites have been the most common oxidant used over the last five years. New oxidants are packaged and sold as adulterants each year making it difficult for laboratories to keep up with new oxidant products.

Acids and bases change the pH of the urine. Acids cause a low pH and bases cause a high pH value. In both cases, the drug test may not work properly. Specimens are considered adulterated if the pH is too low (less than 3) or if the pH is too high (greater than or equal to 11.0).

If a specimen is dilute, adulterated or substituted, or if it is suspected that a specimen has been substituted with "clean" urine, the lab should notify the monitoring program. The nurse should be notified to retest on or before the next business day. In addition, the time allowed for the nurse to report for testing after notification should be reduced to two hours, minimizing the opportunity for tampering with the results.

What Drugs Should be Screened – See drugs listed on the recommended Minimum Basic Panel in Table 1. All drug screen panels should include the individual's known drugs of choice/abuse in addition to any standard panel.

Drug Testing Thresholds (Cutoffs) – The concentration of drug/metabolite is used to differentiate "positive" from "negative" results. The confirmation (GC/MS) thresholds are set at or below the cutoff of the initial screening immunoassay as GC/MS testing is precise, accurate and reliable.

NCSBN's Discipline Resources Advisory Panel surveyed Member Boards and consulted with toxicologists in recommending the following minimum thresholds on both the initial screening immunoassay and GC/MS confirmation. In consulting experts regarding appropriate cutoff levels, two approaches were identified:

- A zero-tolerance approach – any positive test regardless of the level, confirmed by GC/MS, arguably provides the most sensitive approach to identifying drug use. Although recent advances in technology may make this possible, it is currently expensive and not widely available.
- Recommended cutoffs values, where a negative test is considered whenever a urine specimen value is below the established and standardized cutoff level, arguably a more practical approach because of the availability and cost effectiveness for both boards and nurses being monitored.

Table 1. Recommended Minimum Basic Panel (Urine). *Note: As drug detection technology continues to improve and becomes more widely available and cost effective, the screening and confirmation levels are likely to decrease. The threshold levels should be reevaluated periodically and adjusted as the industry standard changes and technology advances.*

Drug	Initial Drug Test Level – Immunoassay	Confirmatory Drug Test Level – GC/MS
Ethyl Alcohol	0.01% (enzymatic)	0.01% (GC)
Amphetamines[1]	1000 ng/ml	200 ng/ml Amphetamine 500 ng/ml Methamphetamine
Benzodiazepines[2]	200 ng/ml	200 ng/ml
Propoxyphene/metabolite	300 ng/ml	100 ng/ml
Barbiturates[3]	200 ng/ml	200 ng/ml
Cocaine/metabolite	300 ng/ml	150 ng/ml
Cannabinoids	20 ng/ml	10 ng/ml
Opiates[4] Includes Synthetics	300 ng/ml	300 ng/ml
Meperidine/metabolite	200 ng/ml	100 ng/ml
Methadone/metabolite	300 ng/ml	100 ng/ml
Tramadol	200 ng/ml	100 ng/ml
Ethylglucuronide (EtG)	500 ng/ml (LC/MS-MS)	500 ng/ml (LC/MS-MS)

Other Commonly Tested Substances

Drug	Initial Drug Test Level – Immunoassay	Confirmatory Drug Test Level – GC/MS
Ketamine	300 ng/ml	100 ng/ml
Pentazocine (Talwin)	200 ng/ml	100 ng/mL
Butorphanol (Stadol)	100 ng/ml	100 ng/ml
Fentanyl	0.5 ng/ml	0.4 ng/ml
Meprobamate (Soma)	100 ng/ml	100 ng/ml
Nalbuphine (Nubain)	200 ng/ml	200 ng/mL
Phencyclidine	25 ng/ml	25 ng/ml
Drug of Choice (if not included above)	Level of Detection using suitable technology (LOD)	LOD

THE CHALLENGE OF ALCOHOL (ETHANOL) TESTING

Traditional ethanol testing utilizes breath, blood, saliva or urine. The half-life of ethanol is relatively short, and thus detecting alcohol use in an abstinence-based, zero-tolerance monitoring program has been a challenge. Additionally, there have been challenges in interpreting ethyl alcohol in urine tests, particularly in the diabetic population.

ETHYL GLUCURONIDE (ETG)

Ethyl glucuronide (EtG) is a metabolite of ethanol found in urine. It can be detected up to 80 hours after the last ethanol use, depending on the established cutoff. This offers a sensitive and specific method for a lab-based test.

Approximately 92–95 percent of ingested ethanol is converted to “metabolites” that are excreted as acetaldehyde and acetic acid (acetate). A small percentage of the ethanol is excreted from the body through urine, sweat and breath as unchanged ethanol. Only 0.02–0.06 percent is formed into EtG. This metabolite of ethanol is formed via complex biochemical pathways primarily in the liver.

The concentration of EtG is measured in nanograms per milliliter (parts per billion), whereas blood alcohol is measured in grams per deciliter (parts per hundred). Advances in instrumentation, including GC/MS, LC/MS and LC/MS-MS, allow for the accurate quantification and identification of the EtG metabolite in urine.

Comparison of Detection Times for EtG and Ethanol

Urinary levels of EtG are detectable from shortly after alcohol consumption to as many as – three to five days following alcohol consumption; generally this is approximately 80 hours after complete elimination of ethanol from the body. In contrast, blood and urine ethanol can normally be detected for only a few hours after ethanol consumption. Thus, EtG can be used to detect recent intake of ethanol, even when the ethanol dose has been eliminated from the body. The studies that were conducted to reach these conclusions were carefully monitored for ethanol consumption and excretion, as well as concurrent water consumption.

There are numerous over-the-counter (OTC) medications that contain ethanol. Food and beverage flavorings may utilize trace amounts of ethanol. The ingestion of these products may result in detectable levels of EtG. For zero-tolerance programs such as licensees who are subject to

[1] Amphetamines include Methamphetamine.
[2] Benzodiazepines include drugs such Alprazolam (Xanax), Chlordiazepoxide (Librium), Lorazepam (Ativan), Nordiazepam, Oxazepam (Serax), Temazepam (Restoril), Triazolam (Halcion), Clonazepam (Klonopin), Estazolam, Halazepam (Paxipam), Midazolam (Versed), Diazepam (Valium), Flurazepam (Dalmane), Nitrazepam (Somnibel), Prazepam (Sentrax), and Triazolam (Halcion).
[3] Barbiturates include drugs such as Amobarbital, Butalbital, Pentobarbital, Phenobarbital, and Secobarbital.
[4] Opiates and synthetic narcotics include Codeine, Morphine, Hydromorphone, Hydrocodone, and Oxycodone. Detecting oxycodone may require an additional synthetic opiate test and should be included in the contract between the monitoring authority and the drug-testing laboratory. The Fentanyl analogs require separate immunoassay. Butorphanol, Ketamine, Meperidine, Nalbuphine, and Tramadol require separate immunoassay.

substance abuse monitoring, the use of EtG is a more reliable indicator of abstinence than urine ethanol testing. However, to avoid incidental exposure of alcohol through mouthwashes, over the counter medications and other products (e.g., alcohol-based hand sanitizers), the monitoring contract should specify that any use of any product that results in a positive EtG test as a result of containing alcohol shall be considered a positive drug screen for alcohol.

Evaluation of Alcohol Ingestion

The presence of EtG in a urine sample is an indication of prior use (within past three to five days). There is no established correlation between the concentration of EtG in urine and the amount or type of ethanol consumption, precise time of ethanol intake and a person's drinking pattern (Childs, 2006).

For a zero-tolerance program, it is recommended that all tests should include EtG testing for alcohol because of the availability of alcohol as a legal substance and the propensity to change from drug of choice to what is available. EtG can be used to confirm a positive ethyl alcohol from an immunoassay. At a minimum, EtG should be used if alcohol is the individuals' drug of choice and should be used to further validate the results of any contested positive ethanol results.

HAIR TESTING – AN ADJUNCT TO URINE DRUG SCREENS IN SELECT SITUATIONS

Some monitoring programs are using hair testing in addition to requirements for random urine screening. Drugs that can be detected through hair analysis include cocaine, marijuana, opiates (including heroin), amphetamines (both methamphetamine and Ecstasy) and phencyclidine (PCP). Because it takes approximately seven to 14 days post use for the drug to be detected through hair testing, it is ineffective in situations where active impairment/use is suspected. Hair testing is most commonly used in monitoring abstinence in health care professionals who have access to and a history of using drugs that have short detection times in the urine such as Fentanyl and other similar drugs. Although it is not useful in assessing for current use and lacks the specificity to identify when and how much of the drug was consumed, it is useful for monitoring individuals in abstinence-based (zero-tolerance) programs as the detection period is up to three months or longer. Unlike urine drug testing, temporary abstention will not beat the test. Hair analysis has been subject to recent legal challenges including variance in uptake of drug in hair based on color of hair and interpretation of how drugs are incorporated into the hair. Further, analysis of drug/metabolite in hair lacks the history and accreditation of forensic urine drug testing.

COMPLIANCE ISSUES AND RECOMMENDATIONS

Boards of nursing and monitoring programs frequently deal with noncompliance of the nurse in regards to drug screening. The two most common drug screening noncompliance issues are failure to test and positive drug screen findings. To provide for more uniform and standardized initial responses and review of noncompliance, the following recommendations are made:

- If the nurse fails to submit to a routine random drug screen:
  - Drug testing laboratory notifies the designated monitor/agency within one business day. (Contractual agreements between the laboratory and nursing board/monitoring designee should include a provision for notification of failure to test.)
  - Licensee is notified of the need to submit to a urine drug screen within one business day.
  - Licensee is contacted and interviewed by the designated monitor regarding the failure to submit.
  - Compliance reviewed – additional action and/or evaluations may be warranted as failing to submit to testing is a way to avoid detection of drug use.

- Positive drug screen for unauthorized drug (illegal, not prescribed, or not medically authorized) or submission of adulterated or substituted specimen:
  - Drug testing laboratory notifies the designated monitor/agency within one business day. (Contractual agreements between the laboratory and nursing board/monitoring designee should include a provision for notification of positive, adulterated or substituted results.)
  - Submission of an adulterated or substituted specimen is deemed a positive drug screen and noncompliance.
  - Licensee is notified of the results and is required to refrain from practice until further evaluation and a determination is made by the board, designee or monitoring program regarding safeness to practice and further sanctions. It is recommended that language be included in board orders, consent agreements and alternative program stipulated agreements requiring the licensee to refrain from nursing practice until evaluated and further review and action determined. It is additionally recommended that state's Nurse Practice Act (NPA) contain language reflecting that failure to comply with a board order, consent agreement or alternative program agreement is grounds for disciplinary action. An example of model NPA language is: "Unprofessional conduct includes, whether occurring in this state or elsewhere, failing to comply with a stipulated agreement, consent agreement or board order." (Arizona NPA ARS 32-1601(16) i.)
    - MRO review and determination of all positive findings in which the licensee disputes the validity of the positive results should be made available to the licensee and at the licensee's expense.

Conclusion

There are unique characteristics to consider whenever monitoring health care professionals for substance use/abuse/dependency:

- High stakes are involved for patients and for the subject nurses.
- Health care professionals are sophisticated and knowledgeable about drugs.
- Health care professionals often come to the attention of state licensing authorities after some significant event has occurred whether it be legal, personal or professional/work related.
- Health care professionals are knowledgeable about drug screening and methods to "beat the test." The have access to equipment and supplies including clean "urine" that can be used to avoid drug use detection.
- Health care professionals are often reluctant to be truthful and revealing to employers and state licensing authorities regarding their substance abuse/addiction. (Denial is a characteristic of the disease of chemical dependency.)
- Drug use by health practitioners has great potential to affect the patients receiving their care.

Drug testing is a valuable tool for monitoring compliance with board orders and alternative program agreements and in assuring patient safety in a population of known substance abusers/addicts who are or will be returning to nursing practice. The panel of drugs tested should be consistent with the drugs commonly available and abused by health care professionals. Additionally the panel of drugs should include known drugs of abuse by the individual. Just as the panel of drugs is subject to change as new and addictive drugs come available, the detection limits of drug metabolites is subject to change with advancements and improvement in technology and availability. The guiding principle should be based upon the board's mandate of protection of patients.

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Report of the Examination Committee

Recommendations to the Delegate Assembly

1. **Adopt the proposed 2007 NCLEX-RN® Test Plan.**

   Rationale

   The Examination Committee reviewed and accepted the *Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2006) as the basis for recommending revisions to the 2004 *NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from the Member Boards, and the professional judgment of the Examination Committee provide support for the recommendation to the Delegate Assembly to adopt the 2007 *NCLEX-RN® Test Plan*.

Background

As a standing committee of NCSBN, the Examination Committee is charged with providing psychometrically sound and legally defensible entry-level nurse licensure assessments to NCSBN Member Boards of nursing. In order to accomplish this outcome, the Committee monitors the NCLEX-RN® and NCLEX-PN® examination process to ensure policies, procedures and standards utilized by the program meet and/or exceed guidelines proposed by the testing and measurement industry. The Examination Committee investigates potential future enhancements to the NCLEX examinations, evaluates additional international testing locations, recommends passing standards for English language proficiency examinations used by Member Boards and monitors all aspects of the NCLEX® examination process including item development, examination security, psychometrics, and examination administration to ensure consistency with the Member Boards' need for examinations. The Examination Committee approves item development panels and recommends test plans to the Delegate Assembly.

Additionally, the Committee oversees the activities of the Item Review Subcommittee, which in turn assists with the item development and review process. Individual Examination Committee members act as chair of the Item Review Subcommittee on a rotating basis. Highlights of the activities of the Examination Committee and Item Review Subcommittee activities follow.

The Committee welcomed five new Examination Committee members this year and staff developed a program to orient the new members to the business of the Committee. Two one-hour long webinars, which addressed the four areas of the NCLEX Examinations Department, were given on Oct. 4-5, 2005. A webinar is a presentation that is transmitted over the Web. A key feature of a webinar is its interactive elements that provide the ability to give, receive and discuss information via the web. An orientation manual was also sent to each new member as a complement to the webinars.

Highlights of FY06 Activities

ENTRY-LEVEL NURSE COMPETENCE IS ASSESSED BY THE NCLEX EXAMINATIONS

2007 NCLEX-RN® Test Plan

At its October 2005 meeting, the Examination Committee reviewed the results of the *Report of the Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice. Empirical data from the 2005 RN Practice Analysis* was used to evaluate the *2004 NCLEX-RN® Test Plan* in order to determine if changes were needed. After an in-depth discussion and careful deliberation, the committee decided to retain the general framework and percentage of items allocated to test plan categories and subcategories.

The Committee reviewed the 2004 *NCLEX-RN® Test Plan* and recommended minor changes. A draft of the proposed 2007 *NCLEX-RN® Test Plan* was sent to all 60 Member Boards in November 2005 for feedback. During its April 2006 business meeting, the Examination Committee considered all feedback. After discussion and deliberation, a final draft of the proposed 2007 *NCLEX-RN® Test* Plan was developed as noted in Attachment B.

Members

Examination Committee

Sheila Exstrom, PhD, RN, Chair
Nebraska, Area II

Louise Bailey, MEd, RN
California–RN, Area I

Jessie Daniels, MA, RN
Minnesota, Area II

Claire Doody-Glaviano, MN, RN
Louisiana–PN, Area III

Mary Kay Habgood, PhD, RN
Florida, Area III

Lorinda Inman, MSN, RN
Iowa, Area II

Betty Kent-Conant, MSN, RN
Maine, Area IV

Laurette Keiser, MSN, RN
Pennsylvania, Area IV

Cheryl Koski, MN, RN
Wyoming, Area I

Patricia Spurr, EdD, MSN, RN
Kentucky, Area III

Board Liaison

Myra Broadway, JD, MS, RN
Maine, Area IV

Item Review Subcommittee

Cheryl Anderson, MS, RN
California–VN, Area I

Beverly Foster, MPH, PhD, RN, MN
North Carolina, Area III

Karen Gilpin, MSN, RN, CNAA
Kansas, Area II

Sylvia Homan, MSN, RN, MSCE
Alabama, Area III

Jean Houin, RN
Louisiana–PN, Area III

Mary Ann Lambert, MSN, RN
Nevada, Area I

Teri A. Murray, PhD, RN
Missouri, Area II

Renee Olson, LPN
North Dakota, Area II

Donna Roddy, MSN, RN
Tennessee, Area III

Linda Shanta, MSN, RN
North Dakota, Area II

G. Joan Sheverbush, MS, MN, RNC
Kansas, Area II

Eve Sweeney, MSN, RN, CS
Rhode Island, Area IV

Calvina Thomas, PhD, RN
Arkansas, Area III

Sandra Webb-Booker, PhD, RN
Illinois, Area II

Barbara Zittel, PhD, RN
New York, Area IV

Staff

Anne Wendt, PhD, MSN, RN, CAE
Director, NCLEX Examinations

Meeting Dates

Examination Committee
- Oct. 26-28, 2005
- Jan. 26-27, 2006
- April 26-28, 2006
- June 19, 2006, Conference Call
- July 19, 2006, Conference Call

Item Review Subcommittee
- Dec. 6-9, 2006
- March 8-10, 2006
- June 13-16, 2006
- Aug. 15-18, 2006

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objective 2
Facilitate timely information sharing and networking opportunities.

Strategic Initiative IV
Position NCSBN as the premier organization to measure entry and continuing competence of nurses and related health care providers.

Strategic Objective 1
NCLEX® is the premier examination for entry into practice.

Strategic Objective 2
Develop a strategic communication plan on public protection benefits of the NCLEX examinations.

Strategic Objective 5
Explore innovations in testing to measure entry-level competency.

Strategic Initiative VI
Advance NCSBN as a key partner in nursing and health care regulation in the United States and internationally.

Strategic Objective 2
Administer NCLEX effectively and efficiently at international sites.

CONTINUOUSLY IMPROVE DEVELOPMENT AND ADMINISTRATION OF THE NCLEX EXAMINATIONS.

NCLEX Research

Additional investigation of the new chart/exhibit-type items is being conducted. Due to the uniqueness of these items [three exhibit tabs with additional information needed to answer the question] information is being collected regarding further enhancements and the utility of the format. The results will be used to inform item development and administration.

Joint Research Committee (JRC)

The Joint Research Committee (JRC) is a small group of NCSBN and Person VUE testing staff along with a selected group of testing industry experts that reviews and conducts psychometric research to provide empirical support for the use of the current NCLEX as well as to investigate possible future enhancements.

Several new pieces of research have either been completed or are near a final draft stage. Examples include: examining item order effects on the NCLEX; investigating item response time distributions as indicators of compromised NCLEX item pools; assessing the impact of the item parameter estimation error on the optimal item pool design for the NCLEX-RN; developing innovative items for the NCLEX, evaluating the performance of item quality indices with sparse data matrices; reviewing experimental differential item functioning procedures that address unexpected changes across the ability spectrum within identified groups; and examining how much items change in difficulty over time and development of a procedure to detect such changes.

Revisions to NCLEX References Based on Survey Data

At least every three years, surveys are conducted to determine the textbooks and journals that are used by nursing education programs. The most recent textbook survey was conducted in November 2005. The results of the survey were reviewed by the Examination Committee at its April 2006 meeting. Using the empirical data from the survey, defined criteria, and expert judgment, the committee approved a reference list that is used to validate NCLEX items. The committee reaffirmed that the reference list should be a confidential document.

NCLEX Innovations

In an effort to determine if the NCLEX examination could benefit from exploring innovations in testing to measure entry-level competence, the Examination Committee developed a survey similar to a Member Board survey conducted in 1999. The purpose of the two-staged survey was to gather Member Boards' opinions about important attributes that an entry-level nurse should possess. Results of the survey shown in Table 1 reveals that the five most important attributes as ranked by the respondents were the same five attributes shown in the 1999 survey with a slight change in the order of importance.

Table 1. Important Attributes for Entry-Level RNs (N=48 Member Boards Responding)

Attribute	Rank 2006	Rank 1999
Application of Knowledge to Practice	1	2
Critical Thinking	2	1
Ethical/Moral Standards of Practice	3	4
Competence in Performing Clinical Skills	4	3
Effective Communication Skills (oral, written, electronic & therapeutic)	5	5

As can be seen by Table 2, for the LPN/VN survey results, the five most important attributes are similar, except that, “Effective Communication Skills” ranks as the final of the five attributes for 2006. In 1999, “Caring, Compassion and Empathy” was ranked as one of the five most important attributes whereas in 2006 it was not.

Table 2. Important Attributes for Entry-Level LPN/VNs (N = 46 Member Boards Responding)

Attribute	Rank 2006	Rank 1999
Application of Knowledge to Practice	1	1
Competence in Performing Clinical Skills	2	3
Critical Thinking	3	2
Ethical/Moral Standards of Practice	4	5
Effective Communication Skills (oral, written, electronic and therapeutic)	5	–
Caring, Compassion, Empathy	–	4

After reviewing the results of the 2006 survey, the Examination Committee noted that results have not changed appreciably over the past seven years. Moreover, the committee noted that the membership did not want to increase the cost of the examination nor did they want to increase the length of the examination for candidates. Additionally, there was no mandate from member boards for a “stepped” exam. After careful deliberation and evaluation, the committee concluded that the five identified attributes were being measured by NCLEX with the exception of psychomotor skills needed to perform clinical skills and specific ethical/moral behaviors. Although the NCLEX examination does measure the cognitive aspects of performing clinical skills, it does not measure actual psychomotor skills. Also, the NCLEX does measure aspects of moral and ethical professional standards, but not whether the nurse behaves ethically and morally.

The Examination Committee discussed innovative ways in which the identified attributes could be measured using videos, pictures and sound. The Examination Committee recommended to the Board of Directors in May to continue the investigation of these innovations (video, pictures and sound) for the NCLEX examinations.

Evaluated and Monitored NCLEX Examination Policies and Procedures.

The Committee evaluated the efficacy of the Board of Directors approved examination-related policies and procedures as well as Examination Committee policies and procedures. New policies were created to reflect the process of authorizing test centers to administer the NCLEX. Additionally, revisions were made to pertinent procedures in order to reflect improvements in processes that needed to be changed or refined during the 12th year of the administration of NCLEX via computerized adaptive testing (CAT).

Time Length for the NCLEX-RN

NCSBN implemented the time change of six hours for the NCLEX-RN examination on Oct. 1, 2004. This implementation resulted from NCSBN’s Board of Directors approval of the Examination Committee’s recommendation to extend the time limit of the NCLEX-RN examination to six hours. The recommendation was based on the increasing number of RN candidates running out time. The number of RN candidates running out of time has decreased significantly since the introduction of the additional hour for the administration of the RN examination. In 2003 3.8% of RN candidates ran out of time. In 2004 3.2% ran out of time (only the October quarter candidates received six hours). In 2005 approximately 1.6% of the RN candidates ran out of time. Typically 1.4% of LPN/VN candidates run out of time. It is important to note that running out of time does not explicitly disadvantage the candidate, but it does lessen the degree of confidence that the same result would be obtained by asking a different set of items.

MONITORED ALL ASPECTS OF EXAMINATION DEVELOPMENT

NCLEX-PN® Practice Analysis Panel of Experts

A LPN/VN Panel of Subject Matter Experts was selected from the names submitted by Member Boards, as well as names of nurses residing in the NCLEX Item Development database. The LPN/VN Panel of Experts met on Dec. 11-13, 2005, to develop a comprehensive list of nursing activity statements.

At the January 2006 meeting, the Examination Committee reviewed and approved a list of LPN/VN activity statements and the survey form that will be used for the 2006 LPN/VN Practice Analysis.

Conducted Committee and Item Review Subcommittee Sessions

To ensure consistency regarding the manner in which NCLEX examination items are reviewed before becoming operational, members of the Examination Committee continue to chair Item Review Subcommittee meetings. The Committee and the subcommittee: (1) reviewed RN and PN operational and pretest items; (2) performed face validity of real exams, (3) provided direction regarding RN and PN alternate items; and (4) made decisions addressing revisions to content coding, operational definitions for client needs, cognitive codes and integrated processes, and the NCLEX Style Manual. In addition, the subcommittee and staff currently review 100% of all validations for pretest items and 25% of all validations of operational pool items scheduled for review.

Assistance from the Item Review Subcommittee continues to reduce the Examination Committee item review workload, facilitating the efforts of the Examination Committee toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to assure that the item pools reflect current entry-level nursing practice. At this time the number of volunteers serving on the subcommittee is 19, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs annually and at each meeting.

In January Pearson VUE reported that the April 2006 operational pools would contain items that were successfully pretested in the April and July 2005 testing quarters. This represented a decrease in the time between when an item is pretested and when it is deployed for operational use.

MONITORED ITEM PRODUCTION

Under the direction of the Examination Committee, RN and PN pretest items were written and reviewed by NCLEX Item Development Panels. NCLEX Item Development Panels productivity can be seen in Tables 3 and 4. In addition, the Item Review Subcommittee reviewed real examinations for face validity and provided reports to the Examination Committee. As part of the contractual requirements with the test service, items that use alternate formats have been developed and deployed in item pools. Information about items using alternate formats has been made available to Member Boards and candidates in the *NCLEX® Candidate Bulletin* and on the NCSBN Web site.

NCSBN ITEM DEVELOPMENT SESSIONS HELD AT PEARSON VUE

The number of items produced has increased in April 2005 to March 2006 due in part to the increased item development sessions and process improvements. NCSBN content staff attended most of the sessions to oversee process improvements (*see Tabels 3 and 4*).

Table 3. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed
April 2002 – March 2003	4	47	2,611	7	1,542
April 2003 – March 2004	2	23	1,097	5	1,446
April 2004 – March 2005	1	12	301	4	1,415
April 2005 – March 2006	5	66	2,514	6	2,885

Table 4. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Produced	Review Sessions	Items Reviewed
April 2002 – March 2003	3	33	1,476	6	1,547
April 2003 – March 2004	2	24	968	5	1,611
April 2004 – March 2005	1	11	430	3	2,124
April 2005 – March 2006	4	50	1,938	5	3,682

Evaluated Item Development Process and Progress

The Committee evaluated reports provided at each meeting on item development sessions conducted by the test service. A Committee representative was recruited for each panel. The Committee representative is either a member of the Committee or subcommittee and may be a staff member. The Committee representatives to each panel attended and monitored specific item development sessions and provided feedback to the Committee and to the test service. Overall, panelists and Examination Committee representatives in attendance have rated item development sessions favorably.

Monitored the Development of Operational NCLEX Item Pools

The Examination Committee monitored the configuration of RN and PN operational item pools. The process of configuring operational item pools involves only a few variables, however, the quality control checks performed afterward are based upon both nursing content and psychometric variables. The resulting operational item pools were evaluated extensively with regard to these variables and were found to be within operational specifications. To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan content area; it was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams drawn from previous NCLEX item pool deployments. These conclusions were re-enforced by replicating the analyses using actual candidate data. The Examination Committee will continue to monitor performance of the NCLEX examinations through these and other psychometric reports and analyses.

Member Board Review of Items

Boards of nursing were provided opportunities to conduct reviews of representative examinations and NCLEX pretest items in April and in October of 2005. Boards referred items for Examination Committee review for one of the following reasons: “not entry-level practice,” “not consistent with the nurse practice act” or for “other reasons.” Items referred for “not entry-level practice” reasons were reviewed by an additional item review panel in advance of the Committee’s review. Staff provided the Committee with feedback on all items queried as part of the review process. The Committee provided direction on the resolution of each Member Board item.

In the spring of 2005, six Member Boards referred items to the Examination Committee. In the fall of 2005, four Member Boards referred items. Staff provided Member Boards with feedback on the Committee’s decisions on all referred items. The Examination Committee encourages each Member Board to take advantage of the semiannual opportunities to review NCLEX items.

Item Related Incident Reports

Electronically filed incident reports may be submitted at Pearson Professional Centers when candidates question item content. Pearson VUE and NCSBN staff investigates each incident and report their findings to the Examination Committee. At the October 2005 Committee meeting, four PN items were reviewed and retained and 13 RN items were reviewed, with 11 of the 13 items retained. At the January 2006 Committee meeting, one PN item was reviewed and retained and three RN items were reviewed and retained.

Monitored all Aspects of Examination Administration

Monitored Procedures for Candidate Tracking: Candidate Matching Algorithm

The Examination Committee continued to monitor the status and effectiveness of the candidate-matching algorithm. On a semiannual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months. The most recent check covered the period from April 2005 through March 2006, and compared over 219,000 candidate records. The result of that check revealed that there were no duplicate candidate records and that no repeat candidate records were treated by the system as separate individuals.

Monitored the Security of the NCLEX Examination Administrations and Item Pools

In the last year, the Examination Committee has taken a more proactive approach to security. A tip line (Web, e-mail and phone) has been established to permit candidates, educators and the general public to inform NCSBN about attempts to compromise the NCLEX and NCLEX results. In addition, the Examination Committee has directed efforts to enhance candidate and educator awareness regarding what types of activities are violations of NCSBN policies and test center rules and regulations. Specifically, the examination exit survey administered after the NCLEX Examination now asks the candidate three questions related to their knowledge of the tip line and their confidentiality agreement. Also, the language in the 2006 Candidate Bulletin, the NCLEX Examination Candidate Rules Checklist and the Candidate Agreement (appears after the tutorial) has been strengthened by making more explicit what candidate behavior is not permitted.

In addition to providing mechanisms and opportunities for people to inform NCSBN about problems, NCSBN has also enlisted the aid of a security firm to search the Internet for Web sites and Internet forums that might attempt to trade in NCLEX items. NCSBN staff has also visited many of the international centers to review the physical and procedural security measures that are in place. In FY06, staff visited and/or anticipates visiting Canada, Germany, Hong Kong, India, Korea and Taiwan. NCSBN staff, Pearson VUE staff and the Examination Committee continue to be vigilant regarding the administration and the security of the NCLEX examination in domestic and international test sites.

Compliance with the 30/45 Day Scheduling Rule

The Examination Committee monitors compliance with the 30/45-day scheduling rule. For the period of April 1, 2005, to Oct. 31, 2005, there were no candidates scheduled out of compliance in domestic sites, out of 151,072 candidates testing. A dedicated department at Pearson VUE continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites go over 80 percent capacity levels.

Responded to Member Board Inquiries Regarding NCLEX Examination Administration

As part of its activities, the Committee and NCSBN NCLEX Examinations Department staff responded to Member Boards' questions and concerns regarding administration of the NCLEX examinations. The Examination Committee has continued to follow up on post-test service transition activities and has responded to various inquiries regarding system enhancements.

More specific information regarding the performance of NCLEX test service, Pearson VUE, can be found in the Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX®) available in Attachment C of this report.

Alternative Language Assisted NCLEX

In FY05 NCSBN's Board of Directors directed staff to request from Pearson VUE a technical feasibility study related to producing a Spanish version of NCLEX. The Board of Directors reviewed this report and subsequently asked the Examination Committee to discuss the impact of adding to the existing examination, exhibits that provide a translation of the item into Spanish. The Examination Committee carefully considered the proposed modification and created a list of questions and issues for the Board of Directors to consider as part of the deliberations on this issue. Following is a partial listing of the questions:

1. What does the membership want to do?
2. What languages should NCSBN be considering?
3. Who will shoulder the cost of the examination?
4. Will the exam remain psychometrically sound and legally defensible?

Administer NCLEX Effectively and Efficiently at International Sites

Beginning Jan. 1, 2005, NCSBN began to schedule candidates at international test centers. The three locations of these centers were Hong Kong, China; London, England; and Seoul, South Korea. These three centers meet the same security specifications and follow the same administration procedures as the professional centers located in Member Board jurisdictions. On Jan. 17, 2005, all three international centers began administration of the NCLEX examinations. The 2005 candidate volume, pass rates and country of education for these three international testing centers are provided below. The 2005 data on country of education indicates that, as expected, candidates from the Philippines comprise the vast majority of candidate volume in the London and Hong Kong centers while Korean candidates comprise nearly the total candidate volume at the test center in Seoul.

Table 5. International Test Center Candidate Volume & Pass Rates 2005

	Exams Taken		Exams Passed		Pass Rate	
Test Center	**First Time**	**All**	**First Time**	**All**	**First Time**	**All**
Hong Kong	2,983	3,383	2,101	2,306	70.4%	68.2%
Seoul	1,530	1,949	1,112	1,384	72.7%	71.0%
London	1,019	1,308	528	634	51.8%	48.5%
All International Centers	5,532	6,640	3,741	4,324	67.6%	65.1%
All Domestic Centers: RN	111,666	148,289	93,314	108,823	83.6%	73.4%
All Domestic Centers: PN	54,954	65,394	48,254	52,397	87.8%	80.1%

Note: International test center data included 6,619 RN and 21 PN candidates.

Table 6. International Test Center Candidate Volume by Country of Education 2005

	Hong Kong		Seoul		London	
Rank	**Country**	**Volume**	**Country**	**Volume**	**Country**	**Volume**
1	Philippines	2,615	South Korea	1,921	Philippines	642
2	India	448	India	7	UK	204
3	Taiwan	129	United States	6	India	170
4	Thailand	79	Australia	3	South Africa	50
5	China	31	Taiwan	3	Nigeria	33
All Others		81		9		209
Total		3,383		1,949		1,308

Note: International test center data included 6,619 RN and 21 PN candidates.

The table below reflects the number and proportion of 2005 candidates who tested in the three international test centers by the jurisdiction of intended licensure.

Table 7. International Test Center Candidate Volume by Jurisdiction of Intended Licensure 2005

Jurisdiction	Number of Candidates	Percent of Total Candidates (%)
New York	2,162	32.6
California–RN	1,634	24.6
New Mexico	1,060	16.0
Vermont	462	7.0
Northern Mariana islands	207	3.1
Texas–RN	180	2.7
Florida	142	2.1
Pennsylvania	91	1.4
Maryland	73	1.1
Arizona	68	1.0
Massachusetts	63	0.9
Georgia–RN	61	0.9
Connecticut	47	0.7
Illinois	45	0.7
Nevada	39	0.6
New Jersey	38	0.6
Ohio	30	0.5
Hawaii	29	0.4
Alaska	25	0.4
North Carolina	20	0.3
Michigan	18	0.3
Oregon	18	0.3
Colorado	17	0.3
Arkansas	16	0.2
Alabama	16	0.2
New Hampshire	13	0.2
American Samoa	11	0.2
District of Columbia	7	0.1
South Carolina	6	0.1
West Virginia–PN	6	0.1
Virginia	5	0.1
Washington	5	0.1
Rhode Island	4	0.1
Utah	4	0.1
Kentucky	4	0.1
Nebraska	3	0
Indiana	2	0
Minnesota	1	0

Jurisdiction	Number of Candidates	Percent of Total Candidates (%)
Missouri	1	0
California–VN	1	0
Wisconsin	1	0
West Virginia–RN	1	0
Kansas	1	0
Tennessee	1	0
Mississippi	1	0
Montana	1	0
Total	6,640	100

Note: International test center data included 6,619 RN and 21 PN candidates.

In the beginning of FY06, the Examination Committee was asked by the Board of Directors to evaluate opening additional testing centers in countries where Pearson VUE had opened Pearson Professional Centers (PPCs). Using the relevant pre-established criteria, the Committee recommended to the Board of Directors seven additional countries: Australia, Canada, Germany, India, Japan, Mexico and Taiwan. The Board of Directors approved all of these countries. Within the countries, 13 test centers were made available for the delivery of the NCLEX examinations internationally.

STAKEHOLDERS ARE EDUCATED ABOUT THE NCLEX EXAMINATION PROGRAM AND RELATED PRODUCTS/SERVICES.

Strategic Communication Plan

The Examination Committee developed a strategic communication plan regarding the public protection benefits of the NCLEX examinations. The Committee created several key messages to communicate to identified audiences. The messages are summarized as follows:

- The NCLEX is an efficient and effective mechanism for protecting the public;
- The NCLEX is a “standardized” test that assists nurses to work nationally because their license is portable and maintains its meaning in all jurisdictions;
- The rigorous processes that are used to develop the NCLEX examinations help to ensure that the examinations are psychometrically sound and legally defensible.

A marketing and communication plan using these key messages was developed and the creation of collateral materials has been initiated.

NCLEX Research Presentations

Two research symposiums were accepted and presented at the American Educational Research Association (AERA) annual meeting: “Identifying and Preventing Cheating on Licensing Examinations and Protecting the Public by Licensure,” and “Certification of Healthcare Professional: An Overview of Job Analysis Methodologies.” AERA is an internationally recognized professional organization with the primary goal of advancing educational research and its practical application. Acceptance in the program not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to forge ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of CAT.

Presentations

NCSBN NCLEX Examinations staff conducted more than eight NCLEX informational presentations, workshops and exhibits. In order to ensure NCSBN membership was kept current on the NCLEX program, the NCLEX Examinations department hosted two informational conference calls for Member Boards. Additionally, as part of the departments outreach activities, staff conducted its first board of nursing sponsored regional workshop regarding the NCLEX. The regional workshop

was presented for the purpose of providing information to educators preparing students to take the NCLEX examination and was sponsored by the Minnesota Board of Nursing. These opportunities assist NCSBN's NCLEX Examinations department to educate stakeholders about the examination as well as recruit for NCSBN Item Development panels.

Publications

The Committee continues to oversee development of various publications that accurately reflect the NCLEX examination process. This year the *2005 RN Practice Analysis: Linking the NCLEX-RN® to Practice Analysis* was published, distributed to Member Boards and made available for purchase to the public.

NCLEX Invitational

Historically, the NCLEX Examinations staff has coordinated and hosted an NCLEX Invitational in order to provide Member Boards, educators and other stakeholders an opportunity to learn about the NCLEX Program. Unfortunately, the 2005 NCLEX Invitational was cancelled due to Hurricane Katrina. The 2006 NCLEX Invitational is scheduled for Monday, Sept. 11, 2006, at the Sheraton Society Hill, Philadelphia, Pennsylvania.

NCLEX Program Reports

The Committee monitored production of the NCLEX Program Reports. Starting in October 2005, NCLEX Program Reports were produced by a new subcontractor, Mountain Measurement. With the transition to the new vendor, some aspects of the service have been enhanced. These enhancements include a Web-based system that permits program directors to subscribe on-line as well as the delivery of the reports in electronic format. Now that the reports are in PDF format, subscribers will have the ability to e-mail these reports to those who need it most – the faculty and staff that design curriculum and teach students. They will have the ability to copy and paste relevant data, including tables and charts, into their own reports and presentations. This will be particularly beneficial if their program uses these reports to supplement the academic accreditation process.

NCLEX Unofficial Quick Results Service

Boards of nursing, through NCSBN, offer candidates the opportunity to learn their "unofficial results" (only official results are available from the boards of nursing) through the NCLEX Quick Results Service. A candidate may call or use the Internet to access their unofficial result after two business days from completion of their examination. Currently, 39 boards of nursing participate in offering this service to their candidates. In the last six months approximately 40,000 candidates utilized this service.

Future Activities

- Continue to monitor all administrative, test development and psychometric aspects of the NCLEX Examination program.
- Review the results of the 2006 LPN/VN Practice Analysis.
- Develop a detailed 2007 *NCLEX-RN® Test Plan*.
- Evaluate the 2005 *NCLEX-PN® Test Plan*.
- Conduct an RN Standard Setting Workshop.
- Conduct a continuous online RN Practice Analysis.
- Evaluate enhancements to NCSBN Examination Process.
- Evaluate NCLEX Outreach initiatives.
- Evaluate existing and additional international testing locations.

Attachments

A. Proposed 2007 NCLEX-RN® Test Plan – Strikethrough Copy

B. Proposed 2007 NCLEX-RN® Test Plan – Clean Copy

C. Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX®)

Attachment A

Proposed 2007 NCLEX-RN® Test Plan – Strikethrough Copy

Note:

Highlighted text is information added to the test plan. Strikethrough text is information deleted from the test plan.

National Council Licensure Examination for Registered Nurses

(NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires candidates for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing, Inc. (NCSBN) develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by state, commonwealth and territorial boards of nursing to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN® Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from the ~~2002~~ 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, ~~Smith & Crawford, 2003~~ NCSBN, 2006). ~~More than 4,000~~ Six thousand newly licensed registered nurses are asked about the frequency and priority of performing more than ~~130~~ 150 nursing care activities. ~~These activity statements~~ Nursing care activities are ~~then~~ analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the *NCLEX-RN® Test Plan* which guides the selection of content and behaviors to be tested.

The *NCLEX-RN® Test Plan* provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. Each NCLEX-RN® ~~candidate~~ examination is based on the test plan. ~~Each~~ The NCLEX examination assesses the knowledge, skills and abilities that are essential for the nurse to use to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive ~~complexities~~ abilities that will be tested in the examination and specific ~~parts~~ components of the *NCLEX-RN® Test Plan*.

Beliefs

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs.

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

The registered nurse provides a unique, comprehensive assessment of the health status of the client

(individual, family or group), and then develops and implements an explicit plan of care. The nurse assists clients in the promotion of health, in coping with health problems, in adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a dignified death. The registered nurse is accountable for abiding by all applicable federal, state and territorial statutes related to nursing practice.

Classification of Cognitive Levels

The examination consists of items that use Bloom's taxonomy for the cognitive domain as a basis for writing and coding items (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the ~~NCLEX-RN®~~ examination because it provides a universal structure for defining nursing actions and competencies, and focuses on clients in all settings. ~~across all settings for all clients.~~

Client Needs

~~Four major categories of Client Needs organize the~~ The content of the *NCLEX-RN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are further divided as follows: ~~into a total of six subcategories. The Client Needs categories and subcategories that define the content of the *NCLEX-RN® Test Plan* are:~~

Safe and Effective Care Environment
- Management of Care
- Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity
- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential
- Physiological Adaptation

~~*"Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.*~~

Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the ~~four major~~ Client Needs categories and subcategories:

- *Nursing Process* – a scientific problem-solving approach to client care that includes assessment, analysis, planning, implementation and evaluation.

- *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In

this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired therapeutic outcomes.

- *Communication and Documentation* – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect quality standards of practice and accountability in the provision of care.

- *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

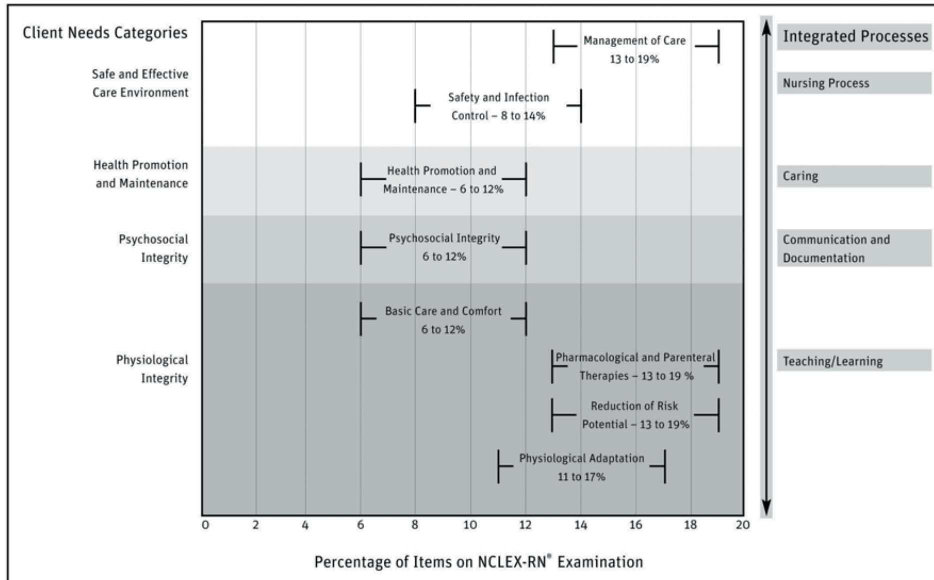
The percentage of test questions assigned to each Client Needs category and subcategory of the *NCLEX-RN® Test Plan* is based on the results of the *Report of Findings from the 20022005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (Smith & Crawford, 2003 NCSBN, 2006), and expert judgment provided by members of the NCSBN Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	13-19%
▪ Safety and Infection Control	8-14%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	13-19%
▪ Reduction of Risk Potential	13-19%
▪ Physiological Adaptation	11-17%

The following processes are integrated into all Client Needs categories and subcategories of the Test Plan: Nursing Process; Caring; Communication and Documentation; and Teaching and Learning.

Again, note that the "health Promotion and Maintenance" and Psychosocial Integrity" categories do not have subcategories.

Distribution of Content for the NCLEX-RN® Test Plan



Overview of Content

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

Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

  Related content includes but is **not limited** to:
  - Advance Directives
  - Advocacy
  - Case Management
  - Client Rights
  - Collaboration with ~~Multidisciplinary~~ Interdisciplinary Team
  - Concepts of Management
  - Confidentiality/ Information Security
  - Consultation
  - Continuity of Care
  - Delegation
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality ~~Assurance~~ Improvement)
  - Referrals
  - Resource Management
  - Staff Education
  - Supervision

- *Safety and Infection Control* – protecting clients, family/significant others and health care

personnel from health and environmental hazards.

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

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

Health Promotion and Maintenance

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

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

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

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

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

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
- Therapeutic Environment
- Unexpected Body Image Changes

Physiological Integrity

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

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

  Related content includes but is **not limited** to:
  - Assistive Devices
  - Complementary and Alternative Therapies
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Palliative/Comfort Care
  - Personal Hygiene
  - Rest and Sleep

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

  Related content includes but is **not limited** to:
  - Adverse Effects/Contraindications and Side Effects
  - Blood and Blood Products
  - Central Venous Access Devices
  - Dosage Calculation
  - Expected Effects/Outcomes
  - ~~Intravenous Therapy~~
  - Medication Administration
  - Parenteral/Intravenous Therapies
  - Pharmacological Agents/Actions
  - Pharmacological Interactions
  - Pharmacological Pain Management
  - Total Parenteral Nutrition

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

  Related content includes but is not limited to:
  - Diagnostic Tests
  - Laboratory Values
  - Monitoring Conscious Sedation
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/ Treatments/Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - System Specific Assessments
  - Therapeutic Procedures
  - Vital Signs

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

  Related content includes but is not limited to:
  - Alterations in Body Systems
  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Infectious Diseases
  - Medical Emergencies
  - Pathophysiology
  - Radiation Therapy
  - Unexpected Response to Therapies

Administration of the NCLEX-RN® Examination

The NCLEX-RN® examination is administered to the candidate by Computerized Adaptive Testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. Items go through an extensive review process before they can be used as items on the examination. Items on a candidate's examination are primarily four-option, multiple-choice items. Other types of item formats may include multiple-choice items that require a candidate to select one or more responses, fill-in-the-blank items, or items asking a candidate to identify an area on a picture or graphic. Any of the item formats, including standard multiple-choice items, may include charts, tables or graphic images.

With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate's ability level. The items, which are stored in a large item pool, have been classified by test plan ~~area~~ category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. ~~An item determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen~~ The next item presented to the candidate is selected from the set of items that measure the candidate's ability most precisely in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all *NCLEX-RN® Test Plan* requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that the candidate may answer ~~during the examination period~~ is 265 during the allotted six-hour time period. Examination instructions ~~(tutorial interface), sample items~~ and all rest breaks are included in the measurement of the time allowed for a candidate to complete the examination.

More information about the NCLEX® examination, including CAT methodology, is listed on the NCSBN Web site: http://www.ncsbn.org.

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Attachment B

Proposed 2007 NCLEX-RN® Test Plan – Clean Copy

National Council Licensure Examination for Registered Nurses

(NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires candidates for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing, Inc. (NCSBN) develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by state, commonwealth and territorial boards of nursing to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN® Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN, 2006). Six thousand newly licensed registered nurses are asked about the frequency and priority of performing more than 150 nursing care activities. Nursing care activities are analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the *NCLEX-RN® Test Plan,* which guides the selection of content and behaviors to be tested.

The *NCLEX-RN® Test Plan* provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. Each NCLEX-RN® examination is based on the test plan. The NCLEX examination assesses the knowledge, skills and abilities that are essential for the nurse to use to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the *NCLEX-RN® Test Plan*.

Beliefs

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs.

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

The registered nurse provides a unique, comprehensive assessment of the health status of the client (individual, family or group), and then develops and implements an explicit plan of care. The nurse assists clients in the promotion of health, in coping with health problems, in adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a dignified death. The registered nurse is accountable for abiding by all applicable federal, state and territorial statutes related to nursing practice.

Classification of Cognitive Levels

The examination consists of items that use Bloom's taxonomy for the cognitive domain as a basis for writing and coding items (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

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

Client Needs

The content of the *NCLEX-RN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are further divided as follows:

Safe and Effective Care Environment
- Management of Care
- Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity
- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential
- Physiological Adaptation

Integrated Processes

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

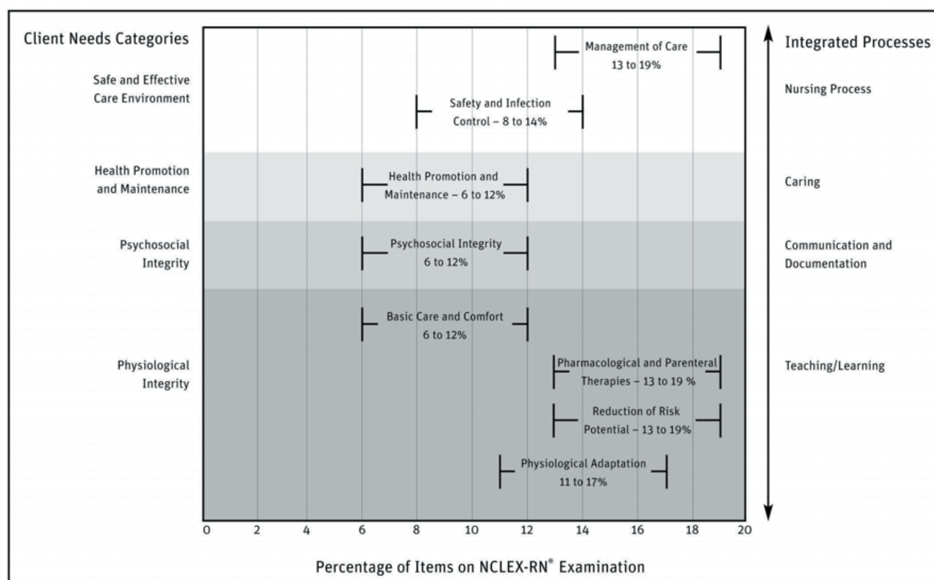
- *Nursing Process* – a scientific problem-solving approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- *Communication and Documentation* – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the *NCLEX-RN® Test Plan* is based on the results of the *Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* NCSBN, 2006), and expert judgment provided by members of the NCSBN Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	13-19%
▪ Safety and Infection Control	8-14%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	13-19%
▪ Reduction of Risk Potential	13-19%
▪ Physiological Adaptation	11-17%

The following processes are integrated into all Client Needs categories and subcategories of the Test Plan: Nursing Process; Caring; Communication and Documentation; and Teaching and Learning.



Overview of Content

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

Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

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

  - Advance Directives
  - Advocacy
  - Case Management
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management
  - Confidentiality/ Information Security
  - Consultation
  - Continuity of Care
  - Delegation
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referrals
  - Resource Management
  - Staff Education
  - Supervision

- *Safety and Infection Control* – protecting clients, family/significant others and health care personnel from health and environmental hazards.

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

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

Health Promotion and Maintenance

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

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

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Disease Prevention
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations

- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

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

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

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
- Therapeutic Environment
- Unexpected Body Image Changes

Physiological Integrity

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

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

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

  - Assistive Devices
  - Complementary and Alternative Therapies
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Palliative/Comfort Care
  - Personal Hygiene
  - Rest and Sleep

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

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

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

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

  Related content includes but is not limited to:

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

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

  Related content includes but is not limited to:

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

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Attachment C

Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX®)

This report represents Pearson VUE's full third year of providing test delivery service for the NCLEX examination program to NCSBN. This report summarizes the activities of the past year.

Pearson VUE Organizational Change

Beth Hassel has been assigned as NCLEX program manager, replacing Kim Claussen. Beth has been with Pearson VUE since 2001 and has over 15 years program management experience working in both private and nonprofit companies.

Ellie Michalowski, MSN, RN, has been hired as the NCLEX content manager to replace Julie White, MS, RN, who left for personal reasons.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as expected.

We are continuing to develop multiple-choice items as well as items in alternate formats, such as multiple-response, drag-and-drop ordered response and chart/exhibit items. We continue to focus on producing both the traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet our contractual obligations. Because two item review sessions were canceled in the summer of 2005, we have increased our future annual item-production goals to make up for this shortfall. We are currently interviewing candidates to fill two content developer positions and we are increasing our staff so that we can best meet those goals.

NCLEX® Examination Operations

Pearson VUE added 12 additional international Pearson Professional Centers in seven countries to our testing network to help launch the NCLEX international program. There are currently sites in England, South Korea, Hong Kong, Australia, Canada, Mexico, Germany, Taiwan and India. These sites began taking registrations Feb. 15, 2006, with the first date of delivery April 1, 2006. Pearson VUE added a site in Japan with delivery that started April 25, 2006. These additions raise the number of Pearson Professional Centers delivering the NCLEX to 219 total.

Pearson VUE visits to NCSBN

- March 1-4, 2005, Item Review Subcommittee Meeting
- March 14, 2005, Joint Research Committee
- April 27-29, 2005, Examination Committee Business Meeting
- May 10-13, 2005, Item Review Subcommittee Meeting
- May 12, 2005, Contract Evaluation meeting
- June 1, 2005, Introduction of New Program Manager
- June 21-24, 2005, Item Review Subcommittee Meeting
- Aug. 1-5, 2005, 2005, NCSBN Annual Meeting
- Aug. 23-26, 2005, Item Review Subcommittee Meeting
- Oct. 26-28, 2005, Examination Committee Business Meeting
- Dec. 6-9, 2005, Item Review Subcommittee Meeting
- Jan. 20, 2006, Security Discussion Meeting
- Jan. 25-27, 2006, Examination Committee Business Meeting
- The first Tuesday of every month there is an operations conference call with Pearson VUE and NCSBN

- Conference calls with Pearson VUE and NCSBN content staff are held periodically as needed
- Other visits and conference calls on an as needed basis

Summary of NCLEX Examination Results for the 2005 Calendar Year

Longitudinal summary statistics are provided in Tables 1 to 8 below. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time.

Compared to 2004, the overall candidate volumes were higher for both the NCLEX-RN (about +7.9%) and NCLEX-PN (about +5.3%). The RN passing rate for the overall group was 2.8 percentage points higher for this testing period than for the same period in 2004, and the passing rate for the reference group was 2.0 percentage points higher for this period compared to 2004. The PN passing rates did not materially change in 2005 over what was observed in 2004. For the overall group the passing rate was 0.2 percentage points higher, and for the reference group the passing rate was 0.2 percentage points lower. These passing rates are consistent with expected variations in passing rates and are heavily influenced by demographic characteristics of the candidate populations and by changes in testing patterns from year to year.

The following bullet points are candidate highlights of the 2005 testing year for the NCLEX-RN examination:

- Overall, 154,908 NCLEX-RN examination candidates tested during 2005 as compared to 143,553 during the 2004-testing year. This represents an increase of approximately 7.9%.
- The candidate population reflected 99,188 first-time, U.S.-educated candidates who tested as compared to 87,175 for the 2004-testing year representing a 13.8% increase.
- The overall passing rate was 73.0% in 2005 compared to 70.2% in 2004. The passing rate for the reference group was 87.3% in 2005 and 85.3% in 2004.
- Approximately 48.9% of the total group and 51.9% of the reference group ended their tests after a minimum of 75 items were administered. This is slightly higher than the 2004-testing year, in which 47.9% of the total group and 51.3% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 15.8 for the total group and 14.5 for the reference group. This is slightly higher than last year's percentages (14.8% for the total group and 13.7% for the reference group).
- The average time needed to take the NCLEX-RN examination during the 2005 testing period was 2.5 hours for the overall group and 2.2 hours for the reference group (slightly longer than last year's average times of 2.3 and 2.1, respectively).
- A total of 56.8% of the candidates chose to take a break during their examinations (compared to 50.6% last year).
- Overall, 1.8% of the total group and 0.7% of the reference group ran out of time before completing the test. These percentages of candidates timing out were lower than the corresponding percentages for candidates during the 2004-testing year.
- In general, the NCLEX-RN examination summary statistics for the 2005 testing period indicated patterns that were similar to those observed for the 2004 testing period. These results provide continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following bullet points are candidate highlights of the 2005 testing year for the NCLEX-PN examination:

- Overall 65,415 PN candidates tested in 2005, as compared to 62,112 PN candidates tested during 2004. This represents an increase of approximately 5.3%.
- The candidate population reflected 53,214 first-time, U.S.-educated candidates who tested in 2005, as compared to 49,289 for the 2004-testing year (an increase of approximately 8.0%).
- The overall passing rate was 80.1% in 2005 compared to 79.9% in 2004, and the reference group-passing rate was 89.1% in 2005 compared to 89.3% in 2004.
- There were 56.7% of the total group and 61.0% of the reference group who ended their tests after a minimum of 85 items were administered. This is similar to the 2004-testing year in which 56.8% of the total group and 61.9% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 16.0% for the total group and 13.4% for the reference group. This is similar to last year's percentages (16.1% for the total group and 13.1% for the reference group).
- The average time needed to take the NCLEX-PN examination during the 2005 testing period was 2.15 hours for the overall group, and 1.97 hours for the reference group (slightly longer than last year's times of 2.08 and 1.89 hours, respectively).
- Overall, 1.4% of the total group and 0.6% of the reference group ran out of time before completing the test (the same percentages as was observed last year).
- In general, the NCLEX-PN examination summary statistics for the 2005 testing period indicated patterns that were similar to those observed for the 2004 testing period. These results provide continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2005 Testing Year

	Jan 05 – March 05		April 05 – June 05		July 05 – Sept 05		Oct 05 – Dec 05		Cumulative 2005	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	32,244	20,438	41,065	27,566	57,406	43,079	24,193	8,105	154,908	99,188
Percent Passing	71.8	87.1	76.3	90.7	77	86.4	59.7	80.7	73	87.3
Ave. # Items Taken	123.4	119.2	121.9	115	127.2	124.1	128.8	121.8	125.3	120.4
% Taking Min # Items	50.7	53.4	51.4	55.4	47.4	49.2	46.1	50.7	48.9	51.9
% Taking Max # Items	15.5	14.5	14.4	12.3	16.5	15.8	16.8	14.8	15.8	14.5
Ave. Test Time	2.46	2.21	2.42	2.09	2.48	2.31	2.71	2.32	2.5	2.23
% Taking Break	56.0	46.7	53.7	42.6	56.4	50.3	64.2	51.3	56.8	47.5
% Timing Out	1.6	0.7	1.7	0.5	1.5	0.8	2.8	1.2	1.8	0.7

Table 2: Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2004 Testing Year

	Jan 04 – March 04		April 04 – June 04		July 04 – Sept 04		Oct 04 – Dec 04		Cumulative 2004	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	31,891	18,358	34,869	22,762	54,247	39,089	22,546	6,966	143,553	87,175
Percent Passing	69.9	87	73.4	88.5	74.3	83.9	56	78.1	70.2	85.3
Ave. # Items Taken	125.8	118.8	120	115.5	124.5	121.7	133	129.1	125	120.1
% Taking Min # Items	47.8	53	50.9	54.6	47.6	49.5	44.3	46.7	47.9	51.3
% Taking Max # Items	14.9	13.4	12.7	12	14.6	14.1	18.7	17.6	14.8	13.7
Ave. Test Time	2.35	2.06	2.16	1.91	2.22	2.07	2.82	2.47	2.33	2.06
% Taking Break	51.2	40.1	44.6	34.6	46.6	40.6	68.5	55.4	50.6	40.1
% Timing Out	4.3	2.0	3.0	1.3	3.0	1.9	2.6	1.3	3.2	1.7

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2005 Testing Year

Operational Item Statistics

	Jan 05 – March 05		April 05 – June 05		July 05 – Sept 05		Oct 05 – Dec 05		Cumulative 2005	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.08	0.20	0.09	0.20	0.08	0.19	0.08	NA	NA
Z-Statistic	0.33	2.47	0.27	2.59	0.38	2.76	0.15	2.34	NA	NA
Ave. Item Time (secs)	72.3	26.2	68.5	19.7	66.6	15.8	73.3	17.5	NA	NA

Pretest Item Statistics

	Jan 05 – March 05	April 05 – June 05	July 05 – Sept 05	Oct 05 – Dec 05	Cumulative 2005
# of Items	465	305	785	NA	1,555
Ave. Sample Size	597	1,133	581	NA	694
Mean Point-Biserial	0.08	0.07	0.09	NA	0.08
Mean P+	0.62	0.58	0.57	NA	0.59
Mean B-Value	-0.48	-0.39	-0.29	NA	-0.37
SD B-Value	1.5	1.8	1.73	NA	1.68
Total Number Flagged	195	143	333	NA	671
Percent Items Flagged	41.9%	46.9%	42.4%	NA	43.2%

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2004 Testing Year

Operational Item Statistics										
	Jan 04 – Mar 04		April 04 – June 04		July 04 – Sept 04		Oct 04 – Dec 04		Cumulative 2004	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.20	0.09	0.20	0.08	0.19	0.08	0.17	0.07	NA	NA
Z-Statistic	0.25	2.50	0.24	2.55	0.35	2.75	0.12	2.37	NA	NA
Ave. Item Time (secs)	67.6	15.9	64.9	16.8	64.6	16.6	74.8	26.8	NA	NA

Pretest Item Statistics					
	Jan 04 – Mar 04	April 04 – June 04	July 04 – Sept 04	Oct 04 – Dec 04	Cumulative 2004
# of Items	335	447	662	130	1,574
Ave. Sample Size	743	699	802	651	748
Mean Point-Biserial	0.09	0.08	0.06	0.09	0.07
Mean P+	0.68	0.64	0.69	0.66	0.67
Mean B-Value	-0.96	-0.65	-1.05	-0.96	-0.91
SD B-Value	1.56	1.53	1.53	1.7	1.56
Total Number Flagged	138	177	339	51	705
Percent Items Flagged	41.2%	39.6%	51.2%	39.2%	44.8%

Table 5. Longitudinal Technical Summary for the NCLEX-PN Group Statistics for 2005 Testing Year

	Jan 05 – March 05		April 05 – June 05		July 05 – Sept 05		Oct 05 – Dec 05		Cumulative 2005	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	15,041	12,090	12,221	9,211	22,839	19,931	15,314	11,982	65,415	53,214
Percent Passing	81.7	90.6	75.8	88.3	83.8	90.2	76.6	86.3	80.1	89.1
Ave. # Items Taken	113.1	108.1	116.4	111.1	111.9	108.8	118.7	114.6	114.6	110.4
% Taking Min # Items	57.6	62.5	55.1	60.4	60.3	63.5	51.6	55.9	56.7	61.0
% Taking Max # Items	14.9	11.7	17.0	13.9	14.3	12.6	18.7	16.2	16.0	13.4
Ave. Test Time	2.10	1.91	2.25	2.03	2.08	1.95	2.21	2.03	2.15	1.97
% Taking Break	47.4	39.8	54.9	46.1	47.5	42.3	53.8	46.5	50.3	43.3
% Timing Out	1.5	0.6	1.8	0.7	1.1	0.5	1.5	0.9	1.4	0.6

Table 6. Longitudinal Technical Summary for the NCLEX-PN Group Statistics for 2004 Testing Year

	Jan 04 – March 04		April 04 – June 04		July 04 – Sept 04		Oct 04 – Dec 04		Cumulative 2004	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	13,137	10,064	12,464	9,131	21,800	18,690	14,711	11,404	62,112	49,289
Percent Passing	77.9	88.2	76	87.7	84.1	91.2	78.9	88.6	79.9	89.3
Ave. # Items Taken	116	110.6	116.4	110.2	111.3	107.6	116.3	111.1	114.5	109.5
% Taking Min # Items	55.4	60.7	55.1	62	60.3	64	54.2	59.3	56.8	61.9
% Taking Max # Items	17.4	14.1	17.3	13.6	14.2	11.9	16.8	13.6	16.1	13.1
Ave. Test Time	2.11	1.9	2.17	1.93	1.92	1.78	2.21	2.01	2.08	1.89
% Taking Break	47.9	38.8	50.6	41	39.2	33.3	52.4	44	46.5	38.3
% Timing Out	1.4	0.6	1.8	0.8	0.9	0.4	1.9	0.9	1.4	0.6

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2005 Testing Year

	Jan 05 – March 05		April 05 – June 05		July 05 – Sept 05		Oct 05 – Dec 05		Cumulative 2005	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Operational Item Statistics										
Point-Biserial	0.21	0.08	0.21	0.08	0.21	0.08	0.20	0.08	NA	NA
Z-Statistic	0.20	2.26	0.10	2.18	0.21	2.32	0.20	2.53	NA	NA
Ave. Item Time (secs)	65.1	19.5	64.8	17.9	61.3	16.2	64.0	16.2	NA	NA

	Jan 05 – March 05	April 05 – June 05	July 05 – Sept 05	Oct 05 – Dec 05	Cumulative 2005
Pretest Item Statistics					
# of Items	421	257	547	NA	1225
Ave. Sample Size	649	815	679	NA	697
Mean Point-Biserial	0.11	0.12	0.09	NA	0.10
Mean P+	0.61	0.60	0.52	NA	0.57
Mean B-Value	-0.56	-0.48	0.10	NA	-0.25
SD B-Value	1.44	1.36	1.89	NA	1.67
Total Number Flagged	141	69	235	NA	445
Percent Items Flagged	33.5%	26.9%	43.0%	NA	36.3%

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2004 Testing Year

	Jan 04 – March 04		April 04 – June 04		July 04 – Sept 04		Oct 04 – Dec 04		Cumulative 2004	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Operational Item Statistics										
Point-Biserial	0.21	0.09	0.20	0.07	0.21	0.07	0.19	0.08	NA	NA
Z-Statistic	0.13	2.44	0.12	2.44	0.20	2.50	0.14	2.25	NA	NA
Ave. Item Time (secs)	64.7	17.8	64.8	18.2	61.5	17.1	65.5	19.6	NA	NA

	Jan 04 – March 04	April 04 – June 04	July 04 – Sept 04	Oct 04 – Dec 04	Cumulative 2004
Pretest Item Statistics					
# of Items	368	278	523	409	1,578
Ave. Sample Size	616	740	807	620	702
Mean Point-Biserial	0.11	0.12	0.11	0.10	0.11
Mean P+	0.67	0.67	0.65	0.61	0.65
Mean B-Value	-0.85	-0.94	-0.72	-0.49	-0.73
SD B-Value	1.33	1.46	1.32	1.61	1.43
Total Number Flagged	113	75	161	136	485
Percent Items Flagged	30.7%	27.0%	30.8%	33.3%	30.7%

Report of the Advanced Practice (APRN) Advisory Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

In January 2002, the Board of Directors approved the criteria and process for a new review process for APRN certification programs. The criteria represented required elements of certification programs that would result in a legally defensible examination suitable for the regulation of advanced practice nurses. Subsequently, the APRN Advisory Panel has worked with certification programs to ensure the legal defensibility of APRN certification examinations and to promote communication with all APRN stakeholders regarding APRN regulatory issues.

The APRN Advisory Panel completed the first draft of the APRN Vision Paper. The purpose of the APRN Vision Paper is to provide direction to our members regarding APRN regulation for the next eight to 10 years. The Vision Paper was distributed to APRN stakeholders for feedback and the feedback was reviewed. A plan was developed to revise the Vision Paper in the upcoming year.

Highlights of FY06 Activities

- Updated the APRN comment paper and placed it on the Members Only side of NCSBN's Web site.
- Updated the APRN Resource Manual and placed it on the Members Only side of the NCSBN Web site.
- Conducted the annual survey of certification programs.
- Reported concerns regarding the Doctorate of Nursing Practice (DNP) to the Board of Directors.
- Held the APRN Roundtable in Chicago on April 11, 2006.
- Developed a draft APRN vision paper on the future of APRN regulation.
- Maintained an APRN list serve to enhance communication among Member Boards regarding APRN regulatory issues.
- Met with the president and executive officer of National Organization of Nurse Practitioner Faculties (NONPF) to discuss issues of common concern.
- Met with American Association of Critical Care Nurses to discuss their certification program.
- Met with the APRN Consensus Group to discuss APRN Vision Paper.
- Provided feedback to the APRN Consensus Group regarding their work group report.

Future Activities

- Continue the APRN Roundtable.
- Maintain and enhance communication among APRN stakeholders, Member Boards and NCSBN.
- Revise the APRN Vision Paper based on feedback and meetings with stakeholders.

Attachments

None

Members

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

Patty Brown, RN, BSN, MS
Kansas, Area II

Ann Forbes, RN, MSN
North Carolina, Area III

Marcia Hobbs, DSN, RN
Kentucky, Area III

Randall Hudspeth, MS, APRN-BC, ANP, CN
Idaho, Area I

Sheila Kaiser, RN, CRNA, MS
Massachusetts, Area IV

Laura Poe, MS, RN
Utah, Area I

James Luther Raper, DSN, CRNP
Alabama, Area III

Linda Rice, MSN, APRN, FNP
Vermont, Area IV

Cristiana Rosa, RN, CNS, MSN
Rhode Island, Area IV

Cathy Williamson, RN, CNS, MSN
Mississippi, Area III

Charlene Hanson, EdD, RN, CS, FNP, FAAN, Consultant

Janet Younger, PhD, RN, CPCNP, Consultant

Board Liaison
Polly Johnson, MSN, RN, FAAN
North Carolina, Area III

Staff

Nancy Chornick, PhD, RN, CAE
Director of Practice and Credentialing

Meeting Dates

- Oct. 26-27, 2006
- Feb. 2-3, 2006
- April 10-12, 2006

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objectives 2
Facilitate timely information sharing and networking opportunities.

Strategic Initiative II
Promote evidence-based regulation that provides for public protection.

Strategic Objective 3
Collaborate with national organizations in the promotion of evidence-based regulation.

Strategic Outcome 4

Describe the future regulation of APRNs

Strategic Initiative III

Enhance the organizational culture to Support Change and Innovation

Strategic Outcome 3

Enhance Communication between Member Boards and external stakeholders

Report of the Awards Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

The Board of Directors established the Awards Panel in FY01 to review and evaluate the NCSBN Awards program. The panel was charged with developing an awards program that ensured consistency, fairness and celebrate the contributions and accomplishment of the membership. The panel has continued to refine the award categories, objectives and eligibility criteria.

Highlights of FY06 Activities

- Selected the 2006 Award recipients.
- Reported the Panel's selection for the 2006 award recipient to the Board of Directors.
- Determined that early promotion of award recipients would provide an opportunity for acknowledgement of the recipient's accomplishments by their peers and coworkers in advance of the awards celebration. Developed strategies for early recognition of award recipients at the Member Board level and at Delegate Assembly. The initiatives for early recognition are listed below:
  - An article will be written in the July/August issue of *Council Connector*.
  - A press release will be sent over the wire services in June, and one sent following the Annual Meeting in August.
  - A template will be sent to the board of nursing for release to local papers and newsletters.
- A picture of each award recipient will be displayed the entire week of Annual Meeting. This will include boards of nursing that are celebrating 100 years of nursing regulation.
- Award recipients will be given a special colored registration ribbon.
- Changed the format of the awards luncheon to enhance the program and further highlight award recipients and their contributions.
- Identified executive officers that are eligible to receive the Executive Officer Recognition Award.
- Clarified that panel members must recuse themselves from both the blind review and the final decision for the award recipients in categories where their particular board of nursing, board members or board staff are nominated, or in cases where they feel that they cannot be objective about the nominee.
- Collaborated with the Marketing and Communications Department to redesign the Awards brochure to be consistent with the NCSBN branding efforts.
- Refined the eligibility and award description for the Executive Officer Recognition Award.
- Launched the awards program as an electronic process, using standardized nomination forms for each award category.
- Determined there were no boards of nursing this year celebrating a centennial anniversary of nursing regulation in 2006.

Members

Marty Alston
West Virginia–RN, Area II

Iva Boardman, RN, MSN
Delaware, Area IV

Joan Bouchard, MSN, RN
Oregon, Area I

Libby Lund, MSN, RN
Tennessee, Area III

Lori Scheidt, BS
Missouri, Area II

Staff

Alicia Byrd, RN
Member Relations Manager

Meeting Dates

- Oct. 18, 2005 (Conference Call)
- April 5, 2006

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objective 4
Recognize excellence.

Award Recipients

Laura Poe, MS, RN, executive administrator, Utah State Board of Nursing, will be honored with the R. Louise McManus Award, the most prestigious of NCSBN's awards. Individuals nominated for this award made sustained and lasting significant contributions through their highest commitment and dedication to the purposes and mission of NCSBN.

Karen Gilpin, RN, MSN, CNAA, past president, Kansas State Board of Nursing, will receive the Exceptional Leadership Award, which is granted to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

Louisiana State Board of Nursing will be 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.

Executive Officer Recognition Awards

Five Years

Lanette Anderson – West Virginia State Board of Examiners for Licensed Practical Nurses

Diane Lewis – Michigan/DCH/Bureau of Health Professions

Lori Scheidt – Missouri State Board of Nursing

10 Years

Sandy Evans – Idaho Board of Nursing

Faith Fields – Arkansas State Board of Nursing

25 Years

Donna Dorsey – Maryland Board of Nursing

Attachments

None

Report of the Commitment to Ongoing Regulatory Excellence (CORE) Advisory Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

The goal of the Commitment to Ongoing Regulatory Excellence (CORE) project is to help state boards of nursing to improve their management and service delivery. CORE was created to clarify board roles and responsibilities and to meet demands for accountability from multiple stakeholders. In addition, CORE addressed a trend toward outcome measurement by providing an ongoing performance measurement system for nursing regulators and incorporating data from internal and external sources using benchmarking strategies to identify best practices. By promoting excellence in the provision of regulatory services, boards can improve their management and delivery of safe, effective nursing care to the public.

In 1998 the NCSBN Board of Directors appointed a project advisory group to provide oversight and guide development of a performance measurement system that incorporates data collection from internal and external sources, identification of best practices and the use of benchmarking strategies. Twelve dedicated member boards of nursing (Kentucky, Louisiana–RN, Maryland, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, Texas–RN and West Virginia–PN) contributed time and resources to the development of 10 instruments used to gather data in five areas: discipline, licensure, practice, education and governance.

Phase 1 of the project was conducted by The Urban Institute to identify the roles of boards of nursing. Methods to gather information included interviews, focus groups and review of secondary documents. The five roles identified were:

1. Establish a scope of practice for nurses
2. Regulate the education and training of nurses
3. Issue and renew licenses to those who meet the criteria for fitness to practice
4. Assure continued competence
5. Investigate complaints and impose disciplinary sanctions as appropriate.

Phase 2 of the project consisted of identification of performance, outcome, output and efficiency indicators.

Tool development was the focus of Phase 3 of the project. In this phase the original tools were developed and piloted. Because the science of regulation was not formed enough to guide the efforts of the workgroup, they did not know which data would prove to be the crucial evidence and so they included all data. Original tools were revised and further tools developed. At the end of this phase 12 surveys were designed: six data collection tools for boards of nursing and six stakeholder groups.

Board surveys covered the following topic areas:

1. Discipline
2. Licensure
3. Education program approval
4. Practice
5. Governance (executive staff)
6. Governance (board president).

Members

Kim Glazier, MEd, RN, Chair
Oklahoma, Area III

Lanette Anderson, JD, BSN, RN
West Virginia–PN, Area II

Kay Buchanan, MN, RN
Minnesota, Area II

Madeline C. Coleman, RN, JD
Tennessee, Area III

Katie Daugherty, MSN, RN
California–RN, Area I

Rula Harb, MS, RN
Massachusetts, Area IV

Cynthia Morris, MSN, RN, APRN-BC
Louisiana–RN, Area III

Board Liaison

Constance Kalanek, PhD, RN
North Dakota, Area II

Staff

Kevin Kenward, PhD
Director of Research

Meeting Dates

- Oct. 17-18, 2005
- Jan. 5, 2006, Webinar
- Feb. 10, 2006, Webinar
- April 20-21, 2006
- Sept. 19-20, 2006

Relationship to Strategic Plan

Strategic Initiative II
Promote evidence-based regulation that provides for public protection.

Strategic Objective 1
To identify indicators of regulatory excellence through CORE.

Strategic Objective 2
Support Member Board adaptation of best practices.

Stakeholder surveys included the following:

1. Licensed nurses
2. Health care employers
3. Nurses who had been the subjects of complaints
4. Persons who had lodged complaints
5. Nursing associations
6. Nursing education programs.

Phase 4 was the data collection phase of the project. The six groups of stakeholders were surveyed in 2003 and surveyed again in 2006. Boards of nursing were surveyed in 2004 and resurveyed in 2006. Phase 5 reported the findings of the 2000 and 2002 surveys.

Phase 6 of the project consisted of identifying "best practices." Data were used to identify boards with high ratings in outputs and effectiveness. Ratings were explored in the five functional areas of discipline, licensure, education program approval, practice and governance. Analysis revealed that very few relationships existed among the selected variables. Since the survey data did not reveal what the best practices were, selected boards were invited to participate in focus groups and interviewed to discover practices common among boards with consistently high ratings.

These focus group interviews revealed that boards with the highest ratings on discipline outcomes, delegated authority to board staff, communicated well with stakeholders, hired investigators and attorneys, actively managed discipline process, trained and mentored investigative staff, and applied discipline sanctions consistently. Boards with the highest ratings on licensure outcomes secured essential human and other resources, made an aggressive commitment to customer service. Boards with the highest ratings on education outcomes provided consultative as well as evaluative services to education programs and took a leadership role in establishing congruence between education and regulation. Boards with the highest ratings on practice outcomes facilitated understanding of legal scope of practice made an aggressive commitment to customer service established a high level of involvement with the statewide nursing community delegated authority to board staff. Boards with the highest ratings on governance outcomes promoted an understanding of the respective roles of staff and board members built an effective working relationship and a high level of trust between board and staff facilitated an effective working relationship among board members and demonstrated a commitment to board member development.

The findings from the previous CORE study has been used by boards of nursing to:

- Support decision making
- Develop mandated reports
- Provide information to legislators
- Change data management processes
- Improve stakeholder satisfaction
- Streamline processes
- Determine priorities.

Highlights of FY06 Activities

- Past CORE surveys measured performance as well as asked many questions attempting to determine why differences might occur. Rather than try and predetermine the reasons "why" differences in performance occur and identify best practices by looking for correlations between the data, the CORE Committee decided to return to the traditional benchmarking methodology of (1) identify the outcomes and performance to be measured; (2) measure the performance and (3) identify the reasons why certain groups perform better than others. Using this methodology, performance will be measured first and then reasons for differences in levels of performance will be researched through interviews, observation and surveys.
- One advantage of this approach is that rather than six separate surveys for boards there is only one survey consisting of fewer than 20 questions. It eliminates the need to answer a lot of questions that may have required a time to seek the answer for and were found not to be statistically related to the measures of performance. This new, shorter survey, while still using the same performance measures as use in the past CORE surveys, should result in much higher response rates.
- Participation has increased over the 2004 survey efforts. In 2004 16 separate boards of nursing participated in the stakeholder surveys. In 2006 that number increased 93.8 percent to 31 participating boards (*See Appendix A: States Providing Stakeholder Lists*). Unfortunately, additional states provided data (e.g., Florida, Illinois) but NCSBN was unable to obtain letterhead and signatures from those states and therefore did not mail to their stakeholders. See Appendix B for a map of those states that provided data for the mailings.
- Using Web conferencing technology to accommodated committee member schedules.

Future Activities

- Surveys were mailed to six stakeholder groups starting in May 2006. Surveys to boards of nursing were mailed in June 2006. Follow-up telephone calls will be used, as needed, to increase response rates.
- Data collection and analysis will continue throughout the summer of 2006 and a final report will be produced in September 2006 (*See Appendix B: CORE Timeline and Activities*). The final report will consist both aggregate findings as well as state level comparisons and comparisons of states with "like" boards (e.g., size, independence).
- After the performance information has been analyzed and comparisons have been made between the boards, in-depth research will be conducted to determine the reasons for the differences between high performers and low performers. The comparison of practices, procedures and performance will help to determine what the best practice is and how to adopt the best practice.
- Future activities will also include how to identify "best practices." The current methodology will not capture "best practices" in areas such as disaster preparedness or fraud prevention. To identify the practices potentially most useful to regulatory agencies will probably require separate in-depth experimental and quasi-experimental research studies.

Attachments

A. Board Participation in 2006 Stakeholder Surveys

B. States Participating in 2006 Stakeholder Mailings

C. CORE Timeline and Activities

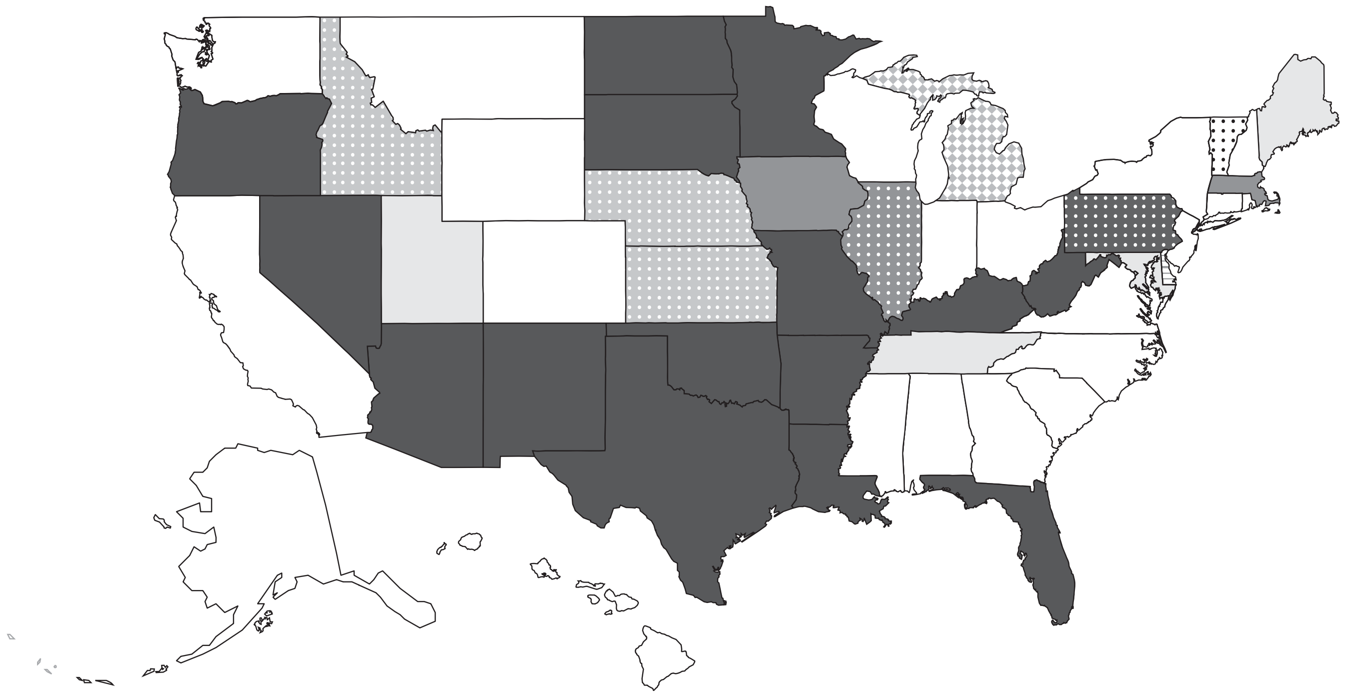
Attachment A

Board Participation in 2006 Stakeholder Survey

	Nurses	Nurses Subject of a Complaint	Persons Who Made a Complaint About a Nurse	Associations	Employers	Education Programs	Total # Boards Participating
2006	28	22	16	22	25	26	31
2002	16	15	14	14	16	16	16

Attachment B

States Participation in 2006 Stakeholder Mailings



Legend	Count
All Surveys	(16)
Nurse, Subject of Complaint, Associations, Employers, Education Programs	(3)
Nurses, Associations, Employers, Education Programs	(2)
Nurses, Subject of Complaint, Employers, Education Programs	(2)
Association, Employers, Education Programs	(1)
Nurses, Employers, Education Programs	(1)
Education Program	(1)
Nurses	(4)
Subject of Complaint	(1)
Did Not Participate	(20)

Attachment C

2006 CORE Timeline and Activities

	May	June	July	Aug.	Sept.
Conduct Stakeholder Surveys	X	X			
Analyze Stakeholder Data			X	X	
Report Stakeholder Results in Aggregate & by State					X
Conduct Board Surveys		X	X		
Analyze Board Data				X	
Report Board Results in Aggregate & by State					X

Report of the Continued Competence Task Force

Recommendations to the Board of Directors

None. This report is for information only.

Background

LPN/VN and RN Continued Competence Practice Analyses were conducted to determine if there were core activities performed by nurses. The results were reviewed and core activities were identified. The results of the Continued Competence Practice Analyses will be formally reported in an NCSBN research brief. The Task Force also researched, reviewed, analyzed and discussed various resources relating to continued competence in order to develop a Continued Competence Regulatory Model that can be used by Member Boards to ensure the continued competence of the nurse. A framework of a regulatory model was presented to attendees at the 2006 Midyear Meeting and feedback was solicited. Revisions were made and a proposed draft Continued Competence Regulatory Model was approved for further discussion and feedback (*See Attachment A*).

Regulatory Model

The Continued Competence Task Force reviewed, discussed and analyzed the relevant portions of numerous documents. These documents included, but were not limited to, the available NCSBN work and position papers produced during the last 20 years relating to continued competence (*See Attachment B*), articles, Internet research, and reports from organizations and others interested in health care. The Task Force conducted an in-depth review of research, including the continuing competence requirements of other health professions, the continuing competence requirements of nurses in other countries, as well as Member Boards' current continuing education and continued competency requirements. This extensive document review, the preliminary analysis of the core activities determined through the LPN/VN and RN Continued Competence Practice Analyses, the Member Boards' feedback and comprehensive Task Force discussions gave rise to the proposed draft of the Continued Competence Regulatory Model.

The Task Force developed a new definition of continued competence: Continued competence is the ongoing ability of a nurse to integrate the knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.

The Task Force worked from the following premises: nursing regulators have the potential to develop model regulation to assure that nurses at all levels are qualified and competent; presently there are no standardized measures required by boards of nursing that are designed to assure competency following initial licensure; boards of nursing have the responsibility to protect public health, safety and welfare through regulation; and that individual nurses are responsible to maintain their competence to practice throughout their careers.

When developing the currently proposed draft Continued Competence Regulatory Model, the Task Force used the following (APPLE) criteria: Administratively feasible, Publicly credible, Professionally acceptable, Legally defensible and Economically feasible. In addition, the Task Force was cognizant of the Institute of Medicine's (IOM) five core competencies that all health care professionals should be educated to deliver patient centered care, as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.

Members

Sue Tedford, RN, CNS, MNSc, APN, Chair
Arkansas, Area III
(November 2005)

Wanda Neal Hooper, BSN, MSHSA, RN, CIC
Tennessee, Area III

Anita Ristau, MS, RN
Vermont, Area IV

Debra Scott, MS, RN, APN
Nevada, Area I

Fran Hicks, PhD, RN, FAAN, Consultant

David Swankin, BA, MS, JD, Consultant

Rose Kearney-Nunnery, PhD, RN, Chair
South Carolina, Area III
(October to November 2005)

Tina 'Gay' Allen, RN, DPA
Alabama, Area III
(October 2005 to March 2006)

Deanna Lloyd, LPN
Nebraska, Area II
(October 2005 to May 2006)

Board Liaison
Rolf Olson, JD
Oregon, Area I

Staff

Anne Wendt, MSN, PhD, RN, CAE, Director, NCLEX Examinations Department

Mary E. Doherty, BSN, RN, JD, Practice, Regulation and Education Associate

Meeting Dates

- Sept. 9, 2005, Conference Call
- Oct. 2-3, 2005
- Nov. 29, 2005, Conference Call
- Jan. 30 – Feb. 1, 2006
- Feb. 28, 2006, Conference Call
- April 5-7, 2006

Relationship to Strategic Plan

Strategic Initiative IV
Position NCSBN as the premier organization to measure entry and continuing competence of nurses and related health care professionals.

Strategic Objective 3
Continue development of an assessment instrument to measure continued competence of RNs and LPN/VNs.

Highlights of FY06 Activities

- Reviewed, discussed and analyzed research materials.
- Developed and implemented a communications plan.
- Established a Continued Competence Web site that can be accessed from the NCSBN Home page, which links to the Regulation page for Continued Competence.
- Distributed a press release on the LPN/VN and RN Panels of Experts and the Continued Competence Practice Analysis studies.
- Reported on the work of the Continued Competence Task Force to members in October 2005 and March 2006.
- Reviewed and approved the LPN/VN Continued Competence survey and activity statements included in the survey.
- Reviewed and approved the RN Continued Competence survey and activity statements included in the survey.
- Reviewed the results of the 2005 LPN/VN Continued Competence Practice Analysis.
- Determined core LPN/VN activity statements from the 2005 LPN/VN Continued Competence Practice Analysis.
- Presented a Framework of Continued Competence Regulatory Model(s) at the Midyear Meeting and received requested feedback.
- Reviewed the results of the 2006 RN Continued Competence Practice Analysis Survey.
- Determined core RN activity statements from the 2006 RN Continued Competence Practice Analysis.
- Reviewed the feedback from the Midyear Meeting and prepared the proposed draft Continued Competence Regulatory Model for discussion.

Future Activities

- Continue to develop and implement a communication plan on Continued Competence.
- Develop a content outline for continued competence assessment(s).
- Conduct preliminary feasibility studies for assessment(s) of continued competence.
- Continue development of a continued competence regulatory model that can be used by Member Boards in order to assure the continued competence of the nurse.

Attachments

A. Proposed Draft Continued Competence Regulatory Model
B. History of Continued Competence in NCSBN

Attachment A

Proposed Draft: Continued Competence Regulatory Model

Rationale

This document is a brief rationale underlying the proposed draft Continued Competence Regulatory Model (Regulatory Model), which is outlined below in seven steps. The NCSBN Board of Directors requested that the Continued Competence Task Force (Task Force) develop a continued competence regulatory model as part of the Task Force's charge. This charge was developed as part of the Board's Strategic Initiatives for 2005 – 2007, which was presented to and approved by the Delegate Assembly in 2004. The pertinent NCSBN Strategic Initiative is number four: *Position NCSBN as the premier organization to measure entry and continuing competence of nurses and related health care providers*.

The purpose of boards of nursing is to protect public health, welfare and safety. The practice of nursing is subject to regulation to assure that nurses at all levels are qualified and competent. As professionals, nurses are required to maintain their competence throughout their careers. Presently, there is no regulatory requirement that nurses demonstrate they are competent following their initial licensure.

The definition of continued competence, which the Task Force developed, is "the ongoing ability of a nurse to integrate knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice."

Nursing boards are responsible for assuring that newly licensed nurses are qualified and competent to practice. A newly licensed nurse is said to meet minimum competency requirements by passing the NCLEX® examination. Passage of the NCLEX examination is just one of the necessary qualification requirements to receive a nursing license. Subsequent to initial licensure, there are basic requirements, or core competencies, for nurses to practice safely and ethically in all areas of practice. Nursing boards renew nurses' licenses on a periodic basis.

Nursing licensure (except for APRNs) is not limited to specific areas of practice. Even though a specialty license is not required for RNs and LPN/VNs, nurses may become certified, through certification programs and recognized associations, in specialized areas.

There is no consistency among the NCSBN Member Boards relating to continuing education (CE) requirements. There is no evidence that the information provided in a CE activity is incorporated into a nurse's practice or that CE activities impact patient outcome. There is also no evidence that complying with CE requirements assures that nurses are competent. Although there is an assumption that a nurse with several years of practice is more competent than a newly licensed nurse, there is no requirement that nurses demonstrate competence when their license is renewed.

In addition to NCSBN, organizations such as the Institute of Medicine (IOM) and the Pew Health Professions Commission have recommended that regulatory boards adopt continuing competence requirements. The regulatory model is designed to assist Member Boards in meeting those recommendations. The regulatory model will also assist Member Boards to comply with any new legislative mandates that state legislatures may enact, which impose competency requirements as a condition of licensure renewal.

At the present time, because there is insufficient evidence as to which methods of implementing competency measures are most valid and reliable, further research must be done. The Task Force anticipates that various Member Boards may be interested in piloting different methods of utilizing the assessment. Over time, the research from the pilot projects will produce data on which evidence-based requirements can be developed for adoption in future years.

The regulatory model is similar is some ways but also different than any of the other continued competence regulatory models previously proposed. The differences include the requirement of an assessment developed by NCSBN, or an equivalent tool, which evaluates core competencies. The core competencies will be developed based on the continued competence practice analysis studies. This assessment tool will assist nurses to identify areas of their practice that could be strengthened. The Regulatory Model is also different in that it will require evidence of demonstration of continued competence. The similarities include the use of the nursing processes and the opportunity to use familiar learning strategies. The regulatory model recognizes that further research needs to be done on the data that will be available after pilot programs are implemented by Member Boards.

Seven Steps of Continued Competence

Step 1

As a condition of periodic licensure renewal, all licensees shall complete a core competency assessment approved by the Member Board.

Step 2

Based on the results of the assessment, a licensee shall develop a written Practice Development Plan (PDP).

Step 3

The licensee shall implement the PDP.

Step 4

The licensee shall document implementation of the PDP.

Step 5

The licensee shall document periodic evaluation of the PDP.

Step 6

The licensee shall demonstrate continued competence in a manner specified by the Member Board.

Step 7

At the request of the Member Board, the licensee shall make available all documentation relating to steps 1-6.

Explanation of the Seven Steps of Continued Competence

Step 1

As a condition of periodic licensure renewal, all licensees shall complete a core competency assessment approved by the Member Board.

Explanation:

This is the critical first step. By requiring all licensed nurses to have their competency assessed, nurses will then be able to develop a PDP (*see Step 2*) that is designed to address their assessment results.

NCSBN will develop an assessment tool to assist Member Boards in implementation of Step 1 of the Regulatory Model. Two recent continued competence practice analysis studies, conducted in late 2005 and early 2006, provide the foundation for the assessment tool. This assessment tool will be limited to an evaluation of core competencies and it will not assess specialty practice or practice in a specific setting.

The regulatory model is flexible in that it allows an individual board of nursing to use the NCSBN assessment tool or an equivalent tool that measures core competencies.

Step 2

Based on the results of the core competency assessment, a licensee shall develop a written PDP.

Explanation:

NCSBN will provide resources that best meet the needs of the licensee.

Step 3

The licensee shall implement the PDP.

Explanation:

Licensees may choose activities that meet their core competency assessment needs.

Learning opportunities to maintain competence, might include such things as:

- Further formal education
- Mentoring
- Certification
- Continuing education
- Self study
- Learning modules.

Step 4

The licensee shall document implementation of the PDP.

Step 5

The licensee shall document his/her periodic evaluation of the PDP.

Explanation:

To determine whether the learning activities have value in meeting the goals and outcomes of the PDP, there must be evaluation. Evaluation of the PDP can be by self-assessment or a third party. Based on the evaluation, revision of the PDP may be necessary.

Step 6

The licensee shall demonstrate continued competence in a manner specified by the Member Board.

Explanation:

Step 6 is a quality assurance measure that requires licensees to provide specific evidence, to the regulatory board, demonstrating core competence.

The evidence will show that the nurse not only "knows it," but also "does it." Each board of nursing will determine the type of data that will be required for a nurse to demonstrate competence. Member Boards may require different types of documentary evidence depending on practice setting, specialization or even type of license (RN, LPN/VN).

Examples of evidence are:

- Completion of an assessment
- Employee evaluations
- Records review
- Peer evaluations
- Successful completion of setting-specific modules
- Evaluation by "standardized patients"
- Evaluation based on simulation.

Step 7

At the request of the Member Board, the licensee shall make available all documentation relating to steps 1-6.

Explanation:

Since nursing is a profession subject to regulation, boards of nursing have the regulatory responsibility to assure the public of the competency of nurses. Boards have an obligation to periodically verify that licensees are competent.

Failure to provide documentation and/or demonstrate continued competence, in a manner specified by the Member Board, may result in initiation of a disciplinary process.

Attachment B

History of Continued Competence in NCSBN

NCSBN has worked at researching and advising Member Boards on the issue of continued competence for over two decades, by attempting to develop some practical approaches toward implementing a regulatory role. In the last few years, other health care organizations have published reports and recommendations regarding competence. A summary is provided in the following timeline.

Timeline — Continued Competence Activities

1985. NCSBN published its first paper on continued competence.

1991. *The NCSBN Conceptual Framework for Continued Competence* paper considered the measurement of competence from an empirical and standard-setting perspective. This paper stressed the importance of both assessment (to determine learning needs) as well as strategies to promote continued competence.

1993. The Nursing Practice and Regulation Committee (NP&E) presented *A Paradigm Shift Regarding Competence*, which advanced the licensee's responsibility for individual competence. The board of nursing's role was envisioned as that of a collaborator with licensees and employers. The licensee's responsibility for self-assessment was the focal point of a goal to facilitate collaboration.

1994. The NP&E Committee incorporated work from 1991–1993 in the revision of the NCSBN *Model Nursing Practice Act and Model Nursing Administrative Rules*.

1995. The Essential and Continued Competence Subcommittee presented a definition of competence, standards for competence and a Model for Individual Competence Evaluation, along with the working draft of a new paper on continued competence.

1996. The Essential and Continued Competence Subcommittee completed a new position paper entitled *Assuring Competence: A Regulatory Responsibility*.

1998. The NP&E Committee, building upon previous NCSBN work, developed the Continued Competence Accountability Profile (CCAP), which was presented at the 1998 Area Meetings as an alternative to the continuing education approach. The response of Member Board representatives at that meeting was that the concept was interesting, with many excellent elements, but it was too complex in administrative feasibility to be an effective way for boards to approach continued competence. CCAP was tabled.

1998. PEW Report recommended that states should require that their regulated health care practitioners demonstrate their competence in the knowledge, judgment, technical skills and interpersonal skills relevant to their jobs throughout their careers.

1999. The Institute of Medicine (IOM) reported that between 44,000 and 98,000 people die each year from preventable medical errors (IOM, 1999). This report addressed a whole range of errors from omissions to commissions to inappropriate therapies. A major concern identified is the length of time between the discovery of more effective treatments and their incorporation into routine patient care. This has direct implications for practitioners to stay current in their knowledge and skills. The IOM recommended the implementation of periodic reexamination and relicensing of physicians, nurses and other providers based on competence and knowledge of safety practices, and to work with certifying and credentialing organizations to develop more effective methods to identify and take action when providers are unsafe (IOM, 1999).

1999. The NP&E Committee used the continued competence framework—competence development, competence assessment and competence conduct—in developing the Uniform Core Licensing Requirements.

2001. The IOM, in Crossing the *Quality Chasm: A New Health System for the 21st Century*, observed, "There are no consistent methods for ensuring the continued competence of health professionals within the current state licensing functions or other processes" (IOM, 2001).

2003. In April 2003 the IOM issued another report entitled *Health Professions Education – A Bridge to Quality*, which viewed professional competency assurance as the shared responsibility of public and private sectors. The IOM recommended that:

> All health professions boards should move toward requiring licensed health professionals to demonstrate periodically their ability to deliver patient care as defined by the five competencies defined by the committee – through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods. These boards should simultaneously evaluate the different assessment methods (IOM, 2003). Certification bodies should require their certificate holders to maintain their competence throughout the course of their careers by periodically demonstrating their ability to deliver patient care that reflects the five competencies, among other requirements (IOM, Bridge, 2003, p. 9).

2003. *Keeping Patients Safe: Transforming the Work Environment of Nurses* acknowledged, "prelicensure or pre-employment education cannot provide sufficient frequency and diversity of experiences…in the performance of every clinical nursing intervention needed for patients" (IOM, Nurses' Work Environment, 2003, p. 203). This is amplified in the face of the growth of new knowledge and technology.

2003. The NCSBN research project, *Evaluating the Efficacy of Continuing Education Mandates* (Smith, 2003), revealed how professionals perceive they have attained professional development. That study showed that work experience is a stronger contributor to the growth of abilities than continuing education, working with mentors or self-study. This research was used to support the continued competence approach used in the current NCSBN *Model Nursing Practice Act and Model Nursing Administrative Rules*, adopted by the 2004 NCSBN Delegate Assembly, which requires 900 practice hours rather than continuing education (NCSBN, 2004).

2003-2004. The PR&E Models Revision Subcommittee incorporates a practice requirement in the revised models, based upon NCSBN research showing that professionals rely largely on practice experience for professional development. The subcommittee viewed this as a transition position and anticipated that with additional research and information, a different regulatory approach would evolve.

2004. The NCSBN Board of Directors directed staff to prepare an updated paper *Meeting the Ongoing Challenge of Continued Competence* and to explore approaches for assessment of continued competence.

2005. Continued Competence Panel of RN and LPN/VN Experts convened.

2006. Continued Competence Task Force determines core RN and LPN/VN activity statements from the RN and LPN/VN Continued Competence Practice Analyses; and develops a proposed draft Continued Competence Regulatory Model.

Report of the Finance Committee

Recommendations to the Board of Directors

None. This report is for information only.

Background of the Finance Committee

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

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

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

Highlights of FY06 Activities

- Reviewed and discussed with management and the organization's independent accountant, Legacy Professionals LLP, the organization's audited financial statements as of and for the fiscal year ending Sept. 30, 2005. With and without management present, the Committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the Board of Directors that the financial statements and the Report of the Auditors be accepted and provided to the Membership (*see Attachment B*).
- Reviewed and discussed the long range forecast and proposed NCSBN budget for FY05. Recommended to the Board, approval of the FY06 Budget.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations to the Board of Directors to accept the reports and post them to the members section of the NCSBN Web site.
- Reviewed and discussed the performance of NCSBN investments with representatives from the organization's investment consultant, Becker Burke, and the organization's bond investment manager, Richmond Capital Management. Based on the review and discussions referred to above, the Committee approved the performance of the investment manager and reaffirmed the current investment policy.
- Advised the Board and made recommendations related to the finances of program activities:
  Expand Research
  a. Approve the expenditure of $5 million to provide external funding for research that is specifically related to the advancement of nursing regulation.

Future Activities

Review the budget proposal for the fiscal year beginning Oct. 1, 2006.

Attachments

A. Financial Report FY06

B. Report of the Independent Auditors FY05

Members

Sandra Evans, MAEd, RN
NCSBN Treasurer, Chair
Idaho, Area I

Nancy Bafundo, BSN, MS, RN
Connecticut, Area IV

Gayle Bellamy, BA
North Carolina, Area III

Bonnie Benetato, MBA, MSN, BSN, RN, FNP, C-APN
Washington, DC, Area IV

Ronald Lazenby, BS, CGFM
Alabama, Area III

Elizabeth Lund, MSN, RN
Tennessee, Area III

Kathleen Sullivan, MBA, RN
Wisconsin, Area II

Ruth Ann Terry, MPH, RN
California–RN, Area I

Stan Yankellow, BS
Maryland, Area IV

Staff

Robert Clayborne, CPA, MBA
Director of Finance

Meeting Dates

- Nov. 28, 2005
- Jan. 30, 2006
- May 2, 2006
- July 7, 2006

Attachment A

Financial Report FY06

Financial Summary

At March 31, 2006, the cash reserve position (cash and marketable securities less current liabilities) equaled $58.6 million. NCSBN has no significant long-term liabilities except the lease for office space. Net assets increased by $5.7 million during the first six months of the fiscal year.

Revenue

NCLEX examinations revenue for the first six months of FY06 increased by $2.5 million from prior year for the same period. There were 97,858 paid registrations processed for the six-month period that ended March 31, 2006. This was an 11 percent increase over the FY05 count of 88,230. There were 5,500 registrations at international test sites during the first six months of the fiscal year. These registrations accounted for part of the increase from prior year.

Thirty-four boards are currently using Nur*sys*® for licensure verification. Fee revenue is projected to exceed the budgeted amount for the year

Learning Extension sales revenue increased by 13 percent for the first six months of FY06 compared to the same period for prior year. Sales revenue has been growing annually at an average of 20 percent for the last three years. Sales revenue is on target to exceed budget for the full year.

A return of 2 percent on ***investments*** for the six months of the fiscal year provided earnings of $1.2 million for the period ended March 31, 2006.

Expenditures

Amounts budgeted for a couple of very costly testing projects will not be expended this fiscal year. Unfilled budgeted positions will result in a favorable spending variance on staff salaries and payroll taxes. Also less than anticipated travel activity and lower than expected airfare rates will contribute to a favorable spending variance for operating expenses. There are no indications that expenditures for capital items will vary significantly from plan.

Financial Position

The next quarter is critical for determining the financial results for the fiscal year, as NCSBN typically earns 39 percent of our annual NCLEX revenue during that period. Historically the early quarters have been good barometers for NCLEX registrations for the year. Given that registrations are up 11 percent over the first six months of FY06, NCSBN appears to be on pace for another favorable budget variance, this year. The other significant revenue sources continue to increase and expenditures are within budget. Cash reserves are projected to grow by 19 percent by the end of the fiscal year.

NCSBN FY06 Statements of Revenue/Expense

	Year to Date Actual at 3/31/06	Annual Budget	Projected Actual	Variance Favorable/(Unfavorable)	Variance %	Year to Date actual as a % of annual budget
Revenue						
NCLEX® Revenue	20,403,290	46,150,000	49,291,000	3,141,000	7%	44%
NCLEX® Program Reports Royalty	34,726	60,000	60,000	0	0%	58%
NCLEX® Quick Results	167,141	349,000	349,000	0	0%	48%
NNAAP Royalty Income	104,743	239,000	239,000	0	0%	44%
Learning Extension	521,207	1,274,000	1,314,000	40,000	3%	41%
Nur*sys*® License Verification Fees	998,081	1,650,000	1,900,000	250,000	15%	60%
Nur*sys*® Data Query Fees	4,140	8,000	8,000	0	0%	52%
Meeting Revenue	35,900	124,000	124,000	0	0%	29%
Other Publication Sales	14,753	15,000	15,000	0	0%	98%
Membership Fees	177,000	180,000	177,000	(3,000)	-2%	98%
Investment Income	1,182,871	1,680,000	1,680,000	0	0%	70%
NLCA Fees	43,000	44,000	43,000	(1,000)	-2%	98%
Other Revenue	3,332	0	2,200	2,200		
	23,690,184	51,773,000	55,202,200	3,429,200	7%	46%
Expense						
Salaries	2,298,690	5,203,000	4,927,000	276,000	5%	44%
Fringe Benefits	617,281	1,416,000	1,383,000	33,000	2%	44%
NCLEX Processing Costs	10,677,111	24,290,000	26,040,000	(1,750,000)	-7%	44%
Other Professional Service Fees	1,584,900	5,208,000	3,745,000	1,463,000	28%	30%
Supplies and Materials	36,025	120,000	120,000	0	0%	30%
Meetings and Travel	617,085	2,822,000	2,605,000	217,000	8%	22%
Telephone and Communications	91,678	341,000	301,000	40,000	12%	27%
Postage and Shipping	106,494	291,000	291,000	0	0%	37%
Occupancy	420,676	863,000	863,000	0	0%	49%
Printing, Copying and Publications	135,665	494,000	494,000	0	0%	27%
Library/Memberships	29,596	56,000	56,000	0	0%	53%
Insurance	55,512	51,000	51,000	0	0%	109%
Equipment Rental and Maintenance	507,944	1,050,000	1,050,000	0	0%	48%
Depreciation and Amortization	766,010	1,881,000	1,881,000	0	0%	41%
Other Expenses	17,608	333,000	133,000	200,000	60%	5%
Total Expense	17,962,275	44,419,000	43,940,000	479,000	1%	40%
Surplus/(Deficit)	5,727,909	7,354,000	11,262,200	3,908,200		
Capital	884,210	3,041,000	3,041,000	0	0%	

This statement has not been audited. Projected amounts are estimates.

Attachment B

Report of the Independent Auditors FY05

REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying statements of financial position of National Council of State Boards of Nursing, Inc. (National Council) as of September 30, 2005 and 2004 and the related statements of activities and of cash flows for the years then ended. These financial statements are the responsibility of the National Council's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2005 and 2004 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Legacy Professionals LLP

November 17, 2005

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National Council of State Boards of Nursing, Inc.

Statements of Financial Position

September 30, 2005 and 2004

	2005	2004
Assets		
Current assets		
Cash	$ 8,956,446	$ 11,371,612
Accounts receivable	239,632	317,846
Due from test vendor	2,591,454	1,299,729
Accrued investment income	398,778	352,181
Prepaid expenses	767,190	548,422
Total current assets	12,953,500	13,889,790
Investments	50,664,555	36,081,967
Property and equipment		
Furniture and equipment	1,125,141	920,860
Course development costs	271,729	271,729
Computer hardware and software	7,930,188	6,848,710
Leasehold improvements	325,998	320,036
	9,653,056	8,361,335
Less accumulated depreciation and amortization	(6,379,434)	(5,179,070)
Net property and equipment	3,273,622	3,182,265
Cash held for others	388,132	478,903
Total assets	$ 67,279,809	$ 53,632,925
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 636,118	$ 567,842
Accrued payroll, payroll taxes and compensated absences	391,221	422,769
Due to test vendor	7,087,469	5,755,797
Deferred revenue	219,066	254,296
Total current liabilities	8,333,874	7,000,704
Other liabilities		
Deferred rent credits	547,756	576,804
Cash held for others	388,132	478,903
Total other liabilities	935,888	1,055,707
Total liabilities	9,269,762	8,056,411
Unrestricted net assets	58,010,047	45,576,514
Total liabilities and net assets	$ 67,279,809	$ 53,632,925

See accompanying notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2005 and 2004

	2005	2004
Revenue		
Examination fees	$ 46,710,135	$ 42,361,987
Other program services income	3,854,701	3,332,188
Net realized and unrealized (loss) on investments	(482,292)	(330,002)
Net realized (loss) on disposal of property and equipment	(11,792)	(1,439)
Interest and dividend income	2,175,360	1,815,419
Membership fees	180,000	183,000
Total revenue	52,426,112	47,361,153
Expenses		
Program services		
Nurse competence	29,295,600	24,009,745
Nurse practice and regulatory outcome	3,688,826	3,059,023
Information	5,161,465	5,057,624
Total program services	38,145,891	32,126,392
Supporting services		
Management and general	1,846,688	1,731,590
Total expenses	39,992,579	33,857,982
Net increase	12,433,533	13,503,171
Unrestricted net assets		
Beginning of year	45,576,514	32,073,343
End of year	$ 58,010,047	$ 45,576,514

See accompanying notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows

Years Ended September 30, 2005 and 2004

	2005	2004
Cash flows from operating activities		
Net increase	$ 12,433,533	$ 13,503,171
Adjustments to reconcile net increase to net cash provided by (used in) operating activities		
Depreciation and amortization	1,579,255	1,476,306
Net realized and unrealized loss on investments	482,292	330,002
Net realized loss on disposal of property and equipment	11,792	1,439
Loss on disposal of inventory	-	4,018
Bad debt expense	5,266	1,623
(Increase) decrease in assets		
Accounts receivable	72,948	23,307
Due from test vendor	(1,291,725)	(1,161,431)
Accrued investment income	(46,597)	(83,404)
Prepaid expenses	(218,768)	(15,052)
Increase (decrease) in liabilities		
Accounts payable	68,276	8,306
Accrued payroll, payroll taxes and compensated absences	(31,548)	65,012
Due to test vendor	1,331,672	755,545
Deferred rent credits	(29,048)	(30,003)
Deferred revenue	(35,230)	23,135
Net cash provided by operating activities	14,332,118	14,901,974
Cash flows from investing activities		
Purchases of property and equipment	(1,682,404)	(1,474,524)
Investment in course development costs	-	(84,960)
Purchases of investments	(37,869,906)	(51,202,672)
Proceeds on sale of investments	22,805,026	42,575,820
Net cash (used in) investing activities	(16,747,284)	(10,186,336)
Net increase (decrease)	(2,415,166)	4,715,638
Cash		
Beginning of year	11,371,612	6,655,974
End of year	$ 8,956,446	$ 11,371,612

See accompanying notes to financial statements.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2005 AND 2004

NOTE 1. DESCRIPTION OF THE ORGANIZATION

The National Council of State Boards of Nursing, Inc. (National Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the National Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern to promote safe and effective nursing practice in the interest of protecting public health and welfare including the development of licensing examinations in nursing.

The program services of the National Council are defined as follows:

Nurse Competence - Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Nurse Practice and Regulatory Outcome - Assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information - Develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation - Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the National Council is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The National Council does not have any temporarily or permanently restricted net assets.

Investments - Investments are carried at fair value which generally represents quoted market price as of the last business day of the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Furniture and equipment	5 - 7 years
Course development costs	2 - 5 years
Computer hardware and software	2 - 5 years
Leasehold improvements	10 years

Due from Test Vendor - Due from test vendor represents amounts owed by NCS Pearson for candidate applications received as well as rebates calculated on vendor performance and volume per contract. The amounts owed by NCS Pearson at September 30, 2005 and 2004 were $2,591,454 and $1,299,729 respectively.

Due to Test Vendor - Due to test vendor represents unpaid amounts to NCS Pearson for candidate testing, which includes approximately $4,658,000 at September 30, 2005 and $3,384,000 at September 30, 2004 for registered candidates who as of year end had not taken the exam. The amounts owed to NCS Pearson at September 30, 2005 and 2004 were $7,087,469 and $5,755,797 respectively.

NCS Pearson performs substantially all testing services for the National Council.

Deferred Rent Credits - Deferred rent credits were established in conjunction with taking possession of new leased office space in 2003. The landlord abated a portion of the monthly rent and made cash disbursements to the National Council in connection with the lease. These amounts are amortized to reduce rent expense over the term of the lease.

Deferred Revenue - Deferred revenue consists of membership fees of $174,000 for 2005 and $183,000 for 2004, online course revenue of $45,066 for 2005 and $18,296 for 2004 and secretarial fees assessed to National Licensure Compact Administrators (NCLA) members of $0 for 2005 and $53,000 for 2004.

Bad Debt Expense - The National Council uses the direct write-off method for bad debts. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Statement of Cash Flows - For purposes of the statement of cash flows, the National Council considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions, petty cash and certificates of deposit with a maturity date of less than three months when purchased. It does not include cash held for others.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain reclassifications have been made to the prior year amounts to conform to the presentation for the current year.

NOTE 3. TAX STATUS

The National Council is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on income related to its exempt purpose pursuant to Section 501(a) of the Code and has been classified as an organization which is not a private foundation under Section 509(a).

NOTE 4. CASH CONCENTRATIONS

The cash balance as of September 30, 2005 and 2004 consisted of the following:

	2005	2004
Bank One:		
Checking account	$ 4,487,166	$ 538,368
Money market account	1,314,152	10,123,399
Certificates of deposit	3,000,000	-
SunTrust Bank:		
Checking account	-	68,862
Wells Fargo Bank:		
Checking account	152,583	636,868
Credit card merchant accounts	2,295	3,865
Petty cash	250	250
Total	$ 8,956,446	$ 11,371,612

The National Council places its cash with financial institutions deemed to be creditworthy. Cash balances may at times exceed the insured deposit limits.

NOTE 5. OPERATING LEASE

In July 2002, the National Council entered into a lease agreement for new office space which commenced February 1, 2003 and expires January 31, 2013. In 2004, the National Council signed two amendments to the lease for additional space, one commencing in January 2004 and the other in January 2005. The following is a summary by year of future minimum lease payments required under the new office lease as of September 30, 2005:

Year ending September 30,	
2006	$ 461,606
2007	477,047
2008	491,910
2009	506,950
2010	522,343
Thereafter	1,278,955
Total	$ 3,738,811

Rent expense for the years ended September 30, 2005 and 2004 was $809,731 and $677,172 respectively.

NOTE 6. INVESTMENTS

The composition of investments at September 30, 2005 and 2004 is as follows:

	2005	2004
U.S. Government and Government Agency obligations	$ 10,789,761	$ 13,305,558
Corporate bonds	23,759,748	18,330,917
Mutual funds	13,024,780	4,063,110
Money market fund	90,266	382,382
Certificates of deposit	3,000,000	-
Total	$ 50,664,555	$ 36,081,967

NOTE 7. RETIREMENT PLAN

The National Council maintains a defined contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The National Council's policy is to fund accrued pension contributions. Pension expense was $348,484 and $325,421 for the years ended September 30, 2005 and 2004, respectively.

NOTE 8. COMMITMENTS

The National Council has entered into contracts for services and accommodations for future meetings. These contracts include penalty clauses which would require the National Council to pay certain amounts if a meeting were to be canceled or guarantees for room blocks are not fulfilled.

The National Council has also entered into various contracts for futures services. At September 30, 2005, the requirements to fulfill these commitments approximated $500,000.

Report of the Governance and Leadership Advisory Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

> *Organizational Culture: A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked will enough to be considered valid and, therefore, to be taught to new members as the correct way you perceive, think, and feel in relation to those problems.*
>
> *Edgar Schein*

In FY05, the Governance and Leadership Task Force began a journey to assess the strengths and limitations of NCSBN that impact the organization's ability to be progressive, creative and responsive to change. This was the charge given to the task force by the Board of Directors to address the strategic initiative: Enhance the organizational culture to support change and innovation.

Draft recommendations were developed in FY05 and communicated to the membership for discussion and debate. In FY06, the Board of Directors continued the work of the group (now the Governance and Leadership Advisory Panel) to continue development of recommendations to enhance the organizational culture.

NCSBN has seen significant changes in programs and services and achieved significant results since its founding in 1978. With this in mind, the Advisory Panel reevaluated the evolution of the governance structure and operations over that same 28-year period time frame.

The Advisory Panel accomplished its work by:

A. Examining and analyzing NCSBN's organizational culture, especially governance structure and operations, as well as studying organizational culture theory.

B. Studying the assumptions, beliefs and what has been learned in the 28-year history that helped build a strong NCSBN.

C. Offering recommendations for NCSBN to make the changes necessary to fulfill the mission of the organization by becoming a high-performing and open organization as well as the leading voice and source of information in advancing regulatory excellence for public protection.

D. Providing multiple opportunities for the membership to discuss and dialogue on proposed recommendations.

The Advisory Panel members reviewed numerous documents including:

- Articles of Incorporation
- Bylaws
- Work of the Practice, Education and Regulation Congruence Committee (PERC)
- Current strategic plan (including the mission, vision and organizational values)
- Successes as well as the challenges of the organization
- Results of the 2000 and 2005 Governance Survey
- BoardSource and American Society of Association Executives (ASAE) resource materials.

The need to enhance the organizational culture has been identified and discussed both by the membership and the Board of Directors since 2000. The need was first identified by the Practice, Education and Regulation Committee (PERC). PERC developed an action plan for the future that the membership supported and adopted at the 2002 Delegate Assembly. The first recommended action was to commit to an organizational environment supportive of change and innovation. PERC

Members

Polly Johnson, MSN, RN, FAAN, Chair
North Carolina, Area III

Mary Bolt, EdD, MS, BSN, AS, RN
Maryland, Area IV

Shirley Brekken, MS, RN
Minnesota, Area II

Roberta Connelley, RN, BSN, MA
Louisiana–PN, Area III

Marcia Hobbs, RN, DSN
Kentucky, Area III

Kathy Malloch, PhD, MBA, RN
Arizona, Area I

Barbara Morvant, MN, RN
Louisiana–RN, Area III

Laura Rhodes, MSN, RN
West Virginia–RN, Area II

Maris Lown, MS, RN, New Jersey, Area IV
(September – November 2005)

Dan Coble, PhD, RN
Florida, Area III
(September 2005 – February 2006)

Maryann Alexander, PhD, RN
Illinois, Area II
(September – December 2005)

Sandra Hughes, Consultant

Staff

Kathy Apple, MS, RN, CAE
Executive Director

Maryann Alexander, PhD, RN, Associate Executive Director for Regulatory Programs, January to August 2006

Tom Abram, JD, Legal Counsel

Meeting Dates

- Sept. 14-15, 2005
- Nov. 15-16, 2005
- Jan. 4-6, 2006
- March 29-30, 2006
- April 24, 2006, Conference Call

Relationship to Strategic Plan

Strategic Initiative III
Enhance the organizational culture to support change and innovation.

Strategic Objective 1
Implement recommendations to enhance NCSBN's ability to be progressive, creative and responsive to change.

considered the achievement of this goal to be a fundamental priority to accomplish the entire set of recommendations to enhance congruence between practice, education and regulation.

The 2004 Board of Directors captured this concept for the direction of NCSBN by recommending that 2005–2007 strategic initiatives include enhancing the organizational culture. This strategic initiative was adopted by the membership at the 2004 Delegate Assembly.

In addition, the Advisory Panel studied external drivers of change, best and promising nonprofit, membership, and association governance practices — including what is happening in other similar national organizations and nonprofits. Advisory Panel members diligently deliberated about enhancing organizational culture, challenging all assumptions and legal underpinnings of the organization, while maintaining consistent excitement about the potential for the future governance structure and operations. To assist in this deliberation, the Advisory Panel consulted with an expert in organizational and nonprofit governance.

As a result of reviewing the pertinent information, analyzing the relevant survey data and engaging in numerous days of deliberation, the Advisory Panel identified the following three key issues:

- A lack of clarity around the boundary between the authority and responsibilities of the Board of Directors and the authority and expectations of the Delegate Assembly.
- Dissonance between and among the organization's structure, processes and culture.
- A leadership development and selection process that may not ensure essential core competencies in its leaders.

The Advisory Panel reviewed the work of organizations similar to NCSBN and discovered a widespread trend toward governance changes within national organizations. According to a 1998 study of nonprofit organizations by The Nonprofit Report, 72 percent of respondents said their organization attempted to change some aspect of their governance within the past three years. The most common type was an attempted change and clarification of board responsibilities. In another study by the ASAE in 1999, 89 percent of membership organizations conducted reviews of their bylaws within the past five years (of the study) to streamline either the organizational structure or the cumbersome organizational requirements.

In Facing the Future, ASAE's 1999 report on trends facing membership organizations, three major observations were made about national organization governance:

- "Current governance models are often outmoded and obsolete, and are too slow and cumbersome to deal with an increasingly complex, fast-paced environment. The process often strangles effective, timely decisions on substantive issues and is often reinvented annually."
- "Future organizations must focus on member value and organize for responsiveness. They need to create new governance forms based on collaborative and flexible processes that focus on delivering increased value to members within a shortened time frame."
- "The composition of the board and other governance leadership entities must reflect the future of the membership. The board should be composed to balance the diversity of the membership five to ten years ahead, to adequately represent the future membership and to retain an historical perspective."

The Advisory Panel considered the following descriptors to communicate what they desired in a governance culture at NCSBN.

- Clear delineation of Board and Delegate Assembly roles, responsibilities and accountability.
- A governance structure and operations that recognizes and values diversity.
- A structure that makes sure that no group and/or member is disenfranchised (i.e., there is a place for everyone to contribute).
- Includes the staff in this governance structure and operations consideration.
- Staff understands state board perspective.
- Outcomes of the work of the Advisory Panel need to be congruent with the bylaws, policies and procedures.

- Quality is integral.
- Lines of communication are honest, open and clear.
- To be as transparent as the organization needs to be.
- A culture that fosters, provides for, and does not squelch open and honest debate (i.e., doing the right thing for the right reason through informed, open and ethical debate).
- Renews and reinvigorates.
- Is flexible to enable quick decision making.
- Reflects the future membership in terms of age, gender, ethnic composition and experience level.
- Focuses on critical issues facing the organization, state boards and health care regulators.
- Is committed to teamwork.
- Strategically uses reports and other information highlighting pertinent issues.
- Maintains a self-evaluation process.
- Enhances NCSBN image and reputation.
- Sends a strong message of vitality — both internally and externally.
- Offers greater fulfillment of member expectations.
- Maintains a clearer relationship between Member Boards with the national organization.
- Embraces a number of critical success factors including a commitment to member needs and values.
- Approaches issues proactively instead of reactively.

In addition, effective future governance at the NCSBN will have several other attributes:

- A structure that clearly delineates roles and responsibilities.
- A deliberative process focused on debating issues.
- Decision making that includes the evaluation of long-term implications.
- Documented and identified next steps.
- Open communication among NCSBN leaders and staff.
- A culture fostering the expression of different views and taking risks.
- An open and democratic nominating process that is focused on needed skills and leadership qualities.
- Agreed-upon goals and objectives for determining appropriate performance measures.

The desired future is a high-performing organization dedicated to the needs and values of members; committed to diversity, teamwork and self-evaluation; and focused on critical issues and strategic thinking rather than on unclear expectations or day-to-day operations. This perspective allows an organization like NCSBN to move from an internally focused governance structure that concentrates on short-term issues and solutions to a highly accountable entity focused on changing member needs, a changing environment and a culture that promotes flexibility.

On the basis of this information, the Governance and Leadership Advisory Panel constructed a vision for enhancing the organizational culture of NCSBN.

Vision for Enhancing the Organizational Culture of NCSBN

An organizational culture, governance structure and operations that exhibit flexibility, transparency and trust.

- A vision-based, policy-making Board of Directors with defined roles, composition and responsibilities.
- A deliberative, generative Delegate Assembly with defined roles, composition and responsibilities.

- An efficient, effective board and organization-wide committee and task force structure that enhances the work of the organization while developing future leadership.
- Bylaws, policies, procedures and practices that reflect the desired culture in the work the organization does and evidenced in the behaviors, actions and attitudes of the membership.
- A membership base that supports the mission and vision of NCSBN.
- An innovative, inclusive and comprehensive process by which to identify, encourage and develop individual leadership opportunities throughout the organization.
- Communication to facilitate the work of the organization and ensures connectivity between and among all entities of NCSBN.

COMMUNICATION

The Advisory Panel worked diligently to provide information to the membership and opportunities for membership feedback at the following times in FY06:

1. 2005 Delegate Assembly forum plus informal discussion session.
2. Panel offered to executive officers to be available via conference call for individual Member Board meetings to discuss the recommendations.
3. Update provided to 2006 committee chairs at the Jan. 18, 2006, conference call.
4. Presentation and discussion at the 2006 Midyear Meeting.
5. Published panel minutes on the NCSBN Web site.
6. Update memos sent to the membership in October 2005, November 2005, January 2006 and April 2006.
7. Conference call updates to the membership in April, May, June and July 2006.
8. Panel updates to the Board of Directors in December 2005 and February 2006.

HIGHLIGHTS OF FY06 ACTIVITIES

- The panel reviewed and discussed the direction given to the panel from the Aug. 29-31, 2005, Board of Directors meeting. The FY06 charge to the panel from the Board of Directors is to develop operational strategies for implementation of recommendations and develop additional recommendations related to committees, nominations and elections process and to work jointly with the Bylaws Committee. The Board of Directors also charged the Bylaws Committee to initiate bylaw revisions based on the Governance and Leadership Task Force recommendations and the feedback received from the membership for presentation to the February 2006 Board of Director's meeting.
- The committee reviewed and discussed the many comments received from the membership at the 2005 Delegate Assembly. The panel also reviewed comments submitted by the parliamentarian.
- The panel discussed and revised a table to outline the role, responsibilities and accountability of NCSBN, the Board of Directors, the Delegate Assembly, the executive director, the staff, board committees and Member Boards.
- The panel had a lengthy discussion and review of the July 2005 recommendations related to the Board of Directors, Delegate Assembly, Bylaws, Membership, Committees and Task Forces, and the nominations and elections process. The panel revised some and eliminated others based on membership feedback and through panel discussion.
- In discussing the difference between standing committees and special committees it was noted that Roberts Rules of Order describe standing committees as a permanent part of an organization where the purpose, function, and duties do not change and have certain functions to perform that are essential to the harmonious operation of the organization.
- Sandy Hughes, consultant, assisted the panel in describing the current thinking about leadership development that includes nominations and elections. The current thinking is a model that has the following concepts as a continuous loop: identification, cultivation, recruitment, orientation, engaged, education, evaluation, rotation and identification.

- The panel discussed the importance of a communication plan to ensure that the Board of Directors and the membership are informed throughout the year of the progress of the panel. Executive officers will be asked to have their individual boards place this topic on one of their board meeting agendas as a way to inform and get further membership feedback. Panel members offered to be available by telephone to individual Member Board meetings. The panel thought an update could be provided at the January 2006 committee chair conference call. An update will be provided to the Board of Directors at all of their FY06 meetings. A series of conference calls could be held with the membership to discuss various areas for change. Polly Johnson as chair sent e-mail updates to the membership letting the membership know of the progress to date.
- The panel reviewed, discussed and revised the recommendations related to the Board of Directors, Delegate Assembly, Membership, Committees and Nominations. During the discussion the panel also again reviewed membership comments provided in the evaluations of the 2005 Delegate Assembly.
- The panel had a lengthy discussion regarding leadership development and succession planning. The sequence of developing leadership leading to qualifications for Board of Director eligibility needs further exploration and input from the membership.
- The panel discussed and planned for the joint meeting with the Bylaws Committee on Jan. 4-5, 2006. Polly Johnson contacted Laura Rhodes, chair of the Bylaws Committee, to develop an agenda for the day.
- The panel discussed the content of a presentation for the 2006 Midyear meeting and how to inform the membership and solicit more input from the membership.
- The Governance and Leadership Advisory Panel and the Bylaws Committee met jointly to discuss and develop bylaw revisions based on recommendations to enhance the organizational culture to support change and innovation. Legal counsel was present and provided considerable input. The groups resolved questions raised from the Bylaws Committee initial review.
- The panel reviewed and updated the communication plan. A series of conference calls for the membership to dialogue with the panel was identified for the months of April, May, June and July 2006.
- The two-hour presentation and Q & A session at the March 14, 2006, Midyear meeting was reviewed and discussed.
- The panel had a lengthy discussion regarding membership comments provided at the 2006 Midyear meeting. The recommendations for change were reviewed and revised, incorporating many of the comments from the 2006 Midyear meeting.
- The Authority, Accountability and Role(s) for the Desired Future of NCSBN document was reviewed and revised multiple times.
- The revised recommendations were placed on the NCSBN Web site for access by the membership. In addition to placement on the Web site, the revisions were e-mailed to all executive officers, Member Board presidents and attendees from the Midyear meeting. The panel set up conference calls in April for the membership to provide additional comments on the revised recommendations for consideration by the Board of Directors at their May 3-5, 2006, meeting. Conference calls will also be planned for May, June and July for membership questions.
- The panel discussed operationalizing the recommendations, which will be done primarily through bylaw revisions and special provisos of the bylaws. This includes a timeline.
- The panel reviewed their balanced scorecard and met all performance measures and targets.
- The panel evaluated their meetings utilizing the committee evaluation form.

Future Activities

None planned at this time.

Attachment

A. Leadership Resource Bibliography

Attachment A

Leadership Resource Bibliography

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Report of Member Board Leadership Development Advisory Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

The Member Board Leadership Development Advisory Panel is charged with developing continuing education programs for Member Boards and providing orientation for newly appointed board presidents and executive officers. It assures the functioning of a mentorship program and reviews recommendations of the board presidents participating in the network session.

Highlights of FY06 Activities

- Assigned executive officers as coaches to new executive officers.
- Initiated a welcome letter and two resource publications sent to new Member Board presidents.
- Reviewed the agenda and program objectives for the 2006 Executive Officer Seminar.
- Provided input for the annual evolution of NCSBN programs and services to evaluate Member Board president's satisfaction with the programs and services.
- Developed the 2006 Midyear leadership program for Member Board presidents that provided media training and crisis management.
- Conducted a focus group for operations staff to identify educational needs and opportunities for Member Board staff.
- Developed a business plan that identified educational programs and services for Member Board staff that was submitted for review by the Board of Directors and executive officer network.
- Conducted the third annual Institute of Regulatory Excellence (IRE): Nursing Competence and Evaluation/Remediation Strategies in Atlanta, Georgia, on Jan. 9-11, 2006.
- Developed a brochure for the Fellowship Program.
- Planned for the fourth annual Institute of Regulatory Excellence: Organizational Behavior and Behavior.
- Initiated monthly calls for individuals in the Fellowship Program.
- Developed an IRE Research Panel to assist individuals in the Fellowship Program.
- Worked with marketing and communication department to develop CDs of previous IRE programs.

Members

Joey Ridenour, MNC, RN, Chair
Arizona, Area I

Joan Bouchard, MSN, RN
Oregon, Area I

Shirley Brekken, MS, RN
Minnesota, Area II

Judith Hiner, RN, BSN, CNA
Kansas, Area II

Mark Majek, MA, PHR
Texas, Area III

Teri Murray, PhD, RN
Missouri, Area II

Dan Coble, RN, PhD
Florida, Area III
(October 2005 – February 2006)

Joan M. Hovatter, RN
Maryland, Area IV
(October 2005 – January 2006)

Staff

Alicia Byrd, RN
Member Relations Manager

Nancy Chornick, PhD, RN, CAE
Director of Practice and Credentialing

Meeting Dates

- Sept. 26-27, 2005
- Dec. 5-6, 2005
- Feb. 16-17, 2006
- April 4, 2006

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objective 2
Facilitate timely information sharing and networking opportunities.

Strategic Objective 3
Continuously evaluate the effectiveness of education, information sharing and networking opportunities.

Future Activities

- Develop the program for the Member Board presidents at the 2006 Annual Meeting based on the evaluation of the Presidents Midyear meeting session.
- Conduct fourth Institute of Regulatory Excellence: Organizational Structure and Behavior.
- Evaluate Institute of Regulatory Excellence Program.
- Continue to conduct monthly calls to individuals participating in the Fellowship Program.
- Finalize recommendations regarding educational activities for operations staff.

Attachments

None

Report of Nur*sys*® Advisory Panel

Recommendations to the Board of Directors
None. This report is for information only.

Background
The Nur*sys*® Advisory Panel is convened from the membership to enhance the Nur*sys*® database system and address Member Board day-to-day Nur*sys*®-related issues.

Highlights of FY06 Activities
- Increased participation in Nur*sys*® by three Member Boards (New Hampshire, Kentucky and South Carolina), bringing the total number of Member Boards participating to 34.
- Increased the number of Member Boards submitting discipline data into Nur*sys*® by two additional boards (Illinois and Louisiana–PN). This brings the total number of board entering discipline information to 55.
- NCSBN hosted the first Nur*sys*® User Group meeting in Chicago. Fifty-two Member Board staff attended representing 40 boards of nursing.
- Enhanced www.nursys.org to address feedback from users. Some of the enhancements included: allowing unlimited search results; creating a new layout of the home page; eliminating the need to enter slashes in date fields; automating privilege to practice discipline entry; creating several enhancements to support HIPDB rules; and incorporating the ability to use the back button on the internet browser while entering discipline, without losing the data already entered.
- NCSBN has undertaken the task of bringing the data collection and cleansing portion of Nur*sys*® updates in house. This will eliminate the need for Donnelley Marketing services and allow NCSBN to have more control over the data collection process. By bringing this in house, the system will be enhanced and provide many benefits, such as fewer duplicate records.

Attachments
None

Members
Sheryl Meyer, Chair
Minnesota, Area II

Lanette Anderson, RN, BSN, JD
West Virginia–PN, Area II

Adrian Guerrero
Kansas, Area II

Adam Henriksen
Arizona, Area I

Sheree Zbylot
Mississippi, Area III

Staff
Sandy Rhodes
Nursys® Program Manager

Meeting Dates
- Oct. 17, 2005, Conference Call
- Dec. 5-6, 2005
- Feb. 7, 2006, Conference Call
- March 8, 2006
- May 18, 2006

Relationship to Strategic Plan

Strategic Initiative I
Facilitate Member Board excellence through individual and collective development.

Strategic Objective 5
Support Member Boards seeking to enter into the Nurse Licensure Compact (NLC).

Strategic Initiative IV
Advance NCSBN as the leading source of data, information, and research regarding nursing regulation and related health care issues.

Strategic Objective 2
Create a national nurse licensure database.

Report of the Practice Breakdown Advisory Panel

Recommendations to the Board of Directors

None. This report is for information only.

Background

The Practice Breakdown Advisory Panel has continued the work begun in 1999 to tap into the rich source of data that has been collected in discipline cases, using that information to identify sources of nursing error. Boards of nursing are well positioned to add to the body of knowledge surrounding this aspect of medical errors.

The audit instrument developed from the pilot cases is known as A Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP). This instrument will be used by Member Board investigators to collect data that can then be analyzed to identify recurring themes. The work this year has focused on achieving instrument inter-rater reliability. This was a challenge, given the complexity of the tool. After modification of the tool, eliminating redundant items and reordering categories, an inter-rater score of 0.74 was achieved.

The goal of the project continues to be to learn from the experience of nurses who have had episodes of practice breakdown and to discover characteristics of nurses at risk. The overall aim is to promote patient safety by better understanding nursing practice breakdown and by improving the effectiveness of nursing regulation.

Highlights of FY06 Activities

- Revised the TERCAP instrument.
- Conducted inter-rater reliability studies of TERCAP and achieved goal.
- Adapted electronic TERCAP to reflect changes triggered by inter-rater reviews.
- Revised TERCAP coding protocol.
- Revised TERCAP toolbox.
- Presented TERCAP at the NCSBN Investigator and Attorney Workshop.
- Submitted second article on policy implications of TERCAP accepted for publication in Harvard Health Policy Review journal .
- Expanded and edited book based on TERCAP categories and pilot cases.

Future Activities

- Edit final book prior to submission for publication.
- Enlist 20 percent of Member Boards to participate in TERCAP data collection.
- Provide onsite TERCAP training for board representatives.
- Begin collecting TERCAPs for practice cases.
- Conduct quarterly analysis of cases collected.
- Develop TERCAP continuous quality improvement plan.
- Plan for presentations of the data analysis.
- Develop additional resources and products based on TERCAP.
- Evaluate TERCAP after one year of data collection.

Members

Kathy Malloch, PhD, MBA, FAAN, RN, Chair
Arizona, Area I

Karla Bitz, PhD, RN
North Dakota, Area II

Karen Bowen, MS, RN
Nebraska, Area II

Lisa Emrich, MSN, RN
Ohio, Area II

Linda Patterson, BSN, RN
Washington, Area I

Kathryn Schwed, JD
New Jersey, Area IV

Mary Beth Thomas, MSN, RN
Texas, Area III

Patricia E. Benner, RN, PhD,
FAAN, Consultant

Marie Farell, RN, PhD, FAAN, Consultant

Kathy A. Scott, RN, PhD, Consultant

Staff

Vickie Sheets, JD, RN, CAE
Director of Practice and Regulation

Kevin Kenward, PhD
Director of Research Services

Meeting Dates

- Sept. 26-27, 2005
- Nov. 29, 2005, Webinar
- Jan. 23-24, 2006
- April 5-6, 2006
- July 6-7, 2006

Relationship to Strategic Plan

Strategic Initiative II
Promote evidence-based regulation that provides for public protection.

Strategic Objective 2
Support Member Board adaptation of best practices.

Attachments

Attachment A – Revised TERCAP (May 2006)

Attachment A

Revised TERCAP (May 2006)

TERCAP

Purpose: *TERCAP provides an instrument that can be used by boards of nursing as an intake instrument that assists in capturing data from discipline case files to feed into a national data set. The TERCAP survey is used to collect consistent and comprehensive discipline case information.*

Each TERCAP should focus on one nurse and one incident. If multiple nurses are involved in an incident you are to complete a separate TERCAP for **each** nurse. Each incident is a distinguishable occurrence. Actions that are linked together in an unbroken chain of events would be reported as one incident. A single incident may have multiple contributing factors. Fill out the form for **the one incident that triggered the report to the board. If more than one patient is involved in the incident, report on the patient with the most serious harm.**

Some questions specify only a single response. Others ask you to check all answers that apply. Many survey questions include the option “unknown/none/not applicable.” There are some items that ask for a yes or no answer and may offer an “unknown” option. You are provided specific directions for each item.

You must answer every question.

Information about the reviewer

1. Name of Reviewer	2. State Board of Nursing
3. Date of Incident ___/___/___**OR _____**Unknown **Indicate the date of the incident reported. The date is to be provided in the following format: Month/Day/Year (xx/xx/xxxx).** ***Note: Year is a four-digit number.***	

Section One – Patient Profile

This section describes the patient involved in the practice breakdown.

Select one answer for each, questions 4–6:

4. Patient age

____0 – 6 months
____7 – 11 months
____1 – 3 years
____4 – 6 years
____7 – 11 years
____12 – 18 years
____19 – 25 years
____26 – 35 years
____36 – 49 years
____50 – 64 years
____65 – 79 years
____80 years and over
____Unknown

5. Patient gender

____Male
____Female
____Unknown

6. Were the patient's family and/or friends present at the time of the incident?

____Yes
____No
____Unknown

7. Indicate whether the patient exhibited any of the following at the time of the incident.

Check all that apply:

Yes	No	Unknown	Patient Characteristic
			Agitation/combativeness
			Altered level of consciousness
			Cognitive impairment
			Communication/language difficulty
			Depression/anxiety
			Inadequate coping/stress management
			Incontinence
			Insomnia
			Sensory deficits (e.g., hearing, vision, touch)

8. Indicate the patient's diagnoses. ***Check no more than two diagnoses:***

- ____Alzheimer's disease and other dementias (confusion)
- ____Arthritis
- ____Asthma
- ____Back problems
- ____Cancer
- ____Congestive heart failure
- ____Depression and anxiety disorders
- ____Diabetes
- ____Emphysema
- ____Fractures
- ____Gallbladder disease
- ____Gastrointestinal disorders
- ____HIV/AIDS
- ____Hypertension
- ____Infections
- ____Ischemic heart disease (CAD, MI)
- ____Nervous system disorders
- ____Pneumonia
- ____Pregnancy
- ____Renal/urinary system disorders
- ____Skin disorders
- ____Stomach ulcers
- ____Stroke (CVA)
- ____Other – please specify:______________________
- ____Unknown

Section Two – Patient Outcome

This section tracks what happened in the incident and how it affected the patient.

9. What happened to the patient? ***Check all that apply***

- ____Patient departed without authorization
- ____Patient fell
- ____Patient had nosocomial (hospital acquired) infection
- ____Patient homicide
- ____Patient received wrong medication
- ____Patient received wrong therapy
- ____Patient received wrong treatment
- ____Patient suffered hemolytic transfusion reaction
- ____Patient suffered labor/delivery complications
- ____Patient suffered severe allergic reaction/anaphylaxis
- ____Patient suffered surgical complications
- ____Patient suicide
- ____Patient was abducted
- ____Patient was assaulted
- ____Unknown/not applicable
- ____Other – please specify:______________________

Harm is defined as temporary or permanent impairment of the physical, emotional or psychological function or structure of the body and/or pain that requires intervention. National Coordinating Council for Medication Error and Prevention (NCC MERP)

10. Patient Harm

Select only one response:	***Description of Harm***
____No harm	An error occurred but with no harm to the patient.
____Harm	An error occurred that caused a minor negative change in the patient's condition. *Example: Patient ability to walk deteriorated due to lack of preventive measures.*
____Significant harm	Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of limb or function.
____Patient death	An error occurred that may have contributed to or resulted in patient death.

Section Three – Setting

This section describes the type of community and setting where the reported incident occurred.

Select only one response for each question in this section:

11. Type of community

___Rural (lowly populated, farm, ranch land communities 10,000 or less)
___Suburban (towns, communities of 10,000 to 50,000)
___Urban (any city over 50,000)
___Unknown

12. Type of facility or environment

___Ambulatory care
___Assisted living
___Behavioral health
___Critical access hospital
___Home care
___Hospitals
___Long-term care
___Office-based surgery
___Unknown
___Other, please specify:___________________________

13. Facility size

___5 or fewer beds
___6-24 beds
___25-49 beds
___50-99 beds
___100-199 beds
___200-299 beds
___300-399 beds
___400-499 bed
___500 or more beds
___Unknown/not applicable

14. Medical record system

___Electronic documentation
___Electronic physician orders
___Electronic medication administration system
___Combination paper/electronic record
___Paper documentation
___Unknown

Section Four – System Issues

Practice breakdown is often a result of multiple influences. Good communication, strong leadership and having plans in place for the unexpected are important considerations in improving health care services. This section provides the opportunity to identify system elements that contributed to the event.

Check all that apply in questions 15–17:

15. Communication Factors

The transfer (or lack of transfer) of patient information is frequently cited in the patient safety literature as a critical element in providing safe and effective patient care. In this section you track communication factors that contributed to the practice breakdown.

___Communication systems equipment failure
___Computer system failure
___Interdepartmental communication breakdown/conflict
___Lack of ongoing education/training
___Lack of or inadequate orientation/training
___Medical record not accessible
___No adequate channels for resolving disagreements
___Patient identification failure
___Patient names similar/same
___Patient Transfer (hand-offs)
___Preprinted orders inappropriately used (other than medications
___Shift change (patient hand-offs)
___None/unknown/not applicable
___Other – please specify: ______________________

16. Leadership/ Management Factors

The leadership and management style of hospital authorities, chief nursing officers and administrators, also impact the organizational culture. In this section you track factors related to leadership and management that contributed to the practice breakdown.

___Assignment or placement of inexperienced personnel
___Inadequate/outdated policies/procedures
___Inadequate patient classification (acuity) system to support appropriate staff assignments
___Nurse shortage, sustained, at institution level
___Poor supervision/support by others
___Unclear scope and limits of authority/ responsibility
___None/unknown/not applicable
___Other – please specify: ______________________

17. Backup and Support Factors

This section addresses whether there were plans in place for unexpected needs.

___Forced choice in critical circumstances
___Ineffective system for provider coverage
___Lack of adequate provider response
___Lack of adequate response by lab/ x-ray/pharmacy or other department
___Lack of nursing expertise system for support
___None/unknown/not applicable
___Other – please specify: ______________________

18. Environmental Factors

The environment forms an important part of the situational context. Use this question to track aspects of the practice setting that contributed to the incident. ***Check all that apply:***

___Code situation
___Equipment failure
___Frequent interruptions/ distractions
___Increased noise level
___Lack of adequate supplies/equipment
___Multiple emergency situations
___Physical hazards
___Poor lighting
___Similar/misleading labels (other than medications)
___Unknown/not applicable
___Other – please specify: ______________________

Section Five – Health Care Team

This section addresses other members of the health care team who were involved in the incident. Inexperienced or inept team members could be nurse aides/unlicensed assistive personnel (UAP), another nurse, the night supervisor, the attending physician or any other member of the health care team.

19. Health care team members involved in the incident

If health care team members' (other than the subject nurse) actions or inaction contributed to the event, ***check the appropriate category of personnel involved in the practice breakdown***.

___Supervisory nurse/personnel
___Physician (may be attending, resident or other)
___Other prescribing provider
___Pharmacist
___Staff nurse
___Floating/temporary staff
___Other health professional (e.g., PT, OT, RR)
___Health profession student
___Medication aide
___Nurse aide/UAP
___Other support staff
___Patient
___Patient's family/friends
___None/unknown/not applicable
___Other, please specify ______________________

20. Staffing issues contributed to the incident

Patient care error may be affected by staffing issues. Capture any staffing issues that contributed to the incident. ***Check all that apply:***

___Lack of supervisory/management support
___Lack of experienced nurses
___Lack of nursing support staff
___Lack of clerical support
___Lack of other health care team support
___None/unknown/not applicable
___Other – please specify: ______________________

21. Health Care Team Issues

This question provides an opportunity to identify factors relating to the culture of a facility and how staff interact that have contributed to the incident. ***Check all that apply:***

___Breakdown of health care team communication
___Care impeded by policies or unwritten norms that restrict communication
___Illegible handwriting
___Intimidating/threatening behavior
___Intradepartmental conflict/nonsupportive environment
___Lack of family/caregiver education
___Lack of multidisciplinary care planning
___Lack of patient education
___Lack of patient involvement in plan of care
___Majority of staff had not worked together previously
___None/unknown/not applicable
___Other – please specify: ______________________

Section Six – Nurse Profile

Nurse Demographics – This section describes the nurse involved in the incident.

Select one response for questions 22–24:

22. **Nurse's Year of Birth**	23. **Nurse Gender**	24. **Where nurse received nursing education**
____Birth year ____Unknown	____Male ____Female OR ____Unknown	____United States ____Outside United States ____Unknown If outside the United States, please list country ________________________

Complete the chart listing education and licensure information. Do not include partial training or education. Only include training and education from which the nurse graduated. Indicate the year of initial licensure for each degree earned.

25. Nurse's Education

Indicate all degrees the nurse holds by listing the year of graduation and year of initial licensure that follow each type of degree/program. If graduation year and/or year of initial licensure is unknown, check the unknown column.

Education	Year of graduation	Year of initial licensure	Year of graduation unknown	Year of initial licensure unknown
Practical/Vocational				
Associate Degree-RN				
Diploma-RN				
Baccalaureate, Nursing				
Masters, Nursing				
Doctorate, Nursing				
Bachelors or other non-nursing advanced degree				
Degree held by nurse unknown				

26. Current Licensure Status. ***Check all license(s) active at the time of the reported incident:***

____LPN/VN
____RN
___APRN

27. Is English the nurse's primary language?

____Yes
____No
____Unknown

28. Continued Competence: Did the nurse report completion of any continued competence activities or professional development activities in the **last five years.**

Examples of continued competence or professional development activities include formal education, continuing education, portfolio development, working with a mentor, writing article or book chapter, preparing workshop.

___Yes
___No
___Not applicable/unknown

29. Indicate the category of Advanced Practice Registered Nurse (APRN).

If the nurse is not an APRN, check "not applicable."

Category of APRN

___Nurse practitioner
___Nurse anesthetist
___Nurse midwife
___Not applicable/unknown
___Clinical nurse specialist
___APRN category unknown
___Other – please specify:______________________

Nurse Practice History

The fields in this part of TERCAP provide information about the history and status of the nurse at the time of the incident.

Select only one response for each questions 30–37:

30. Work start and end times when the incident occurred:	**31. Length of time the nurse had worked for the organization/agency where the incident occurred:**	**32. Length of time nurse had worked in the patient care location/unit/ department where the incident occurred:**
Start time____________ End time_____________ ___Unknown	___Less than one month ___1–-11 months ___1–2 years ___3–5 years ___More than 5 years ___Unknown	___Less than one month ___1–-11 months ___1–2 years ___3–5 years ___More than 5 years ___Unknown

33. Length of time the nurse had been in the specific nursing role at the time of the incident:	**34. Type of shift**	**35. Days worked in a row at the time of the incident (include all positions/employment)**
___Less than one month ___1–-11 months ___1–2 years ___3–5 years ___More than 5 years ___Unknown	___8 hour ___10 hour ___12 hour ___On call ___Unknown ___Other, please specify: ______________________	___First day back after time off ___2–3 days ___4–5 days ___7 or more days ___Unknown

36. Was the nurse working in a temporary capacity (e.g., traveler, float pool, float to another unit, covering a patient for another nurse)?	**37. Assignment of the nurse at time of incident:**
____Yes ____No ____Not applicable/unknown	____Direct patient care ____Team leader ____Charge nurse ____Nurse manager/supervisor ____Combination patient care/leadership role ____Unknown

Select only one response for each, questions 38–40:

38. How many direct care patients were assigned to nurse at the time of the incident?	**39. How many staff members was the nurse responsible for supervising at the time of the incident?**	**40. How many patients was the nurse responsible for overall (counting direct care patients and the patients of the staff the nurse was supervising at the time of the incident?**
Number of: ______________Patients OR ____Unknown	Number of: ______________Staff OR ____Unknown	Number of: ______________Patients OR ____Unknown

41. Nurse's reported perception of factors that contributed to the incident. ***Check all that apply:***

____Nurse's language barriers
____Nurse's cognitive impairment
____Nurse's high work volume/stress
____Nurse's fatigue/lack of sleep
____Nurse's drug/alcohol impairment/abuse
____Nurse's functional ability deficit
____Nurse's inexperience *(e.g., with clinical event, procedure, treatment or patient condition)*
____No rest breaks/meal breaks
____Nurse's lack of orientation/training
____Nurse's overwhelming assignment
____Nurse's mental health issues
____Nurse's lack of team support
____Nurse's conflict with team members
____Not applicable/unknown
____Other – please specify:
____

42. Supervisor or employer's perception of factors that contributed to the incident. ***Check all that apply:***

_____Nurse's language barriers
_____Nurse's cognitive impairment
_____Nurse's high work volume/stress
_____Nurse's fatigue/lack of sleep
_____Nurse's drug/alcohol impairment/abuse
_____Nurse's functional ability deficit
_____Nurse's inexperience *(e.g., with clinical event, procedure, treatment or patient condition)*
_____No rest breaks/ meal breaks
_____Nurse's lack of orientation/training
_____Nurse's overwhelming assignment
_____Nurse's mental health issues
_____Nurse's lack of team support
_____Nurse's conflict with team members
_____Not applicable/unknown
_____Other – please specify:
____

Select only one response to questions 43–46:

43. Previous discipline history by employer(s) for practice issues:	**44. Terminated or resigned in lieu of termination from previous employment:**	**45. Previous discipline by a board of nursing:**	**46. Previous criminal convictions:**
____No ____Yes ____Unknown	____No ____Yes ____Unknown	____No ____Yes ____Unknown	____No ____Yes ____Unknown

Check all nurse outcomes that apply:

47. Employment Outcome	**48. Board of Nursing Outcomes**
____Employer retained nurse ____Nurse resigned ____Nurse resigned in lieu of termination ____Employer terminated/dismissed nurse. ____Not applicable/unknown ____Other – please specify: ______________________________	____Dismissed, no action ____Referral to another oversight agency ____Recommendations to the health care agency involved in the incident ____Non-disciplinary action (e.g., letter of concern) ____Alternative program – The nurse was given the opportunity to participate in a nondiscipline program to address practice and/ or impairment concerns. ____Board of nursing disciplinary action

Section Seven – Intentional Misconduct or Criminal Behavior

This section addresses behaviors that fall outside of nursing practice and involve deliberate illegal, unethical and/or criminal activities.

49. Did the incident involve intentional misconduct or criminal behavior?

____Yes
____No

If yes, check all that apply from the list below:

____Changed or falsified charting
____Deliberately covering up error
____Theft (including drug diversion)
____Fraud (including misrepresentation)
____Patient abuse (verbal, physical, emotional or sexual)
____Criminal conviction
____Other – please specify:______________________________

Practice Breakdown

Sections Eight through Ten track various aspects of practice breakdown.

- ***In Section Eight, you determine if a medication error was involved in the practice breakdown.***
- ***In Section Nine, you determine whether documentation contributed to the practice breakdown.***
- ***Section Ten includes six other practice breakdown categories that are more focused on the "why" of the incident. The following questions are about the reasons for the incident.***

Section Eight – Practice Breakdown: *Safe Medication Administration*

Many practice breakdown incidents involve medication errors. TERCAP collects more specificity about medications errors partly because of the focus on patient safety and medication errors.

The nurse administers the right dose of the right medication via the right route to the right patient at the right time for the right reason.

50. Did incident involve a medication error?	**51. Name of drug involved in the incident:**
____Yes – please complete questions 51–53	Drug ordered________________________
____No – go to question 54	Drug actually given ____________________
	Or _____Drug unknown

Questions 52 and 53 are based on items included in MedMarx, The national database for medication errors, developed by the U.S. Pharmacopeia. Two additional factors, drug devices and medication available as floor stock were added to the MedMarx list of contributing factors to the medication of error and are designated by italics.

52. Type of medication error identifies the form or mode of the error, or how the error was manifested. Select the type of medication error:

Check all that apply:

____Drug prepared incorrectly
____Extra dose
____Improper dose/quantity
____Mislabeling
____Omission
____Prescribing
____Unauthorized/wrong drug
____Wrong administration technique
____Wrong dosage form
____Wrong patient
____Wrong route
____Wrong time
____Wrong reason
____Abbreviations*
____Unknown/not applicable
____Other – please specify:____________________
____

53. Select contributing factors related to the medication error. ***Check all that apply:***

- ____Blanket orders
- ____Performance deficit
- ____Brand names look alike
- ____Brand names sound alike
- ____Brand/generic drugs look alike
- ____Brand/generic drugs sound alike
- ____Calculation error
- ____Communication
- ____Computer entry
- ____Computerized prescriber order entry
- ____Computer software
- ____Contraindicated, drug allergy
- ____Contraindicated, drug/drug
- ____Contraindicated in disease
- ____Contraindicated in pregnancy/ breastfeeding
- ____Decimal point
- ____Diluent wrong
- ____Dispensing device involved
- ____Documentation inaccurate/ lacking
- ____Dosage form confusion
- ____*Drug devices**
- ____Drug distribution system
- ____*Drug shortage*
- ____Equipment design confusing/inadequate
- ____Equipment (not pumps) failure/ malfunction
- ____Fax/scanner involved
- ____Generic names look alike
- ____Generic names sound alike
- ____Handwriting illegible/unclear
- ____Incorrect medication activation
- ____Information management system
- ____Knowledge deficit
- ____Label – Manufacturer design
- ____Label (your facility's design)
- ____Leading/missing zero
- ____Measuring device inaccurate/ inappropriate
- ____Monitoring inadequate/lacking
- ____Nonformulary drug
- ____Nonmetric units used
- ____Packaging/container design
- ____Patient Identification failure
- ____Performance (human) deficit
- ____Prefix/Suffix misinterpreted
- ____Preprinted medication order form
- ____Procedure/protocol not followed
- ____Pump, failure/malfunction
- ____Pump, improper use
- ____Reconciliation – admission
- ____Reconciliation – discharge
- ____Reconciliation material confusing/inaccurate
- ____Repackaging by your facility
- ____Repackaging by other facility
- ____Similar packaging/ labeling
- ____Similar products
- ____Storage proximity
- ____System safeguard(s) inadequate
- ____Trailing/terminal zero
- ____Transcription inaccurate/ omitted
- ____Verbal order
- ____Written order
- ____Workflow disruption
- ____Other
- ____Unknown/not applicable
- ____*Medication available as floor stock**

**Factors added to the MedMarx list.*

Section Nine – Practice Breakdown: *Documentation*

Nursing documentation provides relevant information about the patient and what was done in response to their needs. Accurate record keeping and careful documentation is an essential part of nursing practice that serves to protect the welfare of patients. Since documentation is an aspect of all nursing care, it is typically an element in practice breakdown as well. Please track any elements of documentation that contributed to practice breakdown.

The nurse ensures complete, accurate and timely documentation.

54. Did incident involve a documentation error?

____Yes – please complete the question below
____No – go to question 55

Check all that apply:

- ____Precharting/untimely charting
- ____Incomplete or lack of charting
- ____Other – please specify: ____________________
- ____Charting incorrect information
- ____Charting on wrong patient record

Section Ten – Practice Breakdown: *Other Categories*

Section Ten presents six other **causes** of practice breakdown that **focus on the reason the incident occurred.** Though all of these aspects of nursing practice can be inter-related, the goal of TERCAP is to isolate the **precipitating** cause of the practice breakdown. Review each of the six categories of practice breakdown in this section by **reading through all of questions 55 – 60 below.** Then select the category that represents the most relevant, direct cause of this incident.

In making this determination, consider:

- ***Did this incident involve not doing something or doing something incorrectly or inappropriately?***
- ***What was the most proximal cause to the patient's harm (or risk of harm)?***
- ***Would the practice breakdown have happened if this cause had not been present?***
- ***Will the practice breakdown reoccur if the cause is not corrected or eliminated?***

Select **one primary** category that is the **most relevant and most direct cause of the practice breakdown** that applies to this incident. Check **one** additional secondary category of error that also contributed to the incident. Once the reviewer has selected the primary category of practice breakdown, **check all the elements that apply under that category.** Then select all the applicable elements under the secondary category.

Remember, check ONLY ONE primary category from the following six categories:

- **Attentiveness/surveillance**
- **Clinical reasoning**
- **Prevention**
- **Intervention**
- **Interpretation of authorized provider's orders**
- **Professional responsibility/patient advocacy**

55. Attentiveness/Surveillance

The nurse monitors what is happening with the patient and staff. The nurse observes the patient's clinical condition; if the nurse has not observed a patient, then he/she cannot identify changes if they occurred and/or make knowledgeable discernments and decisions about the patient.

Did the incident involve inadequate attentiveness/surveillance?

___Yes, this is the primary category of practice breakdown – see below

___Yes, this is a secondary category of practice breakdown – see below

___No – go on to question 56

If either yes is selected, *check all that apply:*

___Nurse does not observe patient for an unsafe period of time.

___Nurse does not observe staff performance for an unsafe period of time.

___Other – please specify:

____

56. Clinical Reasoning

Nurses interpret patients' signs, symptoms and responses to therapies. Nurses evaluate the relevance of changes in patient signs and symptoms and ensure that patient care providers are notified and that patient care is adjusted appropriately. Nurses titrate drugs and other therapies according to their assessment of patient responses (e.g., change patient positioning in response to patient shock; titrate IV medications to maintain the patient's vital signs within acceptable parameters; assess patient pain and adjust pain medication; administer sliding scale insulin in response to patient blood sugars).

The nurse recognizes and interprets patients' signs, symptoms, changes in conditions and responses to therapies.

Did the incident involve clinical reasoning (e.g., did not recognize and/or misinterpreted patient signs and symptoms and/or responses to therapy)?

___Yes, this is the primary category of practice breakdown

___Yes, this is a secondary category of practice breakdown

___No – go to question 57

If either yes is selected, *check all that apply:*

____Clinical implications of patient signs, symptoms and/or responses to interventions not recognized

____Clinical implications of patient signs, symptoms and/or interventions misinterpreted

____Following orders and/or routine (rote system think) without considering specific patient condition

____Poor judgment in delegation and the supervision of other staff members

____Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills

____Lack of knowledge

____Other – please specify: ____________________

57. Prevention

The nurse follows usual and customary measures to prevent risks, hazards or complications due to illness or hospitalization. Examples include fall precautions, preventing hazards of immobility, contractures, stasis pneumonia.

Did the incident involve lack of standard preventative measures to prevent risks, hazards or complications due to illness or hospitalization?

____Yes, this is the primary category of practice breakdown

____Yes, this is a secondary category of practice breakdown

____No – go to question 58

If either yes is selected, *check all that apply:*

____Preventive measures for patient well-being not taken

____Breach of infection precautions

____Did not conduct safety checks prior to use of equipment

____Other – please specify: ____________________

58. Intervention

The nurse properly executes nursing interventions.

Did the incident involve a missed or inadequate nursing intervention?

____Yes, this is the primary category of practice breakdown

____Yes, this is a secondary category of practice breakdown

____No – go to question 59

If either yes is selected, *check all that apply:*

____Did not intervene for patient.

____Did not provide timely intervention.

____Did not provide skillful intervention

____Intervened on wrong patient

____Other – please specify:____________________

59. Interpretation of Authorized Provider's Orders

The nurse interprets authorized provider orders.

Did the incident involve a misinterpretation or lack of use of authorized provider orders?

____Yes, this is the primary category of practice breakdown
____Yes, this is a secondary category of practice breakdown
____No – go to question 60

If either yes is selected, *check all that apply:*

____Did not follow standard protocol/order
____Missed authorized provider's order
____Unauthorized intervention (not ordered by an authorized provider)
____Misinterpreted telephone or verbal order
____Misinterpreted authorized provider handwriting
____Undetected authorized provider error resulting in execution of an inappropriate order
____Other – please specify:____________________

60. Professional Responsibility/Patient Advocacy

Advocacy refers to the expectations that a nurse acts responsibly in protecting patient/family vulnerabilities and in advocating to see that patient needs/concerns are addressed. The nurse demonstrates professional responsibility and understands the nature of the nurse-patient relationship.

Did the incident involve a breakdown in professional responsibility or patient advocacy?

____Yes, this is the primary category of practice breakdown
____Yes, this is a secondary category of practice breakdown
____No

If either yes is selected, *check all that apply:*

____Nurse fails to advocate for patient safety and clinical stability
____Nurse did not recognize limits of own knowledge and experience
____Nurse does not refer patient to additional services as needed
____Specific patient requests or concerns unattended
____Lack of respect for patient/family concerns and dignity
____Patient abandonment
____Boundary crossings/violations
____Breach of confidentiality
____Nurse attributes responsibility to others
____Other – please specify:____________________

End of TERCAP – *Thank you for submission of this case*

Report of the Practice, Regulation and Education Committee

Recommendations to the Board of Directors

None. This report is for information only.

Background

The 2005 Delegate Assembly passed a resolution asking for a model medication assistant curriculum, a medication assistant job analysis, a feasibility study for a competency exam and the status report on that work can be found in Attachments A, A1 and B. At the 2007 Delegate Assembly the Practice, Regulation and Education Committee (PR&E) will present a finalized medication assistant model curriculum, along with the results of the medication assistant practice analysis and feasibility study for a competency exam. Similarly, a status report on PR&E's work with transition is in Attachment C. The research data for the transition project will be available next year, and PR&E Committee members will design a transition model or models for the 2007 Delegate Assembly. PR&E has been working on evidence-based nursing education since 2002. The final report is available in Attachments D and D1.

Highlights of FY06 Activities

- Reviewed the general methodology, activity statements and survey for the medication assistant job analysis and made suggestions.
- Provided input on the status report of our work with the medication assistant job analysis and feasibility study for developing and administering a competency exam.
- Provided input on the medication assistant curriculum.
- Using the systematic review of nursing education outcomes, the elements of nursing education study results and past NCSBN research, wrote "Evidence-Based Nursing Education in Regulation," for the boards to use as a resource.
- Updated the systematic review of nursing education outcomes.
- Provided feedback on the transition surveys.
- Continued our ongoing collaboration with the Vermont Nurse Internship Project.
- Wrote a status report on our work with transition for Delegate Assembly.
- Held a national Invitational Forum to provide key stakeholders with an opportunity to collaborate with us on our inquiry into evidence-based nursing education.
- Held a webcast for boards of nursing on PR&E's work with evidence-based nursing education.

Future Activities

- Analyze results of the medication assistant job analysis and feasibility study and present the findings to the 2007 Delegate Assembly.
- Revise the medication assistant curriculum based on feedback from NCSBN members and present final curriculum to the 2007 Delegate Assembly.
- Develop an evidence-based model(s) for transitioning new nurses to practice.
- Advise staff on the content for a Transition to Practice Summit in 2007.
- Explore faculty qualifications and the utilization of educational resources in collaboration with nursing education organizations.

Members

Gino Chisari, MSN, RN, Chair
Massachusetts, Area IV

Connie Brown, RN
Louisiana–PN, Area III

Mary Calkins, PhD, RN
Wyoming, Area I

Marcy Echternacht, MS, RN, CS
Nebraska, Area II

Brenda Jackson, PhD, MSN, RN
Texas, Area III

Barbara Knopp, MSN, RN
North Carolina, Area III

Lepaine Sharp-McHenry, MS, RN, FACDONA
Arkansas, Area III

Therese Shipps, DNSc, RN
Maine, Area IV

Board Liaison
Mary Blubaugh, MSN, RN
Kansas, Area II

Staff

Nancy Spector, DNSc, RN,
Director of Education

Meeting Dates

- Sept. 22-23, 2005
- Dec. 16, 2005, Conference Call
- Jan. 25-27, 2006
- March 9, 2006, Web Cast to Member Boards
- April 6-7, 2006

Relationship to Strategic Plan

Strategic Initiative II
Promote evidence-based regulation that provides for public protection.

Strategic Objective 2
Support Member Board adaptation of best practices.

Strategic Initiative V
Advance NCSBN as the leading source of data, information, and research regarding nursing regulation and related health care issues.

Strategic Objective 1
Conduct research that provides evidence regarding regulatory initiatives that supports public protection.

Attachments

A. Medication Assistant Curriculum Status Report
   1. Draft of Model Medication Assistant Curriculum

B. Medication Assistant Practice Analysis Status Report

C. Transition Report

D. Evidence-Based Nursing Education for Regulation (EBNER)
   1. Executive Summary of the Elements of Nursing Education Study

Attachment A

Medication Assistant Curriculum Status Report

Background

At the 2005 Delegate Assembly the delegates passed the following resolution:

> *"Resolved that NCSBN conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel. The results of the job analysis, course and feasibility study shall be reported at the 2006 Delegate Assembly."*

During PR&E's September meeting the committee members decided to call the medication assistive personnel "medication assistants – certified (MA-C)," which is consistent with our Model Rules. At this meeting PR&E members also reviewed the NCSBN Model Rules so that our model curriculum will be consistent with those recommendations. The committee members also recommended several sources for staff to access. At the December conference call meeting, staff presented research on medication assistant curricula to the group, and the PR&E Committee members directed staff to focus on a comprehensive curriculum, including many different practice areas. At this time, PR&E Committee members decided that medication assistants should be trained as a CNA. Routes of administration were also discussed at this meeting, and PR&E Committee members recommended that the curriculum not include administration of parenteral medications. At the January meeting PR&E Committee members reviewed the table of contents for the model curriculum and made further suggestions for specific content. At the April PR&E meeting, the committee members suggested that the curriculum format include objectives, content outline, evaluation criteria and resources.

Highlights of FY06 Activities

- Solicited, researched, identified and reviewed over 10 medication assistant training manuals and curriculums.
- Reviewed documents including NCSBN's Model Act and Rules and the national document, *Nurse Delegation of Medication Administration for Elders in Assisted Living*.
- Researched available Member Board and other administrative agencies information regarding requirements for unlicensed assistive personnel (UAPs) to administer medication including the title of the UAP, course hours, didactic and clinical requirements, and restrictions in medication administration.
- Identified the content areas of the numerous medication assistant personnel training manuals.
- Compared the content areas with the medication assistant activity statements for use in the mediation assistant job analysis survey.
- Developed five didactic modules including medication fundamentals, safety, communication and documentation, medication administration, and ethical and legal issues.
- For each module developed behavioral objectives, specific content outline, suggestions for evaluation criteria and suggested references.

Attachments

See Attachment A1 for the draft of the Model Medication Assistant Curriculum.

Future

The PR&E Committee seeks feedback on the medication assistant curriculum. Essential content will be identified so that boards can individualize the modules to their needs. Beyond this, should there be a recommendation for numbers of hours for the didactic and practice components of the curriculum? The PR&E Committee members also seek feedback on whether the members desire the development of an instructor guide or the development of a specific checklist for the practicum component of the course. The model curriculum will be revised and presented to the 2007 Delegate Assembly along with the results of the medication assistant practice analysis and the feasibility study for a competency exam.

Attachment A.1

Draft of Model Medication Assistant Curriculum

MEDICATION ASSISTANT – CERTIFIED (MA-C)
MODEL CURRICULUM – DRAFT SUMMER 2006

Many Member Boards of the National Council of State Boards of Nursing (NCSBN) are being asked to regulate medication assistants/technicians. While some Member Boards have done so successfully over the past few years, others are being asked for an evidenced-based curriculum that will assist a Member Board in meeting their legal mandate to protect the public health, safety and welfare. Recent data collected demonstrates that many Member Boards have no jurisdiction over medication assistants/technicians. The unlicensed medication administration technician is generally regulated through administrative agencies such as the Department of Public Health, Department of Health Services, and Department of Health and Senior Services Division of Aging or other state agency. To establish uniformity and further assist Member Boards and other administrative agencies that regulate medication assistants/technicians, the following is in response to the 2005 Delegate Assembly resolution that requested a model curriculum be developed.

The model curriculum consists of ___ {to be determined} hours of didactic training, in addition to ___ {to be determined} hours of supervised clinical practicum. The content modules comprising the didactic portion are provided in five modules. There is no sequencing of the modules or an assigned time per module. These decisions are best left to the Member Board based on an assessment of their jurisdiction's needs. The sixth module describes the practicum experience as it relates to the completion of the previously covered modules. A final, comprehensive examination is also recommended as demonstration that certification is an appropriated designation that the unlicensed person is minimally competent at an entry-level position to administer medications to individuals under the supervision of a licensed nurse.

The requirements for approval of a medication administration-training program can be found in the NCSBN Model Practice Act relating to nursing assistive personnel.

Module: Medication Fundamentals

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Describe the different documents on which medications can be ordered and documented; Discuss the various tasks to be performed for medications to be safely obtained and stored; Identify conditions necessitating disposal of medication or questioning a medication order;	**Functions involved in the management of medications, including prescription, documenting, storage, disposal, obtaining and questioning** A. Medication prescription/order 1. Recorded on chart 2. Verbal or telephone orders {MA-C should not take verbal or telephone orders} B. Medication documentation system 1. Transcribing orders onto agency's medication document 2. Medication Administration Record (MAR) is a legal document 3. Kardex 4. Controlled substance medication log C. Medication Storage 1. Storage 2. Medication room 3. Medication cart 4. Medication tray D. Obtaining medications E. Disposal of contaminated or unused medication F. Questioning a medication order	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. ***Suggested Reference*** Member Boards or educational providers may provide additional references specific to that setting and jurisdiction's needs. Official JCAHO "Do Not Use List" http://www.jointcommission.org/NR/rdonlyres/2329F8F5-6EC5-4E21-B932-54B2B7D53F00/0/06_dnu_list.pdf
State the ways to measure medications;	**Mathematics, Weights and Measures** A. MA-C does not convert medications dosages. B. Systems of measurement 1. Apothecaries' system 2. Metric system 3. Common household measures 4. Roman numerals – drams or grains 5. Units (heparin, insulin) by action, not weight or volume 6. Weight is grain 7. Volume is minim	
State the different forms in which medication can be manufactured;	**Forms of Medication** A. Liquid 1. Aerosol 2. Inhalant 3. Drops 4. Elixir 5. Spray 6. Solution 7. Suspension (needs mixing/shaking) 8. Syrup 9. Tincture B. Solid and semi-solids 1. Capsules 2. Tablet (dissolve) 3. Scored versus unscored 4. Caplets 5. Time-released 6. Covered with a special coating (not to be crushed) 7. Lozenges (dissolve) 8. Ointment 9. Paste 10. Powder 11. Cream 12. Lotion 13. Liniment	

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Understand the same medication may have different names; Identify accepted abbreviations; Describe different common effects of medication; List what must be confirmed before medication is administered; State the types of information that should be known prior to giving a medication;	**Medication Basics** A. Terminology 1. Medication names a. Generic b. Brand or trade name B. Abbreviations 1. Use standardized abbreviations, acronyms and symbols. 2. Do not use abbreviations that should no longer be in use. C. Dosage Range D. Actions (how drug causes chemical changes in body) E. Purpose and effect (combination of biological, physical and psychological changes) 1. Local (antibiotic ointment) 2. Systemic (antibiotic pill) F. Implications for administration (what medical conditions are treated by the drug) G. Therapeutic effects (desired effect) H Side effects (reaction not part of main effect desired. Systemic or localized effects) I. Precautions (anticipate or prepare for conditions that may change effect of drug) J. Contraindications (condition making drug dangerous to use) K. Allergic reactions (life threatening – anaphylaxis) L. Adverse reactions (unpleasant or serious side effects, other than desired) M. Tolerance (body adapts to drug and may be resistant/less effective) N. Interactions 1. Specific administration information (e.g., do not take with grapefruit juice) 2. Certain classes of medications that should not be prescribed at the same time O. Additive (synergistic) or antagonist effect P. Idiosyncratic (drug has unusual effect) Q. Paradoxical effect (drug works in opposite way)	
List the three safety checks of medication administration: Identify the six rights of medication administration;	**Rights of Medication Administration** A. Three safety checks: 1. When removing the medication package from storage (drawer/shelf) 2. When removing the medication from the package/container it is kept in 3. When returning the package to where it is stored B. Six rights of medication administration	
Describe basic steps of medication preparation prior to administration;	**Preparation and Actual Medication Administration** A. Wash hands B. Review medications that require checking of pulse or blood pressure before administering C. Identify the client D. Introduce yourself E. Explain what you are going to do F. Glove if necessary G. Position the client H. Do what you explained I. Wash your hands J. Document	

Module: Safety

Objective/The Learner Will:	Content Outline	Evaluate Criteria
State information needed prior to medication administration;	**Prevention of Medication Errors** A. Know the following before administering medications: 1. Name (generic and trade) 2. Purpose 3. Effect 4. Length of time to take effect 5. Side effect 6. Adverse effects 7. Interactions 8. Special instructions 9. Where to get help	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. ***Suggested Reference*** Member Boards or educational providers may provide additional references specific to that setting and jurisdiction's needs.
Identify common causes of medication errors; State what steps should be taken when a medication error occurs.	**Incident Reporting** A. Failure to follow physician's orders exactly. B. Failure to follow manufacturer's specifications/directions for use. C. Failure to follow accepted standards for medication administration. D. Notify the agency's nurse/supervisor/pharmacist/physician according to the agency policy. E. Fill out a medication error or incident report.	

Module: Communication and Documentation

Objective/The Learner Will:	Content Outline	Evaluate Criteria
State when the nurse must be notified of a change in the client's normal condition;	**Reporting of Symptoms or Side Effects** A. Observe, monitor and report any change that is different from the patient's normal condition. B. Notify the nurse as soon as possible with as much information as available. C. Record changes.	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module.
Explain the methods to take vital signs;	**Techniques to Check and Record Vital Signs** A. Temperature B. Pulse C. Respirations D. Blood Pressure E. Pain F. Report any change from the client's normal condition G Document selected information on appropriate record	***Suggested Reference*** Member Boards or educational providers may provide additional references specific to that setting and jurisdiction's needs.
State documentation requirements for medication administration;	**Documentation of Medication Administration** A. Identifying initials and time on MAR B. Circle and document the reasons that a client may not take a medication C. PRN medication per facility/agency policy	

Module: Medication Administration

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Identify common methods of medication administration;	**Routes of Administration** A. Oral B. Buccal C. Sublingual D. Inhaler (metered dose) E. Nebulizer F. Nasal G. Eye (ophthalmic) H. Ear (otic) I. Topical J. Dressings K. Soaks L. Transdermal (e.g., patch) M. Through enteral tubes	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. ***Suggested Reference*** Member Boards or educational providers may provide additional references specific to that setting and jurisdiction's needs.
List body systems that may be effected by medication administration;	**Body Systems** A. Cardiovascular/circulatory B. Respiratory C. Digestive/gastrointestinal D. Nervous E. Integumentary/skin F. Sensory (eyes, ears) G. Musculoskeletal H. Endocrine I. Reproductive J. Immune K. Urinary	
State common effects of medication on the body;	**Common Medication Actions** A. Relieves pain B. Controls or prevents growth of bacteria, fungus or virus C. Reduces inflammation D. Replaces chemicals missing or low in body E. Corrects an irregular, fast or slow heart rate F. Prevents seizures G. Prevents blood from clotting H. Decreases mucous production I. Lowers blood pressure J. Lowers body temperature K. Relaxes muscles L. Promotes bowel movements M. Increases water loss through kidneys N. Relieves anxiety O. Promotes sleep	
Identify factors that may affect how the body uses medication;	**Factors Affecting How the Body Uses Medication** A. Age B. Size C. Family traits D. Diet E. Disease F. Psychological issues G. Gender and basic metabolic rate H. Dosage	

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Identify various classifications of medications;	**Classes of Medications Related to Body Systems** A. Anti-infective Anti-viral Anti-fungal B. Cardiovascular C. Respiratory D. Gastrointestinal E. Nervous system F. Eyes G. Ears H. Endocrine I. Topical J. Urinary K. Analgesics	
Identify resource materials and professions to contact for clarification of medication questions.	**Location of Resources and References** A. Package/drug insert (brochure) B. Physicians Desk Reference (PDR) C. Pharmacist D. Nurse	Poison Control Center 1.800.122.2222

Module: Ethical and Legal Issues

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Distinguish between the tasks a MA-C can and cannot accept; Recognize what should be reported to the nurse; Identify when a delegated task should not be accepted;	**Role of Medication Assistant – Certified (MA-C)** A. Role of the medication assistant – certified, includes medication administration as a delegated nursing function under nursing supervision. The following acts cannot be delegated to medication assistant – certified: 1. Conversion or calculation of medication dosage; 2. Assessment of client need for or response to medication; or 3. Nursing judgment regarding the administration of PRN medications. B. A medication assistant – certified may perform a task involving administration of medications if: 1. The medication assistant – certified's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this act and rules; and 2. The delegation is not prohibited by any provision of this act and rules. C. A medication assistant – certified shall not perform a task involving the administration of medication if: 1. The medication administration requires an assessment of the client's need for medication, a calculation of the dosage of the medication or the conversion of the dosage; 2. The supervising nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or 3. The client is not stable or has changing needs. D. A medication assistant – certified who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error. E. Medication administration policies	***Suggested References*** NCSBN Model Practice Act relating to nursing assistive personnel.

Objective/The Learner Will:	Content Outline	Evaluate Criteria
	1. Medication assistant – certified shall report to the supervising nurse: a. Signs or symptoms that appear life-threatening; b. Events that appear health threatening; and c. Medications that produce no results or undesirable effects as reported by the client. 2. A licensed nurse shall supervise medication assistants – certified 3. A registered nurse shall review periodically the following: a. Authorized provider orders; and b. Client medication records. F. The MA-C has the responsibility not to accept a delegation that she/he knows is beyond her/his knowledge and skills. G. The MA-C is expected to speak up and ask for training and assistance in performing the delegation, or request not to be delegated a particular task/function/activity. H. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.	
State the difference between assignments and delegation; Describe tasks that can not be delegated;	**Delegation** A. To delegate is to transfer authority to a competent individual for completing selected nursing tasks/activities/functions. B. Assignment is the distribution of work that each staff member is responsible for during a given work period. C. To assign is to direct an individual to do activities within an authorized scope of practice or functions. D. Delegation is a skill requiring clinical judgment and final accountability for client care. E. There is both individual and organizational accountability for delegation. F. Organizational accountability relates to providing sufficient resources, staffing, appropriate staff mix, implementation of policies and role descriptions, opportunity for staff development and creating an environment conducive to teamwork, collaboration and client-centered care. G. The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated. H. The nurse uses critical thinking and professional judgment when following the Five Rights of Delegation. I. Discrete health care tasks/functions/activities may be delegated if they are within the nurse's scope of practice. The nurse cannot delegate functions and activities not in the nurse's scope of practice. J. Delegation is client specific. Having done a task for one client does not automatically mean assistive personnel can do the task for all clients. In addition, delegation is also situation specific; doing a task for one client in one situation does not mean the nursing assistive personnel may perform that task for this client in all situations. K. A task delegated to assistive personnel cannot be redelegated by the assistive personnel.	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. ***Suggested Reference*** Member Boards or educational providers may provide additional references specific to that setting and jurisdiction's needs.

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Explain the importance of effective communication;	**Role of the Delegating/Supervising Nurse** A. The nurse must determine the level of supervision, monitoring and accessibility she or he must provide for assistive personnel. B. There is a difference in the level of supervision related to the different roles of licensed nurses and assistive personnel as well as routine tasks versus delegated tasks and the proximity of the supervising nurse. C. The nurse continues to have responsibility for the overall nursing care. D. To delegate effectively, nurses need to be able to rely on nursing assistive personnel's credentials and job descriptions especially for a first time assignment. E. Nursing administration (typically through human resources/personnel) has the responsibility for validating credentials and qualifications of employees. F. This is especially important in work settings where nurses frequently work with temporary staff or with other facility employees on an irregular basis. G. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues. H. Trust is central to the working relationships between nurses and assistive personnel. Good relationships have two-way communication, initiative, appreciation and willingness to help each other. Breakdown in communication may occur when assistive personnel work with more than one nurse. Many assistive personnel are task-oriented and are not trained to prioritize orders from nurses, so need guidance as to how to order activities (Potter & Grant, 2004).	***Suggested References*** NCSBN Model Practice Act relating to nursing assistive personnel.
Describe the responsibilities to the client;	**Rights of Individuals** A. Maintaining confidentiality B. Respecting client's rights C. Respecting client's privacy D. Respecting client's individuality and autonomy E. Communicating respectfully F. Respecting client's wishes whenever possible G. Right to refuse medication H. Right to be informed	
Discuss the types of abuse that must be reported; Provide examples of the types of legal problems that can occur;	**Legal and Ethical Issues** A. Abuse and/or neglect 1. Know 2. Identify a. Physical b. Verbal c. Psychological d. Sexual e. Financial 3. Prevent 4. Report B. Exposure to medical malpractice/negligence claims/lawsuits C. Fraud D. Theft E. Diversion	
Recognize the numerous rights that must be followed before and after medication is administered: List the three steps to take before medication is safe to give;	**Rights of Medication Administration and Safety Checks** A. Rights of medication administration B. Three safety checks 1. When removing the medication package from storage (drawer/shelf) 2. When removing the medication from the package/container it is kept in 3. When returning the package to where it is stored	

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Recall the types of information that should be known prior to giving a medication;	**Prevention of Medication Errors** A. Know the following before administering medications: 1. Name (generic and trade) 2. Purpose 3. Effect 4. Length of time to take effect 5. Side effect 6. Adverse effects 7. Interactions 8. Special instructions 9. Where to get help	
Identify the reasons an error could occur; State what should be done if an error occurs.	**Incident Reporting** A. Failure to follow physician's orders exactly. B. Failure to follow manufacturer's specifications/directions for use. C. Failure to follow accepted standards for medication administration. D. Notify the agency's nurse/supervisor/pharmacist/physician according to the agency policy. E. Fill out a medication error or incident report.	

Module: Practicum

Objective/The Learner Will:	Content Outline	Evaluate Criteria
Demonstrate safe administration of medications to clients in a clinical setting.	___ hours of supervised clinical practicum	Successfully complete all assigned skills per a checklist that incorporates the didactic Modules of: 1) Medication fundamentals 2) Safety 3) Communication and documentation 4) Medication administration 5) Ethical and legal issues. ***Suggested Reference*** CMS Web site: http://www.cms.hhs.gov/manuals/107_som107index.asp

Attachment B

Medication Assistant Job Analysis Status Report

At the 2005 NCSBN Annual Meeting, the Delegate Assembly approved a resolution that "NCSBN conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel. The results of the job analysis, course and feasibility study shall be reported at the 2006 Delegate Assembly." To that end, the NCLEX Examination Department is in the process of conducting a medication assistant practice analysis.

In preparation, the study protocol for this practice analysis was reviewed and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subject. Moreover, an external panel of practice analysis methodology experts reviewed and approved the methodology used for the medication assistant practice analysis.

In the fall of 2005, boards of nursing were asked to submit the names of nurses who were familiar with medication assistant activities in a variety of settings in order to serve on a medication assistant subject matter panel of experts. Thirteen nurses and one certified medication assistant were selected to serve on the panel. All major practice settings, nursing specialties and NCSBN geographic areas were represented by the panel members. In addition, two representatives from the PR&E Committee attended the meeting, which was held on Dec. 1-3, 2005. All of the members of the Panel participated and there was no domination by any one member of the Panel.

Prior to the medication assistant subject matter expert panel meeting, the panel members were asked to submit daily logs from at least three medication assistants working in their setting. In addition, panelists submitted job orientation guidelines, procedure manuals, evaluation checklists and job descriptions. All of the aforementioned documents, as well as medication assistant curricula, were used by the expert panelists to develop a comprehensive list of medication assistant activities. After an extensive orientation to the project, the panel created a final list of medication assistant activities consisting of 104 activities. In addition, the panel provided feedback on how to access the names of medication assistants in a variety of settings (e.g., schools, home health, long-term care, assisted living) in order develop a list of names from which to draw a "representative" sample of medication assistants.

The PR&E Committee reviewed the general methodology, the activity statements and survey form at their January 2006 meeting. In addition, the committee requested that medication assistants in a variety of settings should be included in the sample and that the survey instrument be pilot tested and the results used as needed for revisions.

The survey instrument was pilot tested in February 2006. The survey process began in April and was completed in June. As a result of this timeline, PR&E is not expecting to have completely analyzed the results and developed an interpretation by August 2006. This delay was shared with the both the Board of Directors and the maker of the motion (Arkansas). All agreed that in order to have a quality product, the process should progress at an appropriate pace and not be rushed for the sake of a report.

Attachment C

Transition Report

Background

The Practice, Education and Regulation in Congruence (PERC) Committee recommended to the Board of Directors that NCSBN studies the transition of newly licensed nurses from education to practice, based on PERC's comprehensive review of current issues and projection of future trends. Therefore, the NCSBN Board charged the Practice, Regulation and Education (PR&E) Committee with that body of work, consistent with NCSBN's strategic initiative, "Promote evidence-based regulation that provides for public protection."

One issue that prompted this initiative was the unintended consequence of computer adapted testing (CAT), which allows new graduates to become licensed in a few days after passing the NCLEX. Previously, new graduates waited for months to hear if they had passed the licensure exam. During that period they worked as graduate nurses under the supervision of seasoned nurses. Other factors inspiring this inquiry into the transition of new nurses to practice were the reported lack of support given to new nurses because of the nursing shortage and the increased complexity of care. Further, NCSBN data suggest that many employers find that new graduates are not prepared to give safe and effective care (Smith & Crawford, 2004b).

To accomplish this charge, the PR&E Committee members worked with NCSBN's Research Department to plan a survey of newly licensed nurses and address transition issues (Smith & Crawford, 2004a). From the results of that survey, additional NCSBN research (Smith & Crawford, 2003), and the literature, committee members developed some evidence-based recommendations for the design of transition programs that were reported in the 2003 NCSBN Business Book and are available on the NCSBN Web site. They include:

- Having the same mentor and following that mentor's schedule is the most significant factor in designing a transition program.
- Designing the transition program with core/general knowledge, while including specialty knowledge produced even more significant outcomes.
- Timing of the transition program is an important consideration: Post-graduation transition programs with prelicensure transition programs were associated with better outcomes than were prelicensure transition programs alone.

The study of transition programs at NCSBN has continued. In collaboration with the PR&E Committee, researchers in NCSBN's Research Department conducted another national survey of newly licensed nurses (Kenward & Zhong, 2006) that provided more data on the use of transition programs in our states and territories. Currently, the Research Department is conducting a national outcomes study of transition programs and is comparing those results to the outcomes of two statewide transition programs.

Selected Literature Review

In 1974 Kramer identified the challenges for newly licensed nurses in a sentinel work, *Reality Shock*. In this book Kramer developed a theory of transition for graduate nurse entry into the workforce and called for changes to better support the graduate nurse. In Benner's (2004) work over the past 21 years with the Dreyfus model of skill acquisition she identified the stages of skill acquisition in nursing. She named these stages as: "novice," or the period in the nursing program when students have no experiential background; "advanced beginner," or the new graduate; "competent," or one to two years in practice; "proficiency," or a transitional stage on the way to expertise; and lastly "expertise," where the nurse practices with practical wisdom. Benner's (2004) work has shown that newly licensed nurses require support, coaching, constructive feedback and reflection in order to proceed through each stage of professional development.

From reviewing the literature, Santucci (2004) identified three concepts that emerge to describe the growth nurses gain by experience: role integration, clinical and interpersonal skills, and

reshaping of values. This growth can be obtained through organized transition programs that encourage support and mentorship, for example with planned internships, residencies or preceptorships. Even before graduation, Starr & Conley (2006) describe how externship programs during the nursing program can enhance growth within the nursing role.

Evidence demonstrates that transition programs must be carefully structured. Byrd, Hood and Youtsey (1997), though using a small sample, found that senior student nurses and preceptors had significantly different perceptions about the preceptor/student partnership. These researchers found that while the senior nurses ranked the knowledge of the preceptor process and compatibility as the most important aspects of the program, the preceptors rated constructive criticism and clinical competence as most important. Therefore, preceptors and those they precept should have clear goals and objectives when forming this partnership. Santucci (2004) identified four important guidelines that enhance transition for new nurses. These should also be considered when planning transition programs: clearly stated expectations for competent performance, constructive feedback about performance, adequate resources and support systems, and a safe and trusting environment. Other issues that transition programs might address were reported by Cooper, Taft and Thelen (2005) in a qualitative study. They identified the following seven themes that emerged from students' reflections during an educational transition course: awareness of human vulnerability, realizing the responsibility of being an RN, recognizing limits, evaluating self, recognizing the patient/family perspective, confronting ethical issues and facing reality versus expectations. Similar findings have been reported in other studies.

The Vermont Nurse Internship Program (VNIP) (http://www.vnip.org/internshipproject.html) suggests that the design of preceptor/internship programs include the following:

1. Clearly identified roles and responsibilities that also delineate where to find the "time for precepting."
2. A clinical coaching plan that outlines specific goals, activities and measurable outcomes. This plan must follow principles of teaching/learning to foster the progression of the novice through all core competency requirements.
3. Specific planning for critical thinking development through weekly meetings, case scenarios, documentation tools, discussion and/or problem solving.
4. Valid and reliable tools for competency verification that identify specific, measurable criteria for assessment.

The length of transition programs is variable, ranging from 10 weeks to one year (Boyer, 2002; Rosenfeld, Smith, Iervolino & Bowar-Ferres, 2004). The New York Residency Program (NRP) at New York University Hospitals (Rosenfeld et al., 2004) is an example of one of the longest residency programs. Their specific goals are designed to: provide for a structured "first work" experience, support mentoring relationships, provide clinical education experiences, and foster individual professional growth and commitment. This yearlong residency has now become part of the University Health System Consortium/American Association of Colleges of Nursing (UHC/AACN) Nurse Residency Program demonstration project. The program administrators are studying the outcomes of the UHC/AACN yearlong residency program across 33 sites and 23 states combining quantitative and qualitative methods of analysis. Other transition programs are instituted in nursing programs so as to provide for a seamless transition to the nurse's first position (Olson et al., 2001; Starr & Conley, 2006).

National studies show that there is much variability in the design of transition programs (*See Tables 1, 2 and 3*). A worrisome statistic is that from 3.0 to 8.6 percent of nurses (LPN/VNs and/or RNs) report having no orientation or transition program of any kind.

Table 1. Types of Transition Programs (Smith & Crawford, 2004a)

Sample Size		Formal Internship		Standard Transition		Orientation with Supervision		Customized Transition		No Transition of Any Kind	
RN	LPN/VN	RN	LPN/VN	RN	LPN/VN	RN	LPN/VN	RNs	LPN/VN	RNs	LPN/VN
592	483	7.1%	1.6%	56.0%	20.0%	21.1%	19.1%	36.0%	29.0%	5.7%	8.6%

Table 2. Types of Transition Programs (Kenward & Zhong, 2006)

Sample Size		Orientation Only		Internship, Externship, Preceptorship Mentorship, with or without Orientation		No Transition of Any Kind	
RN	LPN/VN	RN	LPN/VN	RN	LPN/VN	RN	LPN/VN
628	519	27.1%	62%	69.9%	30.5%	3.0%	7.4%

Table 3. Design of Transition Programs (Kenward & Zhong, 2006)

Designed for Specialty		Designed for General Knowledge		Participation after Graduation		Participation after Licensure		Worked Same Schedule with the Preceptor	
RN	LPN/VN	RN	LPN/VN	RN	LPN/VN	RN	LPN/VN	RN	LPN/VN
38.8%	8.7%	38.8.%	8.7%	36.8%	13.9%	27%	12.0%	48.0%	16.6%

In national surveys of employers (Smith & Crawford, 2002; Smith & Crawford, 2004b), fewer than 50 percent of the employers (including hospitals, home care and nursing homes) reported that newly licensed nurses, at all levels of education, were prepared to provide safe and effective care. Furthermore, approximately 35 to 60 percent of new graduates leave their positions during the first year (Delaney, 2003). Similarly, Kenward and Zhong (2006) found that 33.1 percent of the RNs and 40.8 percent of the LPN/VNs changed their nursing positions or were planning to leave their current position within the next 12 months. It is possible that employers have unrealistic expectations for new graduates and suggests that the transition of new nurses to practice requires further study.

PR&E's Work with Constructing a Model(s) for Transition Programs

In response to the needs of the boards of nursing, the PR&E Committee will develop an evidence-based transition model (or models) for boards to use as a resource in their state or territory. To assist committee members, investigators in NCSBN's Research Department are conducting three studies that will provide the PR&E Committee members with some outcome data of transition programs. These outcome studies include a national survey of new nurses and a survey of new nurses in two statewide transition programs. The new graduates' experiences in all three of these studies will be measured by graduate self-assessment of the following outcomes:

- Performance of nursing functions
- Risk for practice breakdown
- Actual error occurrence (optional)

NCSBN's Research Department constructed a conceptual model for the transition studies, and the data are currently being collected. These data will be analyzed by the winter of 2007. PR&E Committee members will provide the 2007 Delegate Assembly with an evidence-based transition model(s).

References

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Attachment D

Evidence-Based Nursing Education for Regulation (EBNER)

Introduction

The National Council of State Boards of Nursing (NCSBN) is responsible for assisting its 60 Member Boards in meeting their mission of protecting the public through the regulation of safe nursing practice. Related to this mission of public protection, 58 of the 60 boards of nursing approve nursing programs in their states or territories in order to ensure that nursing is practiced by minimally-competent, licensed nurses within their authorized scope of practice.

The 1999 widely publicized Institute of Medicine (IOM) report (Kohn, Corrigan & Donaldson, 1999) on the problem of medical errors in health care and the 2003 IOM report (Greiner & Knebel, 2003) on the need to improve health care education suggest the importance of regulatory oversight of nursing education programs. Boards of nursing are governmental agencies that approve nursing programs, promulgating rules and regulations that address entry-into-practice standards that nursing programs must meet. If the programs fail to meet the boards' regulations, boards have the authority to sanction them, after allowing for a reasonable opportunity to comply with the standards. This differs from national nursing accreditation (accomplished through either the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education), which is a voluntary process (in most states) that addresses quality through a nongovernmental peer review process. If nursing programs do not meet national accreditation standards, the accreditors do not have the authority to close the programs. Therefore, national accreditation and state or territory approval processes have different objectives and methods. In many states the national nursing accreditors and the boards of nursing work together closely to prevent duplication of efforts.

Because the boards of nursing are mandated to approve nursing programs, the boards are interested in knowing the evidence-based elements of nursing education that are essential for preparing new nurses for safe entry-level practice. While boards' rules address minimum educational standards, they should also be fair and consistent. Further, boards have no interest in overburdening programs with needless requirements. Moreover, in this time of nursing and faculty shortages, the legislators are asking boards of nursing for evidence to support their rules and regulations. Therefore, NCSBN began to study evidence-based nursing education that will provide for safe and effective entry to practice.

Background

In 2000–2001 the boards began to ask NCSBN for evidence to support their educational rules and regulations. At the same time, the IOM was studying the problem of medical errors in health care and ways to improve the quality of the health care system (Kohn et al., 1999; Institute of Medicine, 2001). Therefore, in 2002 the Practice, Regulation and Education in Congruence (PERC) Committee, which was projecting future needs of the boards of nursing, recommended to the Board of Directors that NCSBN provide the boards with evidence to support their education rules and regulations.

During 2002 and 2003, NCSBN surveyed new nurses about how they were educated and about their transition programs. Simultaneously, employers were surveyed about their perception of the competence of new nurses. Also in 2003, the IOM (Greiner & Knebel, 2003) issued their report calling for an "overhaul" of health professions education (p. 1) and citing a lack of evidence-based teaching methods and curricula (p. 38). In response to this, NCSBN's Board of Directors charged the Practice, Regulation and Education (PR&E) Committee with developing EBNER.

The PR&E Committee conducted a systematic review of nursing education outcomes studies. The results are available on NCSBN's Web site on the Nursing Education page. There was a need for further evidence, so PR&E Committee members collaborated with investigators in NCSBN's Research Department to conduct the elements of nursing education study. This was a

comprehensive, national study designed to describe the elements of nursing education, examine the relationship between perceived adequacy of preparation for practice and difficulty with client care assignments, and to identify the elements of education that lead to better preparation of new nurse graduates. See attachment A.1 for a report of the Executive Summary of this study.

In order to gain further insight into evidence-based nursing education for regulation (EBNER), PR&E held an Invitational Forum for approximately 30 people at the InterContinental Hotel in Chicago on Jan. 26, 2006. PR&E Committee members planned for a diverse, national representation of nursing and health care experts to attend this meeting, including people from practice, regulation, education; a nursing student; and a new nurse. Further, the PR&E Committee members held a Web cast on the EBNER findings for the boards of nursing. Data from NCSBN's past studies, the elements of nursing education study, and the literature were shared with these groups, stimulating discussion and sharing of ideas. The results of each of these activities created dialogue, which enriched the interpretation of the findings.

The Use of the Evidence-Based Elements of Nursing Education

The evidence-based elements of nursing education are those characteristics of the curriculum, faculty and teaching methodologies that have been associated with significantly better learning outcomes. PR&E Committee members identified from the published literature, past NCSBN research, and NCSBN's elements of nursing education study, the evidence-based elements of nursing education. Each element is documented by a source(s) and its level of research. Level I research provides the strongest support. This level of research includes properly conducted randomized controlled trials, systematic reviews or meta-analyses. Level II research is the next strongest level, including quasi-experimental, correlational, descriptive, survey, evaluation and qualitative designs. Level III research, while providing value to professional standards, is the weakest level of research, and it includes expert opinions or consensus statements. The search process for this systematic review did not identify any Level III research, most likely because it only included published research. In the future, PR&E might consider adding unpublished research to the systematic review, which would include some Level III evidence. PR&E's systematic review of nursing education outcomes (available on the NCSBN Web site) provides information on each study's citation, sample, comparison studied, procedures, key results, strengths and weaknesses, and implications for boards. The NCSBN research briefs describing past research and the elements of nursing education study are available from NCSBN upon request.

These evidence-based elements of nursing education will be reviewed each year by the PR&E Committee members, and they will change as more outcomes data in nursing education become available. Similarly, PR&E's systematic review of nursing education outcomes is an evolving review that will be updated yearly by the PR&E Committee members and will use the methodology described in that document.

The following table outlines these evidence-based elements of nursing education, categorizes them, and cites the studies and levels of research that support them. Each educational element should be carefully considered for the level of support and the number of sources supporting it.

It must again be noted that this is a beginning inquiry of the available evidence of nursing education outcomes. Future educational research on nursing education outcomes, and NCSBN's own work, will continue to provide boards with further evidence to support their approval processes.

Evidence-Based Nursing Education for Regulation (EBNER)

Evidence-Based Elements	Sources	Level of Evidence
Adjunctive Teaching Methods		
Promote faculty-student interaction with online learning	Babenko-Mould, Y., Andrusyszyn, M. & Goldenberg, D., 2004; Buckley, 2003; MacIntosh, MacKay, Mallet-Boucher, & Wiggins, 2002	All Level II
Facilitate learning with simulation	Issenberg, McGaghie, Petrusa, Gordon & Scalese, 2005	Level I
Combine online strategies with traditional strategies	Greenhalgh, 2001	Level I
	Joubert ,Vijoen & Bester, 2002	Level II
Assimilation to the Role of Nursing		
Provide experiences for relationship-building with professionals	Li & Kenward, 2006; Smith & Crawford, 2003; White, 2003	All Level II
Provide experiences for students to gain comfort in nursing role	Benner, 2004; White, 2003	All Level II
Provide experiences for students to work effectively in a team	Li & Kenward, 2006; Smith & Crawford, 2003	All Level II
Provide transition programs	Kenward & Zhong, 2006; Li & Kenward, 2006	All Level II
Deliberate Practice with Actual Patients		
Provide experiences for relationship-building with patients	White, 2003	Level II
Provide clinical experiences with actual patients	Angel, Duffy, Belyea, 2000; Babenko-Mould, 2004; Benner, 2004; Joubert et al., 2002; Murphy, 1995; Smith & Crawford, 2003; White, 2003	All Level II
Provide experiences for gaining confidence	Babenko-Mould, et al., 2004; White, 2003; Yates, Moyle & Wollin, 1997	All Level II
Provide opportunities for reflection	Benner, 2004; Bjørk & Kirkevold, 1999; Platzer, Blake & Ashford, 2000	All Level II
Provide feedback	Benner, 2004; Bjørk & Kirkevold, 1999	All Level II
Faculty-Student Relationships		
Teach clinical and didactic courses	Li & Kenward, 2006	Level II
Available to demonstrate and assist with skills in clinical activities	Li & Kenward, 2006	Level II
Assist with classroom projects	Kyrkjebø & Hanestad, 2003; Li & Kenward, 2006	All Level II
Available to answer questions during clinical and didactic activities	Li & Kenward; MacIntosh et al., 2002	All Level II
Provide current information	Li & Kenward, 2006	Level II
Teaching Methodologies		
Integrate critical thinking into the curriculum	Girot, 1995; Li & Kenward, 2006	All Level II
Use critical thinking strategies	Li & Kenward, 2006; Simmons, Lanuza, Fonteyn, Hicks, & Holm; Li & Kenward, 2006; Smith and Crawford, 2003; White, 2003	All Level II
Integrate evidence-based practice into the curriculum	Li & Kenward, 2006	Level II
Integrate information technology into the curriculum	Li & Kenward, 2006	Level II
Integrate pathophysiology into the curriculum	Li & Kenward, 2006	Level II
Teach population courses separately	Li & Kenward, 2006	Level II
Require students to demonstrate skills before performing them on patients	Li & Kenward, 2006	Level II

Discussion

The evidence-based elements for nursing education were categorized into five areas: adjunctive teaching methods, assimilation to the role of nursing, deliberate practice with actual patients, faculty-student relationships and teaching methodologies.

Two of the three elements in the adjunctive teaching methods section, using simulation and combining online strategies with traditional strategies, were supported by the highest level of research. The research strongly supports using simulation. Currently, NCSBN is studying the role of simulation in nursing education. Given the evidence for faculty-student relationships in traditional learning, it is not surprising that faculty interaction is an important aspect of online learning as well. Programs using online teaching strategies should evaluate whether or not they provide enough faculty interaction for their students.

The evidence suggests that new nurses must become assimilated to their role in nursing. A well-designed transition program, particularly when specialty content is taught, is supported by NCSBN research. NCSBN is currently conducting further research into the transition of new nurses to practice. When nurses have been taught to work effectively in a team, they have significant less difficulty with their work. For example, the evidence supported providing students with experiences where they are allowed to delegate tasks and supervise the work of others. Building relationships with professionals was another important element in this section. This includes students having the opportunity learn when and how to call a physician. The evidence supports allowing students time to gain comfort in their role as a nurse, for example with coaching or mentoring by qualified faculty or preceptors.

See NCSBN's position paper on clinical experiences in prelicensure programs (available on the NCSBN Web site) where the importance of students having deliberate practice with actual patients is discussed in detail. Providing opportunities for reflection is especially important, as is providing accurate feedback. Faculty members who are qualified to teach nursing students have the background to provide this deliberate practice.

NCSBN's elements studies, and a few other studies, demonstrate the importance of faculty interactions with students. This section shows the importance of having qualified faculty members teaching nursing students and suggests that faculty members should be knowledgeable in education strategies. Further, this evidence also suggests that nursing programs should have a good ratio of full-time faculty, who teach clinical and didactic courses, to part-time and adjunct faculty members.

There were some interesting evidence-based teaching methodologies identified in this work. Better outcomes were identified when evidence-based practice, information technology, pathophysiology and critical thinking are integrated into the curriculum. The evidence also supports teaching population courses, such as pediatrics, women's health, psychiatric and mental health, critical care, and medical-surgical nursing, as separate courses. Requiring students to demonstrate skills prior to performing them was identified as an evidence-based element of education. This result again addresses the value of simulation in nursing education.

Conclusions

The identification of evidence-based nursing education is an ongoing journey for the PR&E Committee at NCSBN. Since the EBNER will be updated yearly, boards of nursing will have the most current evidence to support their current rules and regulations and to promulgate new rules and regulations. Further, as part of their strategic initiatives, NCSBN will continue to conduct studies to provide evidence for nursing education.

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Attachment D.1

Executive Summary of the Elements of Nursing Education Study

Background and Aims

The National Council of State Boards of Nursing (NCSBN) is responsible for assisting its members, the boards of nursing in the United States and five U.S. territories, in their mission of public protection through safe nursing practice. Research services aims to conduct and present studies that accurately address both the present and future needs of NCSBN and its members. Since most boards of nursing approve nursing programs, boards are interested in knowing the evidence-based nursing education elements that are essential to the adequate preparation of new nurses for safe entry-level practice.

In addition, the Institute of Medicine (IOM) (2003) recommended establishment of evidence-based teaching methods and curricula in health professions education to meet the needs of the changing health care system. In an attempt to provide evidence-based information for member boards to regulate nursing education programs, the elements study was designed to explore educational elements including clinical, didactic, faculty and others, and new nurse preparation for practice.

The specific aims were to:

1. Describe the elements of nursing education, perceived adequacy of preparation for practice, transition activities and practice characteristics of newly licensed nurse graduates.
2. Examine the relationship between perceived adequacy of preparation for practice and difficulty with client care assignments.
3. Identify the elements of nursing education that lead to better preparation of new nurse graduates.

Methodology

DESIGN AND SAMPLE

The study employed a two-tiered survey process for collecting and combining data from programs of nursing education (Tier 1) and the graduates of those programs (Tier 2). Within the first tier, stratified random samples of 750 registered nurse (RN) and 500 licensed practical/vocational nurse (LPN/VN) educational programs were drawn. The RN program sample was stratified by state and type of educational program while the LPN/VN program sample was stratified by state. A return rate of 51% was achieved. Within the second tier, 15,000 surveys were mailed to RN graduates of the respondent RN programs and 6,000 to LPN/VN graduates of the respondent LPN/VN programs. The overall return rate was 45.4%. Using unique identification codes, data received from the programs and from the graduates were merged. After excluding cases with invalid addresses and programs with fewer than 5 respondent graduates, 410 surveys from the educational programs and 7,497 from the matching graduates remained in the analysis.

DATA COLLECTION INSTRUMENTS

Separate questionnaires were developed and used for the education program survey and the nurse graduate survey. The program survey requested information on elements of nursing education including curriculum, faculty and program characteristics. The survey for nurse graduates included questions on the practice characteristics of nurse graduates, the adequacy of their educational preparation for practice, the characteristics of transition to practice activities and their perceived difficulty with client assignments.

SURVEY PROCEDURES

A five-stage mailing procedure was used to engage nursing education programs in the study. This included a preletter announcing the study, a first survey mailing, two reminder postcards and a follow-up survey mailing. Each correspondence was addressed to the administrator of the nursing programs. A four-stage mailing was used to engage program graduates in the study. A survey and cover letter comprised the first mailing, two reminders postcards were sent and a second survey mailing was made to nonrespondents.

Results

DESCRIPTION OF RESPONDENTS

Nursing Programs

Of the 410 education programs that participated, 41.9% were RN associate degrees, 19.1% baccalaureate and 27.9% LPN/VN certificates. The RN diploma, LPN/VN associate and other programs constituted a small percentage of the sample. Urban (40%), suburban (22.3%) and rural (37.8%) education programs were well represented in the sample. The majority of the respondents (84.1% RN programs and 83.7% LPN/VN programs) who completed the program surveys were heads or associate heads of the programs. On average, these administrators have been in their positions for about 6 years and have been in nursing education for about 21 years for RN programs and 16 years for LPN/VN programs.

Nurse Graduates

Of the 7,497 nurse graduates that participated, 75.5% were RNs and 23.5% were LPN/VNs. Of the education programs completed by the RN graduates, 64.0% were associate degree, 29.6% baccalaureate degree and 5.6% diploma programs. Almost 93% of the RN graduates and 91.5% of the LPN/VN graduates were female. About 78.1% of the RNs and 67.2% of the LPN/VNs graduates were White, 3.9% of RNs and 2.3% of LPN/VN were Asian, and 8.0% of RNs and 5.2% of LPN/VN were Hispanic. The percentage of graduates from an African American background was higher for the LPN/VNs (22.1%) than for the RNs (7.4%). The average age of RNs was 32 years while that of LPN/VNs was 34 years.

PRACTICE CHARACTERISTICS

Employing Facilities and Specialty Areas

The RN graduates were employed primarily in hospitals (87.9%), with 5.5% reporting employment in long-term care facilities and 5.3% in community or ambulatory care settings. The LPN/VN graduates were mostly employed in long-term care facilities (51.8%), with about a quarter employed in hospitals and 17.5% in community or ambulatory settings. Nearly 40% of the RN graduates worked in medical-surgical unit (39.4%), while 66.0% of the LPN/VN graduates reported working in long-term care facilities. It is interesting to note that about one-third of RN graduates worked in critical care units.

Length of Employment and Hours Worked.

After receiving licenses, the RN graduates were employed an average of 9.9 months (SD=7.8) and the LPN/VN graduates were employed 10.4 months (SD=6.5). The RN graduates worked an average of 36.1 regular hours a week (SD=6.8), while the LPN/VN graduates worked 35.2 hours (SD=9.3) per week. More than half of the RN (56.1%) and the LPN/VN (54.5%) graduates were scheduled to work nonmandatory overtime. A little less than one-tenth of the RN (8.8%) and LPN/VN (9.9%) graduates reported working mandatory overtime.

Shifts Worked

More than 68% of the RNs reported working 12-hour shifts and 63.4% of the LPN/VNs worked 8-hour shifts. The LPN/VN graduates were more likely than the RN graduates to work straight days (44% LPN/VN and 38% RN), while RN graduates were more likely to work straight nights (36% RN and 21% LPN/VN).

OUTCOME MEASURES

Adequacy of Educational Preparation

Most of the graduates felt their clinical education adequately prepared them to administer medications by common routes (81.5% of RNs and 82.3% of LPN/VNs), provide direct care to two clients (76.4% of RNs and 77.7% of LPN/VNs), work effectively within a health care team (66.0% of RNs and 74.2% of LPN/VNs), perform psychomotor skills (e.g., dressing changes, catheterizations, etc.) (64.0% of RNs and 71.3% of LPN/VNs), teach clients (63.9% of RNs and 61.5% of LPN/VNs), document a legally defensible account of care provided (56.1% of RNs and 63.6% of LPN/VNs), and make decisions about client care based on assessment and diagnostic testing data (55.9% of RNs and 49.7% of LPN/VNs). Similarly, between 50% to 69% of the graduates felt that their classroom education adequately prepared them to understand pathophysiology (68.8% of RNs and 64.0% of LPN/VNs), teach clients (62.7% of RNs and 62.9% of LPN/VNs), use information technology to enhance patient care (62.1% of RNs and 64.6% of LPN/VNs), recognize medication side effects (59.0% of RNs and 64.6% of LPN/VNs), meet clients' emotional needs (57.2% of RNs and 63.8% of LPN/VNs), analyze multiple types of data (54.3% of RNs and 53.2% of LPN/VNs), understand clients' cultural needs (52.4% of RNs and 59.2% of LPN/VNs), and utilize research findings (50.3% of RNs and 52.6% of LPN/VNs). However, some graduates felt inadequately prepared to administer medications to groups of patients (52% of RNs and 27.5% of LPN/VNs), delegating tasks to other personnel (22.3% of RNs and 28.2% of LPN/VNs), supervise care by others (24.5% of RNs and 26.5% of LPN/VNs), and know when and how to call a physician (21.7% of RNs and 20.4% of LPN/VNs).

Difficulty with Client Care Assignments

Approximately one-fifth of the RN (19.7%) and 17.7% of the LPN/VN graduates reported that their typical client care assignments were too challenging or difficult. The graduates who reported difficulty with current client care assignments rated overall preparation by education lower than the group reported without difficulty with assignments ($p<0.05$). Inadequate preparation of several nursing activities was predictive of difficulty with client care assignments. These activities include working effectively within the health care team [Odds Ratio (OR)=2.2], administering medications to groups of patients (OR=1.3), analyzing multiple types of data when making client-related decisions (OR=1.3), delegating tasks to others (OR=1.4) and understanding the pathophysiology underlying a client's conditions (OR=1.5).

ELEMENTS OF NURSING EDUCATION AND THEIR RELATIONSHIPS TO THE OUTCOMES

Curriculum Elements

Clinical Elements. On average the RN programs allocated 758 hours for clinical learning experience, while the LPN/VN programs allocated 640 hours. Specifically for direct care experience, the RN programs had 596 hours and the LPN/VN programs had 467 hours. In general, the RN programs had about 120 more hours for clinical and direct care experiences than the LPN/VN programs. Both types of programs allowed time for student learning by observation, simulation and practicing in skills labs. The nursing programs also reported that students spent about 80% of their direct care clinical experience caring for one or two clients while 20% were caring for more than two clients.

Most of the programs allowed students, while in practicum, to perform the majority of the measured clinical activities including documentation, catheterization, dressing change, etc. However, it is important to note that 44% of the RN programs did not allow students to call physicians and 15% did not give the students opportunities to supervise care by others. Compared to the RN programs the LPN/VN programs were more restrictive in terms of allowing learning activities in clinical setting, which may be expected because of the differences in program goals.

Regarding types of settings in which clinical learning activities occurred, all programs utilized medical-surgical unit for clinical learning experiences. The vast majority of the programs rotate students through specialty units including pediatric (95% RN programs and 84% LPN/VN programs) psychiatric (97% RN programs and 59% LPN/VN programs), and women's health/OB

unit (99% RN programs and 98% LPN/VN programs). While more programs utilized hospitals rather than outpatient settings for student clinical learning experience, the LPN/VN programs used more long-term care setting compared to the RN programs.

Examining the involvement of faculty who teach didactic content in supervising student clinical experience, it was found that the majority of the RN (95.7%) and of the LPN/VN (93.0%) programs had most or all of their faculty teaching both didactic and clinical content of nursing curriculum. More than four-fifths of the RN programs (82.1%) and 50.8% of the LPN/VN programs used preceptors or clinical adjuncts to supervise students. Preceptors/clinical adjuncts taught about one-fifth of the clinical curriculum for programs that utilized these personnel. Student-faculty ratios varied across clinical settings and educational programs. The means of the ratios ranged from 6.3 to 9.4.

Didactic Elements. The educational programs also provided information about general and specialty-related didactic content taught in their programs. Of the programs that taught the measured general content, about 40% of the RN programs had pharmacology and management/leadership principles as independent courses while the majority of both RN and LPN/VN programs integrated critical thinking/decision making, use of information technology, and evidence-based practice throughout the curriculum. More than half of the programs taught didactic content related to the care of client populations as independent courses. It is interesting to note that 8.4% of RN programs did not teach use of information technology and 11.7% did not teach evidence-based practice.

To identify the link between the didactic and clinical components of nursing curriculum, programs were asked how soon the clinical component was taught after didactic delivery. More than half of the RN (69.6%) and LPN/VN programs (52.7%) reported that the clinical experience closely followed the presentation of didactic content (usually within 7 to 14 days). A small percentage of programs (4.3% RN programs and 11.6% LPN/VN programs) taught clinical component beyond 30 days of the didactic delivery.

Interdisciplinary Activities. Working effectively within interdisciplinary teams is one of the five IOM competencies for health care professionals. Thus, it is important to understand how the programs teach students to work effectively within an interdisciplinary health care team. More than half of the RN (58.6%) and 60.0% of the LPN/VN programs scheduled interdisciplinary clinical activities with other health care professionals for their students. A little less than one-fourth of both RN and LPN/VN programs also scheduled nursing students to have didactic course work with other health care professionals. About one-third of both RN and LPN/VN programs did not have scheduled interdisciplinary learning activities.

Relationships Between Curriculum Elements and Outcomes. Using multiple regression models to link the curriculum elements and outcomes, it was found that the graduates were more likely to feel adequately prepared when their nursing program:

- Had a higher percentage of faculty members that taught both didactic content and clinical activities (β=0.34).
- Taught use of information technology (β=0.42) and evidence-based practice (β=0.44).
- Integrated pathophysiology (β=0.33) and critical thinking (β=0.34) throughout the curriculum.
- Taught content related to the care of specific client populations including care of medical-surgical clients (β=0.20), care of clients with psychiatric disorders (β=0.24) and women's health (β=0.41) as independent courses.

Characteristics of Faculty

For RN programs, an average of 13.3% of faculty were required to engage in clinical practice and 2.6% held joint appointments. LPN/VN programs required higher percentage of faculty (22.8%) to engage in clinical practice and had a higher percentage of faculty (9.1%) with joint appointments. On average 59.5% of the faculty from the RN programs had a master's degree in nursing and 13.9% of the faculty obtained their doctorate degrees. About one-fourth of the faculty from the LPN/VN programs (24.2%) obtained their master's degrees and 1% of them held doctorate degrees.

To assess the student-faculty interaction, graduates were asked to respond to a number of questions related to the faculty's availability to students and whether they were required to demonstrate skills prior to performing them on clients while in nursing education programs. Between one-half to three-fourths of the graduates indicated that faculty members or instructors of their nursing education programs were generally available to assist with classroom projects (55% RNs and 63.8% LPN/VNs), answer questions during clinical learning experience (74.1% RNs and 79.2% LPN/VNs), assist with clinical skills (75.1% RNs and 77.5% LPN/VNs), demonstrate skills in clinical learning experience (74.6% RNs and 78.1% LPN/VNs) and provide current information in classroom (67.0% RNs and 73.5% LPN/VNs). More than two-thirds of RN (69.8%) and 60.5% of the LPN/VN graduates indicated that faculty members or instructors always required them to demonstrate skills prior to performing them on clients. More RNs than LPN/VNs reported that they were "Always" required to demonstrate skills prior to performing them on clients while 2% of RNs and 12% of LPN/VNs were never required to do so.

Linking the characteristics of faculty to outcome measures, it was found that the graduates were more likely to feel adequately prepared if faculty were available to: demonstrate skills in clinical learning experience (β=1.15), assist with classroom projects (β=0.84), provide current information in classrooms (β=1.15), assist with clinical skills (β=0.67), require students to demonstrate skills (β=0.51), answer questions during clinical learning (β=0.73) and answer questions about content (β=0.33). The availability of faculty to assist with clinical skills is also predictive of difficulty with current care assignments (OR=1.44). The graduates who perceived that faculty were available to assist with clinical skills during clinical learning were 1.4 times more likely to report having no difficulty with current client care assignments.

Conclusion

In conclusion, based on the new nurse graduates' perceptions, education programs were successful in preparing the majority of new nurses to perform many nursing functions. However, some new nurses felt they needed to be better prepared in providing direct care and administering medications to groups of clients, delegating tasks to other personnel, supervising care by others, and knowing when and how to call a physician. We also conclude that to improve graduates' perceived adequacy of preparation, it is important to teach use of information technology and evidence-based practice, integrate pathophysiology and critical thinking throughout the curriculum, teach specialty knowledge as independent courses, use faculty who teach didactic courses to also teach clinical practicum, increase faculty availability to students and promote quality faculty-students interactions.

Report of the Resolutions Committee

Recommendations to the Board of Directors

None. This report is for information only.

Background

The Resolutions Committee is a standing committee responsible for reviewing, evaluating and reporting to the Delegate Assembly on all resolutions and motions submitted by the delegates of Member Boards. The committee is also charged with reviewing the resolutions process and making recommendations for process improvement.

Highlights of FY06 Activities

- Reviewed the Delegate Assembly resolutions meeting process.
- Reviewed the Resolutions Committee operating policies and procedures, motions/resolutions submission form and resolutions fiscal form. Determined there were no revisions.
- The membership was sent the Resolutions Solicitation Letter, the Resolutions Committee operating policies, procedures, the motions/resolutions submission form and resolutions fiscal form in March 2006.
- Resolutions Committee sent a link to these documents on the NCSBN Web site (Members Only side) to the membership.

Attachments

A. Resolutions Solicitation Letter

B. Resolutions Committee Operating Policies and Procedures

C. Motions/Resolutions Submission Form

D. Resolutions Fiscal Form

Members

Charlene Kelly, PhD, RN, Chair
Nebraska, Area II

Gloria Damgaard, RN, MS
South Dakota, Area II

Sandra Evans, MAEd, RN
Idaho, Area I

Richard Gibbs, LVN
Texas, Area III

Judith Personett, EdD, MA, BSN, RN
Washington, Area I

Margaret Walker, MBA, BSN, RN
New Hampshire, Area IV

Staff

Alicia Byrd, RN
Member Relations Manager

Meeting Dates

- Oct. 24, 2005, Conference Call
- April 24, 2006, Conference Call, Membership
- Aug. 1-2, 2006

Attachment A

Resolutions Solicitation Letter

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
www.ncsbn.org

March 27, 2006

TO: Executive Officers
Member Board Presidents

FROM: The FY2006 Resolutions Committee

Chairperson

Charlene Kelly, PhD, RN, Executive Director, Nebraska Department of Health and Human Services Regulation and Licensure, Nursing and Nursing Support, Area II

Committee Members

Gloria Damgaard, RN, MS, Executive Secretary, South Dakota Board of Nursing, Area II
Sandra Evans, MA.Ed, RN, Executive Director, Idaho Board of Nursing, Area I
Richard Gibbs, LVN, Board Member, Texas Board of Nurse Examiners, Area III
Judith D. Personett, Ed.D, MA, BSN, RN, Board Member, Washington State Nursing Care Quality Assurance Commission, Area I
Margaret J. Walker, MBA, BSN, RN, Executive Director, New Hampshire Board of Nursing, Area IV

RE: Call for Motions/Resolutions to the 2006 Delegate Assembly

The Resolutions Committee is seeking motions/resolutions for consideration by the Delegate Assembly at the 2006 NCSBN Annual Meeting, August 1-4, in Salt Lake City, Utah.

Use this link https://ncnet.ncsbn.org/about/governance_pgov_delegate_assembly.asp to access these key documents that will enable the maker to develop motions/resolutions that conform to NCSBN Bylaws, 2006 Standing Rules (pending delegate approval), and the Resolutions Committee *Operating Policies and Procedures*.

- Resolutions Committee Operating Policies and Procedures
- Motions/Resolutions Submission Form
- Fiscal Impact Statement
- NCSBN Bylaws

The Resolutions Committee encourages you to submit motions/resolutions early. Please use the Motions/Resolutions form and Fiscal Impact Statement when submitting a motion. These forms will also be available in a printable version on the NCSBN Web site.

Resolutions Committee Open Membership Call:

The Resolutions Committee will be hosting a call on **Monday, April 24, 2006, at 2:00 pm (CST)** to give the membership a chance to interact with the Committee members and ask questions or raise issues regarding the submission process or their particular motions/resolutions. The Dial-In information for the call is listed below:

Passcode: NCSBN
Leader: Alicia Byrd
Number: 888.455.9640

Motions/resolutions may be submitted at any time up to and through Delegate Assembly.

As a reminder, only delegates, NCSBN Board of Directors, and the Examination Committee (for approval of test plans) may make motions/resolutions at the Delegate Assembly.

Please contact Alicia E. Byrd if you have any questions at 312.525.3666 or abyrd@ncsbn.org. **All submission forms can be completed electronically, then print the form, sign and send via fax to 312.279.1032 to the attention of Alicia Byrd at the NCSBN office.**

cc: NCSBN Board of Directors
Kathy Apple, NCSBN Executive Director

Attachment B

Resolution Committee Operating Policies and Procedures

Purpose

The Resolutions Committee is a standing committee of the Delegate Assembly established under Article X (1)(e) of the NCSBN Bylaws to review, evaluate and report on all motions and resolutions submitted to the Committee by a delegate. The operating policies and procedures serve to guide the work of the Committee and the formulation of motions and resolutions by makers.

Policy

1. All resolutions and non-procedural main motions unrelated to the election of officers and directors must first be submitted to the Chair of the Resolutions Committee before being presented to Delegate Assembly.
2. The Resolutions Committee will receive and analyze all motions and resolutions submitted to it by authorized motion makers. The analysis shall consist of:
   a. Determination of consistency with NCSBN articles of incorporation, bylaws, mission, purpose and functions, strategic initiatives, outcomes and policies;
   b. Determination of relationship to ongoing programs;
   c. Assessment for duplication with other proposed motions;
   d. Legal implications;
   e. Financial impact.
3. The Resolutions Committee chairperson will present to the Delegate Assembly oral and/or written reports of all motions and resolutions submitted to it. The report for each motion and resolution shall include the following analyses performed by the Resolutions Committee:
   a. Determination of consistency with NCSBN articles of incorporation, bylaws, mission, purpose and functions, strategic initiatives, outcomes and policies
      Consistent
      Not Consistent (with rationale)
   b. Determination of relationship to ongoing programs
      Not in current Strategic Plan
      In current Strategic Plan (site identified)
   c. Assessment for potential duplication with other proposed motion or ongoing programs
      No duplication
      Duplication (area of duplication specified)
   d. Legal implications
      None
      Implications identified
   e. Financial impact
      None
      Impact identified

In the event a motion or resolution is submitted too late for the Resolutions Committee to perform its analysis, the Committee will report to Delegate Assembly the absence of any review.

Procedures

1. Motions and resolutions must be submitted by a delegate in accordance with the bylaws and the Standing Rules. The person seconding the motion must also sign all motions. A fiscal impact statement must accompany the motion or resolution.
2. It is desirable to have the motion or resolution submitted in time to include in the mailing to Member Boards 45 days before the Annual Meeting. However, motions and resolutions not submitted in time to meet the 45-day mailing prior to the Annual Meeting should be submitted to the Resolutions Committee by the time and date proscribed in the Standing Rules.
3. The Resolutions Committee may schedule a conference call and/or an informal meeting with members wanting to make a motion at Delegate Assembly to enable makers an opportunity to receive assistance in the formulation of the motion/resolution.
4. Makers may submit motions to the Resolutions Committee until the Delegate Assembly concludes its business at the Annual Meeting to allow for all matters to be addressed. However, motions and resolutions not submitted to the Committee by the established deadline may not be reviewed and analyzed by the Resolutions Committee.
5. The deadline for submitting motions and resolutions to the Resolutions Committee shall appear in the Standing Rules for the Delegate Assembly.
6. The Resolutions Committee will meet with each maker in accordance with the schedule and guidelines established. This meeting shall occur as close to the session at which new business will be considered as is consistent with the orderly transaction of the Committee's business. Once discussion is concluded, the Committee will meet in executive session to prepare the motion or resolution for submission to the Delegate Assembly.
7. Courtesy resolutions are proposed directly by the Resolutions Committee.

Motions and Resolutions for Publication

1. Motions and resolutions must be submitted to the Resolutions Committee by the deadlines published in the NCSBN newsletter, *Council Connector*, member mailing, NCSBN Web site, or other form of notice in order to be reviewed by the Resolutions Committee and mailed to Member Boards 45 days before the Annual Meeting.
2. Motions and resolutions submitted in advance of the Annual Meeting will be presented at the Resolutions Forum.
3. The person(s) submitting a motion or resolution must be prepared to attend and discuss the motion or resolution with Resolution Committee at its scheduled meeting and speak to the motion or resolution to the Delegate Assembly.

Motions and Resolutions Received After the Resolutions Committee Meeting

1. A motion or resolution not submitted to the Resolutions Committee by the established deadline at the Delegate Assembly may be presented directly to the Delegate Assembly as new business, provided that the maker first submits the resolution to the chair of the Resolutions Committee. The Resolutions Committee may make a reasonable attempt to meet with the motion maker to discuss any such motions and resolutions, time permitting, but the Committee may report to the Delegate Assembly that it was unable to perform its analysis and review of the motion.

2. The maker is responsible for duplication of the resolution for distribution to members of the Delegate Assembly. Each resolution or motion should be accompanied by a written analysis of consistency with NCSBN mission, purpose and functions, strategic initiatives, outcomes, assessment of fiscal impact and potential legal implications. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

Definitions

Motions/Resolutions

Business items proposed by Delegates, the Board of Directors or the Examination Committee for consideration at the Delegate Assembly. Such proposals are submitted to the Resolutions Committee where they are processed for clarification and consistency.

Revisions Dates:

- May 1990
- January 1996
- February 2002

Attachment C

Motions/Resolutions Submission Form

National Council of State Boards of Nursing
Motions/Resolutions Submission Form

You may type directly on this form

Name of Motion/Resolution:

Maker:

Date: **Phone #:** **E-mail Address:**

I move that:

Rationale for Motion:

Signature of Maker: ____________________

Member Board: ____________________

Signature of Second: ____________________

Member Board: ____________________

I. Describe the relationship of the motion/resolution to National Council's:

a) Bylaws, mission, strategic initiatives and outcomes (see NCSBN Web site and/or current Delegate Assembly business book)

b) Ongoing programs and policies

II. Identify potential legal implications.

III. Attach a completed Fiscal Impact Statement.

Attachment D

Resolutions Fiscal Form

National Council of State Boards of Nursing
Fiscal Impact Statement

You may type directly on this form

Title of Motion/Resolution: ______________________________

Proposed by:

I. ***PROJECTED DATES***

A) Beginning: ______________________________

B) Completion: ______________________________

II. ***RESOURCES ANTICIPATED***

Check those resources needed to accomplish motion/resolution

A) Does this proposal require a committee? ❑Yes ❑No ❑Unsure

1. Number of members anticipated including the chair?______________ ❑Unsure
2. How many meetings anticipated?______________________________
3. Time span of resources: ❑1 year ❑2 years ❑3 or more years ❑Unsure

B) Does this proposal require printings, mailings, or electronic access (e.g., Web)?

❑Yes ❑No

1. Please describe any expected surveys.
2. Please describe other expected printings (special reports, mailings).
3. Please describe any expected electronic resources (e.g., Web site).

C) Will this proposal require outside consultation? ❑Yes ❑No

If yes, please select all that apply:

❑ Legal Counsel
❑ Nursing
❑ Testing/Psychometric
❑ Policy/Regulation
❑ Technical (including computer)
❑ Other (please describe) ______________________________

D) Will this proposal require other resources? ❑Yes ❑No

If yes, please complete the following:

1. Please describe expected travel (other than committee meetings).
2. Other (please describe).

II. ***OTHER COMMENTS REGARDING FISCAL IMPACT.***

Section III

2006 NCSBN Annual Meeting

SECTION III: RESOURCES AND GENERAL INFORMATION . . . . **TAB 3**

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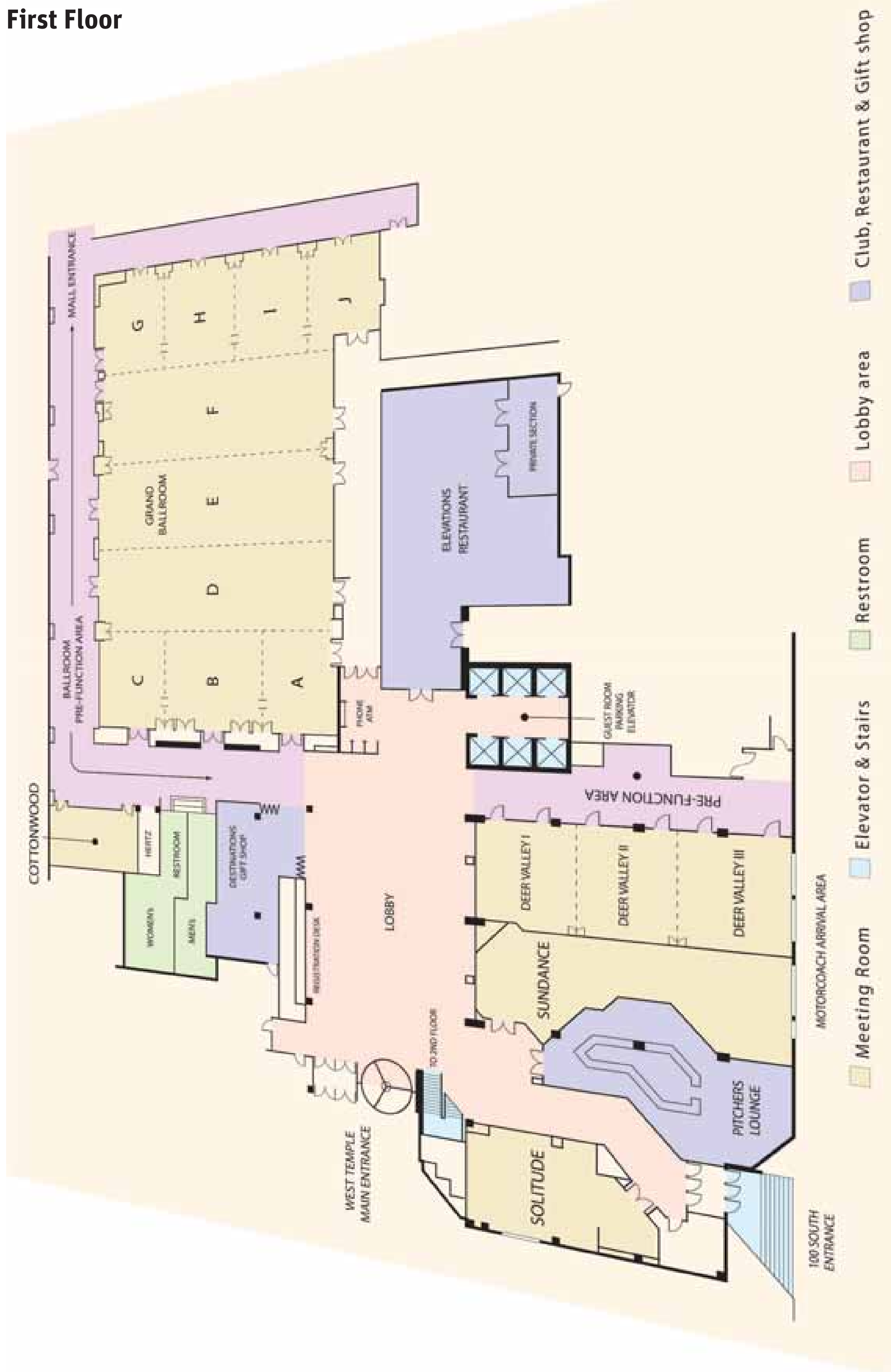
NCSBN Glossary 303

NCSBN Glossary Acronyms 321

For resolutions policy, procedures and forms, see the Resolutions Committee report and attachments on page 271.

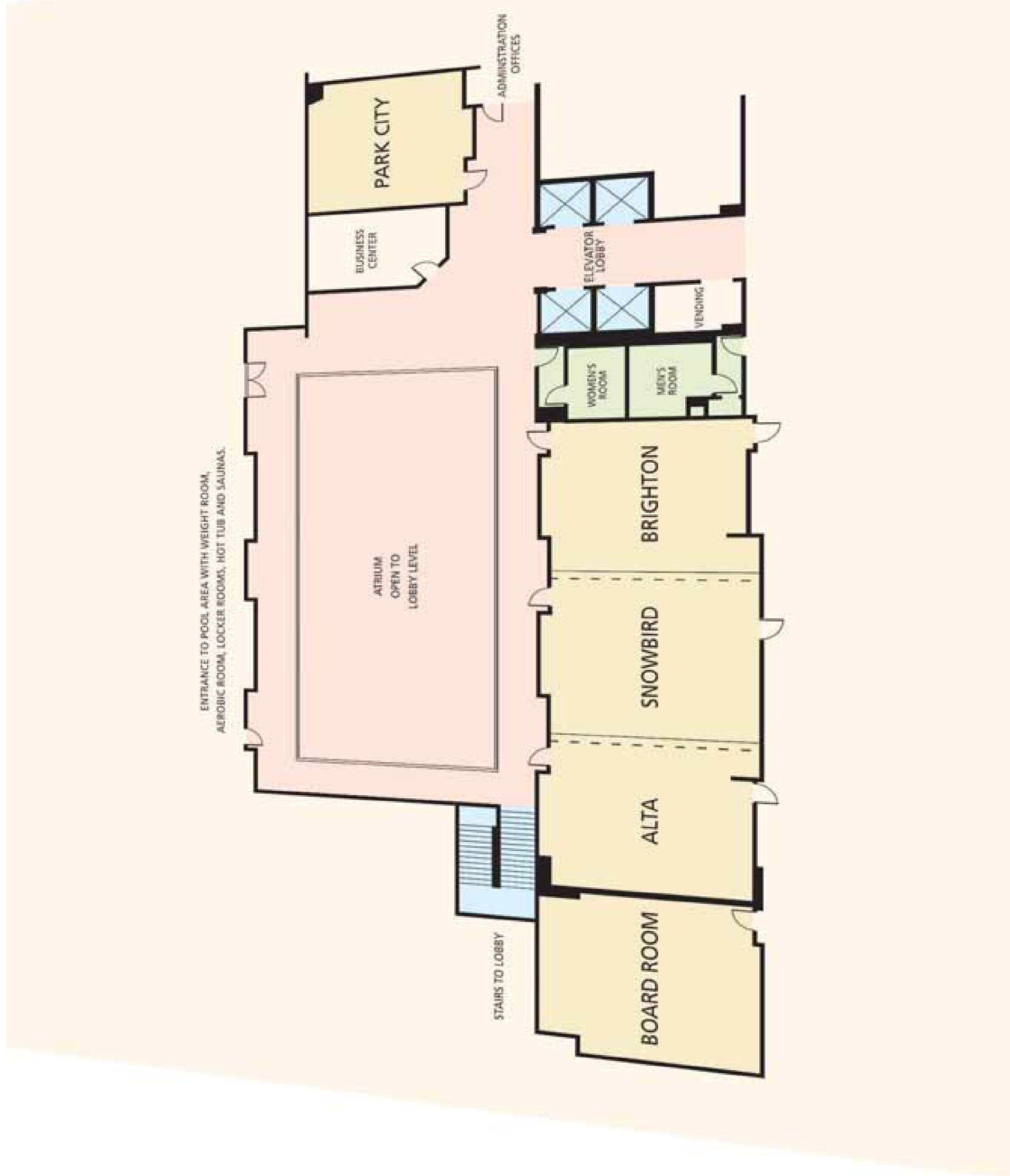
Marriott Salt Lake City Downtown Map

First Floor



Marriott Salt Lake City Downtown Map

Second Floor



Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of nursing also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often-heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

Organizational Mission, Strategic Initiatives and Outcomes

The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

The Strategic Initiatives for 2005 – 2007, adopted by the 2004 Delegate Assembly, are:

1. Facilitate Member Board excellence through individual and collective development. (Member Boards)
2. Promote evidence-based regulation that provides for public protection. (Regulatory Excellence)
3. Enhance the organizational culture to support change and innovation. (PERC)
4. Position NCSBN as the premier organization to measure entry and continuing competence of nurses and related health care providers. (Competence)
5. Advance NCSBN as the leading source of data, information, and research regarding nursing regulation and related health care issues. (Data)
6. Advance NCSBN as a key partner in nursing and health care regulation in the United States and internationally. (U.S./International Partner)

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which tactics for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors evaluates the accomplishment of strategic initiatives and outcomes and the directives of the Delegate Assembly.

Organizational Structure and Function

MEMBERSHIP

Membership in NCSBN is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 60 Member Boards, including those from the District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. Member Boards also receive information services, public policy analyses and research services. Member Boards that fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

AREAS

NCSBN's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues and provide diversity of board and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are two directors-at-large who are elected by all delegates voting at the Annual Meeting. (See Glossary for list of jurisdictions by Area.)

DELEGATE ASSEMBLY

The Delegate Assembly is the membership body of NCSBN and comprises delegates who are designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates. The Delegate Assembly meets at NCSBN's Annual Meeting, traditionally held in

late July/early August. Special sessions can be called under certain circumstances. Regularly scheduled sessions are held on a rotation basis among Areas.

At the Annual Meeting, delegates elect officers and directors and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and to receive a copy of the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly adopts the mission statement and strategic initiatives of NCSBN and approves the substance of all NCLEX® examination contracts between NCSBN and Member Boards, and adopts test plans to be used for the development of the NCLEX examination and the NCLEX examination test service and establishes the fee for the NCLEX examination.

OFFICERS AND DIRECTORS

NCSBN officers include the president, vice president and treasurer. Directors consist of four area directors and two directors-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The President shall have served as a delegate, a committee member or an officer prior to being elected to office. An officer shall serve no more than four consecutive years in the same officer position.

The president, vice president and treasurer are elected for terms of two years or until their successors are elected. The president, vice president and treasurer are elected in even-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Area directors are elected in odd-numbered years. The two directors-at-large are elected each year for a one-year term.

Officers and directors are elected by ballot during the annual session of the Delegate Assembly. Delegates elect area directors from their respective areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the bylaws dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The vice president fills a vacancy in the office of president. Board appointees fill other officer vacancies until the term expires.

BOARD OF DIRECTORS

The Board of Directors, the administrative body of NCSBN, consists of the nine elected officers. The Board is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The Board authorizes the signing of contracts, including those between NCSBN and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

MEETINGS OF THE BOARD OF DIRECTORS

All Board meetings are typically held in Chicago, with the exception of the pre- and post-Annual Meeting Board meetings that are held at the location of the Annual Meeting. Board officers and directors are asked to submit reports and other materials for the meeting at least three weeks

prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to board officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN Web site (www.ncsbn.org).

A memo or report that describes the item's background and indicates the Board action needed accompanies items for Board discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting. A summary of the Board's major decisions is provided for dissemination prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each board officer and director for use during board meetings. These materials, which are updated periodically throughout the year, are kept at the NCSBN office and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes and personnel manual.

COMMUNICATIONS WITH THE BOARD OF DIRECTORS

Communication between Board meetings takes place in several different ways. The executive director communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. In most instances, the executive director is the person responsible for communicating with NCSBN consultants about legal, financial and accounting concerns.

This practice was adopted primarily as a way to monitor and control the costs of consultant services. Conference calls can be scheduled, if so desired, by the president. Written materials are generally forwarded to Board Members in advance of the call. These materials include committee or staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call and submits them at the next regularly scheduled Board meeting.

Board Members use NCSBN letterhead when communicating as representatives of NCSBN.

COMMITTEE ON NOMINATIONS

NCSBN delegates elect representatives to the Committee on Nominations. The committee consists of four people, one from each area, who may be either Board Members or staff of Member Boards. Committee members are elected to two-year terms. One-half of the committee members are elected in even-numbered years and one-half in odd-number years. They are elected by ballot with a plurality vote. The member receiving the highest number of votes shall serve as vice chair in the first year of the member's term and as chair in the second year of the term. The first meeting of the committee is held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director officers and for the committee itself and to prepare a slate of qualified candidates. During the Delegate Assembly, additional nominations may be made from the floor.

COMMITTEES

Many of NCSBN's objectives are accomplished through the committee process. Every year the committees report on their activities and make recommendations to the Board of Directors. At the present time, NCSBN has five standing committees: Examination; Finance; Practice, Regulation and Education; Bylaws; and Resolutions. Subcommittees, such as the Item Review Subcommittee (Exam), may assist standing committees.

In addition to standing committees, special committees are appointed by the Board of Directors for a defined term to address special issues and concerns. NCSBN conducts an annual call for committee member nominations prior to the beginning of each fiscal year. Committees are governed by their specific charge, and NCSBN policies and procedures. The appointment of

Committee chairs and committee members is a responsibility of the Board of Directors. Committee membership is extended to all current members and staff of Member Boards.

In the appointment process, every effort is made to match the expertise of each individual with the needs of NCSBN. Also considered is balanced representation, whenever possible, among areas, Board Members and staff; registered and licensed practical/vocational nurses; and consumers. Nonmembers may be appointed to special committees as consultants to provide specialized expertise to committees. A Board of Director liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of Board liaison, committee chairperson and committee staff are provided in NCSBN's policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the Board liaison nor the NCSBN staff are entitled to a vote, but can advise the committee regarding the strategic or operational impact of decisions and recommendation.

Description of Standing Committees

EXAMINATION COMMITTEE

The Examination Committee is comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board of nursing. The Committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests enhancements, based on research that is important to the development of licensure examinations.

The Examination Committee provides general oversight of National Council Licensure Examination (NCLEX®) process, including psychometrics, item development, test security and administration, and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of written information about the examinations for Member Boards and other interested parties. The committee also regularly evaluates the licensure examinations by means of item analysis, and test and candidate statistics.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is a key component of this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: (1) whether or not the examination actually measures competencies required for safe and effective job performance, and (2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation.

There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice. The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a passing standard to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected to recommend a series of passing standards for this process. Judges are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the Board of Directors sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes and utilizing item construction and test delivery processes based on sound psychometric principles constitute the best legal defense available for licensing examinations. For most of the possible challenges that a candidate might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

FINANCE COMMITTEE

The Finance Committee is comprised of at least four members and the treasurer, who serves as the chair. The committee's primary purpose is to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. It also reviews financial status on a quarterly basis and provides the Board of Directors with a proposed annual budget prior to each new fiscal year.

PRACTICE, REGULATION AND EDUCATION COMMITTEE

The Practice, Regulation and Education Committee is comprised of at least six members. The committee's purpose is to provide general oversight of nursing practice, regulation and education issues. It periodically reviews and revises the *Model Nursing Practice Act* and *Model Nursing Administrative Rules*, and recommends white papers, guidelines or other resources to the Board of Director for Member Board use. It also reviews NCSBN research data, conducts membership surveys and disseminates information to Member Boards and other interested parties. In the past, the committee has utilized subcommittees to study various issues (e.g., continued competence, foreign nurse issues and accreditation/approval in nursing education).

RESOLUTIONS COMMITTEE

The Resolutions Committee is comprised of at least four members generally representing each of the four NCSBN geographic areas and also includes one member of the Finance Committee. The committee's purpose is to review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards. The committee is governed by the operational policies and procedures, the standing rules and the bylaws.

BYLAWS COMMITTEE

The Bylaws Committee is comprised of at least four members. The committee reviews and makes recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly. The bylaws may be amended at any annual meeting or special session of the Delegate Assembly upon written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting or written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present, and in no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

NCSBN STAFF

NCSBN staff members are hired by the executive director. Their primary role is to implement the Delegate Assembly's and Board of Directors' policy directives and provide assistance to committees.

GENERAL DELEGATE ASSEMBLY INFORMATION

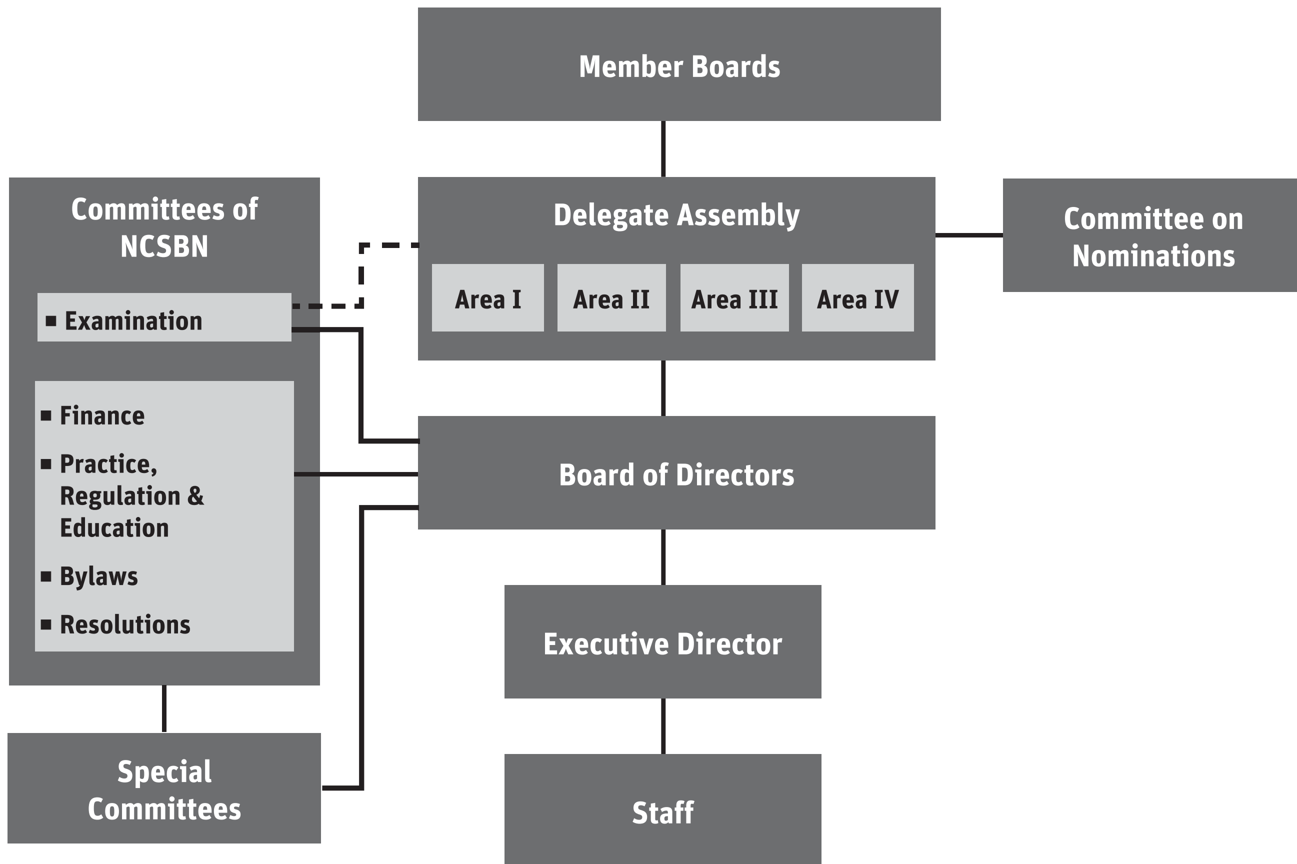
Agendas for each session of the Delegate Assembly are prepared by the president in consultation with the Board of Directors and executive director and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants, which contains the agenda, reports requiring Delegate Assembly action, reports of the Board of Directors, reports of special and standing committees, and strategic initiatives and outcomes.

Prior to the annual session of the Delegate Assembly, the president appoints the credentials and elections committees as well as the committee to approve minutes. The president must also appoint a timekeeper, a parliamentarian and pages.

The function of the Credentials Committee is to provide delegates with identification bearing the number of votes that the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits and evaluates all others in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the committee to approve minutes, which includes the executive director who serves as corporate secretary.

NCSBN Organizational Chart



NCSBN Bylaws

Revisions adopted – 8/29/87
Amended – 8/19/88
Amended – 8/30/90
Amended – 8/01/91
Revisions adopted – 8/05/94
Amended – 8/20/97
Amended – 8/8/98
Revisions adopted – 8/11/01
Amended – 08/07/03

Article I

NAME

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

Article II

PURPOSE AND FUNCTIONS

Section 1. Purpose. The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. Functions. The National Council's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

MEMBERS

Section 1. Definition. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

Section 2. Qualifications. Any state board of nursing that agrees to use one or more National Council Licensing Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").

Section 3. Admission. A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees and execution of a contract for using the NCLEX® examination.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.

Section 6. Privileges. Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. Noncompliance. Any Member Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership that has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

DELEGATE ASSEMBLY

Section 1. Composition.

(a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.

(b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board as a delegate.

(c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. Voting.

(a) *Annual Meetings*. Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.

(b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; approve the NCLEX® examination test service; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national

emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.

Section 5. Special Session. The Board of Directors may call and, upon written petition of at least 10 Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least 10 days before the date for which such special session is called.

Section 6. Quorum. The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

Section 7. Standing Rules. The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

Article V

OFFICERS AND DIRECTORS

Section 1. Officers. The elected officers of the National Council shall be a President, a Vice President and a Treasurer.

Section 2. Directors. The directors of the National Council shall consist of two Directors-at-Large and a Director from each Area.

Section 3. Qualifications. Members and employees of Member Boards shall be eligible to serve as National Council officers and directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

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

Section 5. Election of Officers and Directors.

(a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.

(b) *Officers and Directors-at-Large.* Officers and Directors-at-Large shall be elected by majority vote of the Delegate Assembly.

(c) *Area Directors.* Each Area shall elect its Area Director by majority vote of the delegates from each such Area.

(d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.

(e) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.

Section 6. Terms of Office. The President, Vice President, Treasurer and Area Directors shall be elected for a term of two years or until their successors are elected. Directors-at-Large shall be elected for a term of one year or until their successors are elected. The President, Vice President and Treasurer shall be elected in even numbered years. The Area Directors shall be elected in odd numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.

Section 7. Limitations. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. Vacancies. A vacancy in the office of President shall be filled by the Vice President. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.

Section 9. Responsibilities of the President. The President shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of President, and speak on behalf of and communicate the policies of the National Council.

Section 10. Responsibilities of the Vice President. The Vice President shall assist the President, perform the duties of the President in the President's absence, and fill any vacancy in the office of the President until the next Annual Meeting.

Section 11. Responsibilities of the Treasurer. The Treasurer shall serve as the Chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

BOARD OF DIRECTORS

Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the National Council.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the National Council except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the President or shall be called upon written request of at least three members of the Board of Directors. At least 24 hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. Removal from Office. A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly. The Board of Directors may remove any member of the Board of Directors from office upon conviction of a felony, gross misconduct, failure to perform, dereliction of duties or conflict of interest by a two-thirds vote of the Board of Directors. The individual shall be given 30 days written notice of the proposed removal.

Section 5. Appeal. A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VII

NOMINATIONS AND ELECTIONS

Section 1. Committee on Nominations.

(a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.

(b) *Term.* The term of office shall be two years. One half of the Committee members shall be elected in even-numbered years and one-half in odd-number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.

(c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as Vice Chair in the first year of the member's term and as Chair in the second year of the term.

(d) *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.

(e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1(a) of this Article. If the vacancy is the Chair, the other person serving the second year of a two-year term shall be the Chair. If the vacancy is the Vice Chair, the other person serving the first year of a two-year term shall become the Vice Chair. The person filling the vacancy shall serve the remainder of the term.

(f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations and present a slate of qualified candidates for vote at the Annual Meeting. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

Article VIII

MEETINGS

Section 1. Participation.

(a) *Delegate Assembly Session.*

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

(ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.

(b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

(c) *Meetings.* National Council, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.

(d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.

(e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

EXECUTIVE DIRECTOR

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

Section 2. Authority. The Executive Director shall serve as the agent and Chief Administrative Officer of the National Council and shall possess the authority and shall perform all duties incident to the office of Executive Director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Executive Director shall serve as Corporate Secretary and oversee maintenance of all documents and records of the National Council and shall perform such additional duties as may be defined and directed by the Board.

Section 3. Evaluation. The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.

Article X

COMMITTEES

Section 1. Standing Committees. National Council shall maintain the following standing committees.

(a) *Examination Committee.* The Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The Committee Chair shall have served as a member of the committee prior to being appointed as Chair. The Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.

(b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the Treasurer, who shall serve as Chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

(c) *Practice, Regulation, and Education Committee.* The Practice, Regulation and Education Committee shall be comprised of at least six members. The Committee shall provide general oversight of nursing practice, regulation and education issues.

(d) *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.

(e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.

Section 2. Special Committees. The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council and to assist any standing committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. Delegate Assembly Committees. The President shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. Committee Membership.

(a) *Composition.* Members of standing and special committees shall be appointed by the Board of Directors. Standing committees shall include only current members and employees of Member Boards. Special committees may also include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The President, or President's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.

(b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for reappointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.

(c) *Vacancy*. A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

(d) *Committee Duties.*

1. *Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.

2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.

3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

Article XI

FINANCE

Section 1. Audit. The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. Fiscal Year. The fiscal year shall be from October 1 to September 30.

Article XII

INDEMNIFICATION

Section 1. Direct Indemnification. To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. Insurance. To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation; or performs or has performed volunteer services for or on behalf of the corporation; or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. Additional Rights. Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

(a) Not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and

(b) Continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

Article XIV

AMENDMENT OF BYLAWS

These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

(a) Written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or

(b) Written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Article XV

DISSOLUTION

Section 1. Plan. The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows:

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

Secondly, any assets held by the National Council that require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. Acceptance of Plan. Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy-five percent (75%) of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. Conformity to Law. Such plan to dissolve must conform to the law under which National Council is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

NCSBN Glossary

A

Accredit
To recognize (an educational institution) as maintaining standards that qualify the graduates for admission to higher or more specialized institutions or for professional practice.[1]

Accrediting Agency
See Nursing School Accrediting Agency

ACNM Certification Council Inc. (ACC)
National certifying body for Certified-Nurse Midwives (CNMs) and Certified Midwives (CMs). ACC's mission is to protect and serve the public by providing the certification standard for individuals educated in the profession of midwifery.[2]

Administrative Rules
Used by boards of nursing to promulgate rules/regulations to further interpret and implement the Nursing Practice Act, as authorized in most jurisdictions. Rules/regulations cannot conflict with law and once adopted, have the force and effect of law.

Advanced Assessment Strategies: Assessing Higher-Level Thinking
Online course offered through NCSBN Learning Extension for nursing educators. Users earn 15.6 contact hours for completing the course.

Advanced Practice Registered Nurse (APRN)
A master's prepared nurse holding a graduate degree in nursing, who has completed a program of study in a specialty area in an accredited nursing program, has taken a licensing examination in the same area and has been granted a license to practice as an APRN. The hallmark of APRN practice is the assumption by the APRN of primary responsibility for the direct care of patients/clients in relation to their human needs, disease states, and therapeutic and technologic interventions. Subcategories of APRN licensure include: nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and clinical nurse specialist (CNS). A nurse seeking recognition as an APRN must be academically prepared for the expanded scope of practice described as APRN nursing.

Agent Role
NCSBN once served as an agent for 41 boards of nursing for reporting past, or legacy data (1996-1999). NCSBN continues to serve as an agent (for ongoing discipline reporting) for 26 boards. NCSBN Member Boards continue to share discipline data through Nur*sys*®. NCSBN is also working to obtain discipline information from states that either directly report to the HIPDB or use another agent, so that the discipline data NCSBN has is complete. Although all boards of nursing are authorized to query the HIPDB, there is also a fee; NCSBN continues to provide discipline data for use by member boards at no charge.

Alternative Dispute Resolution (ADR)
A forum or means for resolving disputes (as arbitration or private judging) that exists outside the state or federal judicial system.[3]

Alternative Item Format
Previously known as an innovative item format; an NCLEX® examination item (question) that takes advantage of technology and uses a format other than standard, four-option, multiple-choice items to assess candidate ability. Alternative item formats may include multiple-response items (requiring a candidate to select one or more than one response), fill-in-the-blank items (requiring a candidate to type in number(s) within a calculation item), hot spot items (asking a candidate to identify an area on a picture or graphic), a chart/exhibit format (where candidates are presented with a problem and use the information in the chart/exhibit to answer the problem), and a drag-and-drop item type (requiring a candidate to rank or move options to provide the correct answer). Any item format, including standard multiple-choice items, may include charts, tables or graphic images.

Alternative Program
A voluntary, private opportunity for chemically dependent nurses who meet specified criteria to have their recovery closely monitored by program staff in lieu of disciplinary action.

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American Academy of Nurse Practitioners (AANP)
The largest and only full-service professional membership organization in the U.S. for nurse practitioners of all specialties.[4]

American Association of Colleges of Nursing (AACN)
A national voice for America's baccalaureate and higher degree nursing education programs. AACN's educational, research, governmental advocacy, data collection, publications and other programs work to establish quality standards for bachelor- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing—the nation's largest health care profession.[5]

American Association of Critical Care Nurses (AACN)
Provides and inspires leadership to establish work and care environments that are respectful, healing and humane. AACN is committed to providing the highest quality resources to maximize nurses' contribution to caring and improving the health care of critically ill patients and their families.[6]

American Association of Nurse Anesthetists (AANA)
A professional association representing more than 30,000 Certified Registered Nurse Anesthetists (CRNAs) nationwide. The AANA promulgates education, and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice.[7]

American College of Nurse Midwives (ACNM)
Provides research, accredits midwifery education programs, administers and promotes continuing education programs, establishes clinical practice standards, and creates liaisons with state and federal agencies and members of Congress. The mission of ACNM is to promote the health and well being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives (CNMs), and certified midwives (CMs). The philosophy inherent in the profession states that nurse-midwives believe every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations.[8]

American Dental Association (ADA)
A professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards.[9]

American Dietetic Association (ADA)
The nation's largest organization of food and nutrition professionals.[10]

American Immigration Lawyers Association (AILA)
A national association of over 8,000 attorneys and law professors who practice and teach immigration law. AILA member attorneys represent tens of thousands of U.S. families who have applied for permanent residence for their spouses, children, and other close relatives to lawfully enter and reside in the United States. AILA members also represent thousands of U.S. businesses and industries which sponsor highly skilled foreign workers seeking to enter the United States in a temporary or—having proven the unavailability of U.S. workers—permanent basis. AILA members also represent foreign students, entertainers, athletes, and asylum seekers, often on a pro bono basis.[11]

American Medical Association (AMA)
The national professional organization for all physicians. The AMA serves as the steward of medicine and leader of the medical profession. The AMA speaks out on issues important to patients and the nation's health.[12]

American Nurses Association (ANA)
The only full-service professional organization representing the nation's 2.7 million registered nurses (RNs) through its 54 constituent member associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.[13]

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13. ANA Nursing World Web site. (n.d.) *About the American nurses association*. Retrieved 4 April 2005, from http://www.nursingworld.org/about/

American Nurses Credentialing Center (ANCC)
A subsidiary of American Nurses Association that provides tangible recognition of professional achievement in a defined functional or clinical area of nursing. More than 150,000 nurses throughout the U.S. and its territories in 40 specialty and advanced practice areas of nursing carry ANCC certification. While the role for nurses continues to evolve, ANCC has responded positively by the reconceptualization of certification and Open Door 2000, a program that enables all qualified RNs, regardless of their educational preparation, to become certified in any of five specialty areas: Gerontology, Medical-Surgical, Pediatrics, Perinatal and Psychiatric and Mental Health Nursing.[14]

American Organization of Nurse Executives (AONE)
A subsidiary of the American Hospital Association, and national organization of nearly 4,000 nurses who design, facilitate and manage care. Its mission is to represent nurse leaders who improve health care. AONE members are leaders in collaboration and catalysts for innovation.[15]

Americans for Nursing Shortage Relief (ANSR)
An alliance of 49 national nursing organizations and five friends of nursing organizations and companies. ANSR is committed to promoting legislative and regulatory solutions to the current and impending nursing shortage.[16]

Americans with Disabilities Act (ADA)
Effective July 26, 1992, this federal law prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job appli-cation procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions and privileges of employment. An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.[17]

APRN Certification Programs
In January 2002, the Board of Directors approved criteria for both the certification programs and the accrediting agencies that were developed by the Advanced Practice Task Force. The Requirements for Accrediting Agencies and the Criteria for Certification Programs (available for download at ncsbn.org) represent required elements of certification programs that would result in a legally defensible examination suitable for the regulation of advanced practice nurses.

APRN Compact
Addresses the need to promote consistent access to quality, advanced practice nursing care within states and across state lines. The Uniform APRN Licensure/Authority to Practice Requirements, developed by NCSBN with APRN stakeholders in 2000, establishes the foundation for this APRN Compact. Similar to the existing Nurse Licensure Compact for recognition of RN and LPN licenses, the APRN Compact offers states the mechanism for mutually recognizing APRN licenses/authority to practice. This is a significant step forward for the increasing access and accessibility to qualified APRNs. A state must either be a member of the current nurse licensure compact for RN and LPN, or choose to enter into both compacts simultaneously to be eligible for the APRN Compact.

Area
One of four designated geographic regions of NCSBN Member Boards.

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	N. Carolina	New Jersey
Montana	N. Dakota	Oklahoma	New York
Nevada	Ohio	S. Carolina	Pennsylvania
New Mexico	S. Dakota	Tennessee	Puerto Rico
N. Mariana Islands	W. Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			U.S. Virgin Islands
Washington			
Wyoming			

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Area Director
Type of NCSBN board member. A director is elected for each of NCSBN's geographic areas: I, II, III and IV. Responsibilities include attending area meetings of the Member Boards at midyear and annual meetings and communicating with their respective jurisdictions pre- and post-Board of Director meetings.

Assessment Strategies
Test service for Canadian Nurses Association.

Assessment Strategies for Nursing Educators: Test Development and Item Writing
Online course offered through NCSBN Learning Extension for nursing educators. Users earn 19.5 contact hours for completing the course.

B

Blueprint
The organizing framework for an examination that includes the percentage of items allocated to various categories.

Board of Nursing
The authorized state entity with the legal authority to regulate nursing. Legislatures enact the Nurse Practice Act for each state. Boards of nursing have the legal authority to license nurses and to discipline nurses for unsafe practice. The mission of boards of nursing is to protect the health, safety and welfare of the public.

Breaking the Habit: When Your Colleague Is Chemically Dependent
Video and facilitation package within NCSBN's "Professional Challenges of Nurses" series, released in 2001.

Bylaws
The rules that govern the internal affairs of an organization.

C

Canadian Nurses Association
A federation of 11 provincial and territorial nursing associations representing more than 123,000 registered nurses.

Canadian Registered Nurse Examination (CRNE)
Canadian Nurses Association nurse licensure examinations.

Candidate Bulletin
Document that serves as a guideline for candidates preparing to take the NCLEX®. Candidate Bulletins contain information regarding registration, scheduling, information on the testing experience and other useful information for candidates.

Candidate Performance Report (CPR)
An individualized, two-page document sent to candidates who fail the NCLEX® examination. The CPR reflects candidate performance on various aspects of the NCLEX examination by test plan content area.

Centers for Medicare & Medicaid Services (CMS)
An agency of the U.S. Department of Health & Human Services (HHS); formerly called the Health Care Financing Administration (HCFA).

Certification
A credential issued by a national certifying body that is used as a requirement for certain types of licensure, meeting specified requirements acceptable to the board of nursing.

Certification Examination for Practical Nurses in Long-Term Care (CEPN-LTC)
The first large-scale, national certification examination available to licensed practical/vocational nurses. Developed by NCSBN's Special Services Division, in conjunction with the National Association for Practical Nurse Education and Service Inc., to enhance the level of licensed practical/vocational nurses working in long-term care settings.

Certification Program
An examination designed by a certifying body to evaluate candidates for advanced practice nursing.

Certified Nurse Midwife (CNM)
Certified nurse-midwives (CNMs) are registered nurses who are also certified. To become certified, they must graduate from a nurse-midwifery program accredited by the American College of Nurse Midwives, and pass a national certification exam. CNMs are educated in both nursing and midwifery and can practice anywhere in the U.S.[18]

See also Advanced Practice Registered Nurse.

Certified Registered Nurse Anesthetist (CRNA)
Nurse anesthesia is an advanced clinical nursing specialty. As anesthesia specialists, CRNAs administer approximately 65% of the 26-million anesthetics given to patients in the United States each year.[19]

See also Advanced Practice Registered Nurse.

Certifying Body for Nurses
A nongovernmental agency that validates by examination, based on predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

Citizen Advocacy Center (CAC)
A nonprofit, nonpartisan community legal organization dedicated to building democracy for the twenty-first century. Center community lawyers and volunteers focus on strengthening the citizenry's capacity and motivation to participate in civic affairs, building community resources and improving democratic protocols within our community institutions. Through public education, community organizing, issue advocacy, and precedent-setting litigation in state and federal courts, the Center forges ahead with programs to advance civic life. The Center is a free public resource to the community.[20]

Clinical Nurse Specialist (CNS)
A licensed registered nurse who has graduate preparation (Master's or Doctorate) in nursing as a Clinical Nurse Specialist.

See also Advanced Practice Registered Nurse.

Commission on Collegiate Nursing Education (CCNE)
An autonomous accrediting agency contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate and graduate education programs focused on preparing effective nurses. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages con-tinuing self-assessment by nursing education programs and the continuing growth and improvement of collegiate professional education.[21]

Commission on Graduates of Foreign Nursing Schools (CGFNS)
Internationally recognized authority on education, registration and licensure of nurses and other health care professionals worldwide. CGFNS protects the public by ensuring that nurses and other health care professionals educated in countries other than the United States are eligible and qualified to meet licensure, immigration and other practice requirements in the United States. The agency provides credentialing services for foreign-educated nurses, as well as a certification program designed to predict success on the NCLEX-RN® examination.[22]

Commitment to Ongoing Regulatory Excellence (CORE)
A system of performance measurement to determine best practices for nursing regulation, initially established to implement NCSBN's Commitment to Excellence in Nursing Regulation project.

Committee on Nominations
The elected committee of NCSBN responsible for preparing a slate of qualified candidates for each year's elections. Members serve one-year terms.

Computerized Adaptive Testing (CAT)
A testing methodology used to administer NCLEX® on a computer; the computer selects the questions candidates receive as they take the examination, which gives them the best opportunity to demonstrate their competence. Each examinee's test is dynamically constructed, with each item selected to provide the maximum possible information, given responses made to previous items.

Continued Competence Accountability Profile (CCAP)
No longer an active project of NCSBN, this project provided a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation of the achievements of goals/objective. It is an expected activity of all licensed nurses to reflect upon lifelong learning activities and their application to daily practice. The profile was, in essence, the application of the nursing process to one's own competence, professional development and accountability.

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Continuing Education Unit (CEU)
Represents 10 contact hours in a formal education program.

Council Connector
One of the main sources for information on what is happening at NCSBN. The bimonthly public newsletter contains news about committee activities, updates from NCSBN departments, information about upcoming events and other information related to the work of NCSBN.

Council of State Governments (CSG)
Provides a network for identifying and sharing ideas with state leaders and is founded on the premise that the states are the best sources of insight and innovation. NCSBN is a member at the Associate level.[23]

Council on Certification of Nurse Anesthetists (CCNA)
An autonomous, multidisciplinary body existing under the corporate structure of the American Association of Nurse Anesthetists (AANA). Responsible for the certification of registered nurse anesthetists who have fulfilled educational and other criteria for the practice of nurse anesthesia. CCNA is charged with protecting and serving the public by assuring that individuals who are credentialed have met predetermined qualifications or standards for providing nurse anesthesia services.[24]

Council on Licensure, Enforcement and Regulation (CLEAR)
An organization of regulatory boards and agencies.

Crossing the Line: When Professional Boundaries Are Violated
Video and facilitation package within NCSBN's "Professional Challenges of Nurses" series, released in 1998.

D

Delegate Assembly (DA)
The voting body of NCSBN that comprises 60 Member Boards. Provides direction through adoption of the mission, strategic initiatives and outcomes, and adoption of position statements and actions. Each Member Board is entitled to two votes.

Delegating Effectively: Working Through and With Assistive Personnel
Video and facilitation package within NCSBN's "Professional Challenges of Nurses" series, released in 2002.

Delegation
Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The licensed nurse retains accountability for the delegation.

Differential Item Functioning (DIF)
A statistical measure of potential item bias.

Direct Registration
Method(s) by which NCLEX® candidates register for the NCLEX through test service. NCLEX registrations are processed one of three ways: direct mail, internet or phone. The NCLEX registration fee of $200 is due at time of processing.

Director-at-Large
NCSBN Board of Directors position. Two directors are elected and represent the perspectives of the membership at large during meetings of the board.

Disciplinary Actions: What Every Nurse Should Know
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 4.8 contact hours for completing the course.

Disciplinary Data Bank (DDB)
An NCSBN data management system used between 1981 and 2000 to provide a database of disciplinary actions reported by Member Boards. The DDB data was incorporated into Nur*sys*®, which continues to provide tracking of disciplinary data reported by boards of nursing.

Discipline
The actions taken, as well as the process used, to investigate and resolve complaints received by boards of nursing regarding the practice and/or conduct of licensed nurses. Boards follow their jurisdiction's Administrative Procedures Act, as well as the State Nurse Practice Act and Nursing Administrative Rules/Regulations in providing due process (i.e., the procedural safeguards for the nurse of receiving notice, having an opportunity to respond to allegations and having a fair and objective deci-

sion-maker) in the enforcement of nursing laws and rules.

Diversity: Building Cultural Competence
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 6.0 contact hours for completing the course.

E

English as a Second Language (ESL)

Ethics of Nursing Practice
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 4.8 contact hours for completing the course.

Examination Committee (EC)
A standing committee of NCSBN. The Item Review Subcommittee is a subcommittee of the EC.

F

Federation of Associations of Regulatory Boards (FARB)
Provides a forum for individuals and organizations to share information related to professional regulation, particularly in the areas of administration, assessment and law. NCSBN holds a seat on the FARB Board of Directors.

Fiscal Year (FY)
October 1 to September 30 at NCSBN.

H

Health Insurance Portability and Accountability Act (HIPAA)
Passed in 1996 to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets; to combat waste, fraud, and abuse in health care delivery; to promote the use of medical savings accounts, to improve access to long-term care services and coverage; and to simplify the administration of health insurance and for other purposes.

Health Resources and Services Administration (HRSA)
The agency of the federal government under the Department of Health and Human Services that includes the Division of Nursing.

Healthcare Integrity and Protection Data Bank (HIPDB)
A national data collection program mandated and operated by the Health Resources and Services Administration (HRSA) for the reporting of final adverse actions against health care providers, suppliers or practitioners, as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

I

Incident Reports (IRs)
Reports written by test center staff regarding irregularities that may occur during an NCLEX® candidate's examination. IRs may also be generated when a candidate calls NCLEX Candidate Services or in the event that special examination accommodations are requested. IRs are entered in the Pearson VUE system so NCSBN and Member Boards can view them from the NCLEX Administration Web site.

Institute of Medicine (IOM)
A nonprofit organization specifically created for science-based advice on matters of biomedical science, medicine and health as well as an honorific membership organization. The IOM's mission is to serve as adviser to the nation to improve health. The IOM provides unbiased, evidence-based and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society and the public at large.[25]

Institute of Regulatory Excellence (IRE)
NCSBN created this program in 2004 to assist regulators in their professional development by providing opportunities for both education and networking.

Interagency Collaborative on Nursing Statistics (ICONS)
Member organization that meets to discuss data collection issues.

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International Council of Nurses (ICN)
A federation of national nurses' associations (NNAs), representing nurses in more than 120 countries. ICN is the world's first and widest reaching international organization for health professionals. ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.[26]

International Scheduling Fee
The charge associated with scheduling an NCLEX® examination appointment in London, Seoul or Hong Kong: $150 plus a Value Added Tax (VAT) where applicable. These non-refundable fees must be paid by credit card and will be charged when a candidate calls to schedule their examination appointment.

International Testing Centers
The Pearson Professional test center locations in Hong Kong, London and Seoul that administer the NCLEX® for the purposes of domestic licensure.

Interprofessional Workgroup on Health Professions Regulation (IWHPR)
A coalition of organizations representing millions of health care practitioners in more than 15 separate health disciplines.

Interstate Compact
An agreement (contract, usually adopted by legislation) between two or more states that has the force and effect of statutory law.

Item
An examination question on one of the NCLEX® examinations.

Item Development
Process by which items for examinations are created, reviewed and validated, in order to become operational.

Item Development Panels
Comprised of volunteers who meet specific criteria to participate in the item development process.

Item Response Theory (IRT)
A family of psychometric measurement models based on characteristics of examinees' item responses and item difficulty. Their use enables many measurement benefits

See also Rasch Measurement Model.

Item Reviewers
Individuals who review newly written items developed for the NCLEX-RN® and NCLEX-PN® examinations. Item reviewers must meet specific criteria in order to participate on a panel.

Item Writers
Individuals who write test questions for the NCLEX-RN® and NCLEX-PN® examinations. Item reviewers must meet specific criteria in order to participate on a panel.

Item Writing
Process by which examination items are created.

J

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Evaluates and accredits more than 15,000 health care organizations and programs in the United States. It is the nation's predominant standard-setting and accrediting body in health care. The Joint Commissions' mission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.[27]

Joint Research Committee (JRC)
Committee consisting of three NCSBN and three test service staff members as well as four external researchers. The committee is the vehicle through which research is funded for the NCLEX® examination program. Funding is provided jointly by the NCSBN and the test service.

K

Kable News
Fulfillment vendor for NCSBN publications and "Professional Challenges of Nurses" series of video and facilitation packages. Orders can be made through NCSBN's Web site under Resources or calling 800.765.3944.

Knowledge, Skill and Ability Statements (KSA)
The attributes required to perform a job, generally demonstrated through qualifying service, education or training. Knowledge is a body of information applied directly to the performance of a function. Skill is an observable competence to perform a learned psychomotor act. Ability is competence to perform an observable behavior or a behavior that results in an observable product.[28]

L

Leader to Leader
NCSBN semiannual newsletter sent to nursing schools.

License
In nursing, current authority to practice nursing as a registered nurse (RN), licensed practical nurse (LPN) or advanced practice registered nurse (APRN).

Licensed Practical Nurse (LPN)
A graduate of a school of practical nursing who has passed the practical/vocational nursing examination and is licensed to administer care, usually working under direction of a licensed physician or a registered nurse.

Licensed Vocational Nurse (LVN or VN)
A graduate of a vocational nursing program who has passed the practical/vocational nursing examination and is licensed to administer care, usually working under direction of a licensed physician or a registered nurse.

Licensing Board
A state's regulatory body responsible for issuing APRN licensure/authority to practice.

Licensure By Endorsement
The granting of authority to practice based on an individual's licensure in another jurisdiction.

Licensure By Examination
The granting of authority to practice based on an individual's passing of a board-required examination.

Logit
A unit of measurement used in Item Response Theory (IRT) models. The logarithmic transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

M

Machine Scorable Format
Format in which an examination is scored via an automated process.

Master Pool Items
NCLEX® operational items. The bank of test items from which examinations are developed.

Member Board
A jurisdiction that is a member of NCSBN.

Model Nursing Administrative Rules (MNAR)
Served to clarify and further interpret and implement the *Model Nursing Practice Act*. Models can be used to identify essential elements needed for rules/regulations to the *Model Nurse Practice Act*. Rules must be consistent with the law, cannot go beyond the law, and once enacted have the force and effect of law. MNAR are available on NCSBN's Web site.

Model Nursing Practice Act (MNPA)
A publication of NCSBN, approved at the Delegate Assembly in Kansas City, Missouri in 2004. The Model Acts and Rules were first adopted in 1983 and were created to serve as a guide to boards who were deliberating changes to state nurse practice acts and nursing administrative rules. Some boards look to the models for new ideas and different approaches for regulation. Other boards may use them in evaluating their existing regulatory language. Some boards use the framework and/or language in developing amendments and revisions to state laws and rules. The models may assist in the development of rationale for rules as part of the rule promulgation process. Models can be used to identify essential elements for legislation. While there will always be some variation with state nursing statutes, models are a way to advance a degree of uniformity among the several states to promote a common nationwide understanding of what constitutes the practice of nursing. The MNPA are available on NCSBN's Web site.

Motion Papers
Available at Annual Meeting and used for accurate record keeping.

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33. The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Web site. (n.d.) *About NCC MERP*. Retrieved 15 April 2005, from http://www.nccmerp.org/aboutNCCMERP.html

35. National Conference of State Legislatures (NCSL) Web site. (n.d.) *About NCSL*. Retrieved 15 April 2005, from http://www.ncsl.org/public/ncsl/nav_aboutNCSL.htm

36. The National Federation of Licensed Practical Nurses, Inc. Web site. (n.d.) *All About NFLPN*. Retrieved 15 April 2005, from http://www.nflpn.org/allaboutnflpn.htm

37. National League for Nursing (NLN) Web site. (n.d.) *Bylaws*. Retrieved 3 June 2005, from http://www.nln.org/aboutnln/Bylaws/index.htm

Mutual Recognition
A model for nurse licensure which allows a nurse licensed in his or her state of residency to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. In order to achieve mutual recognition, each state must enact legislation authorizing the Nurse Licensure Compact.

See Nurse Licensure Compact for more information.

N

National Association for Practical Nurse Education and Service (NAPNES)
Advocates the education and practice of practical/vocational nurses. It is the organization responsible for the legislation that provides for the licensure and education of practical nursing.[29]

National Association of Hispanic Nurses (NAHN)
Designed and committed to work toward improvement of the quality of health and nursing care for Hispanic consumers and toward providing equal access to educational, professional and economic opportunities for Hispanic nurses.[30]

National Black Nurses Association (NBNA)
Provides a forum for collective action by African American nurses to investigate, define and determine what the health care needs of African Americans are and to implement change to make available to African Americans and other minorities health care commensurate with that of the larger society.[31]

National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)
Provides high quality certification services to nurses in pediatric practice through the provision of certification exams and certification maintenance programs. The NCBPNP/N remains the largest certification organization for pediatric nursing.[32]

National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC)
A nonprofit association that provides its buyers with national credentialing and continuing education programs in the fields of obstetrics, gynecology and neonatal care. NCC buyers are primarily inpatient obstetric nurses, women's health care nurse practitioners and neonatal intensive care nurses.[33]

National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)
Formed so that leading national health care organizations could meet, collaborate and cooperate to address the interdisciplinary causes of errors and to promote the safe use of medications.[34]

National Council of State Legislatures (NCSL)
A bipartisan organization that serves the legislators and staff of the nation's 50 states, its commonwealths and territories. NCSL provides research, technical assistance and opportunities for policymakers to exchange ideas on the most pressing state issues. NCSL is an effective and respected advocate for the interests of state governments before Congress and federal agencies.[35]

National Federation of Licensed Practical Nurses (NFLPN)
A professional organization for licensed practical nurses, licensed vocational nurses and practical/vocational nursing students in the United States.[36]

National League for Nursing (NLN)
A national organization created to identify the nursing needs of society and to foster programs designed to meet these needs; to develop and support services for the improvement of nursing service and nursing education through consultation, continuing education, testing, accreditation, evaluation and other activities; to work with voluntary, governmental and other agencies, groups and organizations for the advancement of nursing and toward the achievement of comprehensive health care; to respond in appropriate ways to universal nursing needs.[37]

National League for Nursing Accrediting Commission, Inc. (NLNAC)
Responsible for the specialized accreditation of nursing education programs, both post-secondary and higher degree. NLNAC has authority and accountability for carrying out the responsibilities inherent in the applica-tion of standards and criteria, accreditation processes, and the affairs, management, policy-making, and general administration of the NL-

NAC. NLNAC is a nationally recognized specialized accrediting agency for all types of nursing programs.[38]

National Nurse Aide Assessment Program (NNAAP™)
The nurse aide certification examination developed by NCSBN and Promissor.

National Practitioner Data Bank (NPDB)
A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for 10 years and requires medical malpractice payment reports for all health care practitioners, and reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by section 1921 of the Social Security Act (originally enacted in P.L.100-93, section five).

National Provider Identifier (NPI)
Planned to be a new, unique eight-character alpha-numeric identifier. Created in response to the posting of rules in the Federal Register on May 7, 1998, which proposed a standard for a national health care provider identifier and requirements for its use by health plans, health care clearinghouses and health care providers.

National Student Nurses' Association (NSNA)
Organizes, represents and mentors students preparing for initial licensure as registered nurses, as well as those enrolled in baccalaureate completion programs and conveys the standards and ethics of the nursing profession. NSNA promotes development of the skills that students will need as responsible and accountable members of the nursing profession and advocates for high-quality health care in addition to advocating for and contributing to advances in nursing education, and developing nursing students who are prepared to lead the profession in the future.[39]

NCLEX® Administration Web Site
Allows Member Boards to process and manage NCLEX® candidate records. Member Boards use the site to perform tasks including: Setting candidate eligibility status, entering candidate accommodations requests and viewing candidate results.

Please Note: A user name and password is needed to enter this site.

NCLEX® Invitational
An annual one-day educational conference with sessions related to the NCLEX® program and NCSBN Testing Services products and services.

NCLEX® Program Reports
Published twice per year for subscribing schools of nursing, the NCLEX® Program Reports provide administrators and faculty in nursing education programs with information about the performance of their graduates on the NCLEX examination. Included in the NCLEX® Program Reports is information about a given program's performance by the NCLEX Test Plan dimensions and by content areas, and data regarding the program's rank at both national and state levels.

NCLEX® Quarterly Reports
Reports that summarize the performance of all first-time candidates educated in a given jurisdiction and tested in a given quarter, and the national group of candidates. They also provide a summary of the preceding three quarters' passing rates.

NCLEX® Quick Results Service
Candidates in select jurisdictions may access their "unofficial" results via the NCLEX® Candidate Web site or through the NCLEX Quick Results Line. "Unofficial" results are available two business days after taking the test. There is a charge for the service.

NCLEX-PN® Examination
NCSBN's licensure examination for practical nurses. NCSBN's Licensure Examinations for Practical Nurses is used in the United States and its territories to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.

NCLEX-RN® Examination
NCSBN's licensure examination for registered nurses. NCSBN's Licensure Examinations for Registered Nurses is used in the United States and its territories to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.

38. National League for Nursing Accrediting Commission (NLNAC) Web site. (n.d.) *About NLNAC*. Retrieved 15 April 2005, from http://www.nlnac.org/About NLNAC/whatsnew.htm
39. National Student Nurses Association (NSNA) Web site. (n.d.) *NSNA Mission Statement*. Retrieved 15 April 2005, from http://www.nsna.org/

40. American College of Nurse Practitioners Web site. (n.d.) *NP Facts*. Retrieved 3 June 2005, from http://www.nurse.org/acnp/facts/whatis.shtml

NCSBN Board of Directors (BOD)
Administrative body of NCSBN, consisting of nine elected officers, whose authority is to transact the business and bylaws of the affairs of NCSBN.

NCSBN Learning Extension
Branded name for the online campus located at www.learningext.com where NCSBN promotes educational products and provides online course access to users.

NCSBN Strategic Plan
The strategic initiatives and outcomes of NCSBN spanning a three-year period.

NCSBN Vice President
NCSBN Board of Directors leader that assists the President as needed, performs the President's duties in the President's absence, fills any vacancy in the office of the President until the next annual meeting and is responsible for continuing Board development.

NCSBN's Review for the NCLEX-PN® Examination
Online course offered through NCSBN Learning Extension for NCLEX-PN® candidates.

NCSBN's Review for the NCLEX-RN® Examination
Online course offered through NCSBN Learning Extension for NCLEX-RN® candidates.

North American Free Trade Agreement (NAFTA)
Agreement between Canada, Mexico and the United States that addresses trade in services and contains requirements and encouragement related to harmonization of qualifications for professional practice in the three countries.

Nurse Aide Registry
NCSBN publication that contains a listing of all the Nurse Aide Registries by state along with contact information for those responsible for registry maintenance and complaint investigation. Updated annually.

Nursing Assistant Workshop
An annual one-day program offered to NCSBN Members and other stakeholders to address the current regulation of nursing assistants.

Nurse Licensure Compact (NLC)
An agreement establishing mutual recognition and reciprocal licensing arrangements between party states for licensed practical/vocational nurses (LPN/VNs) and registered nurses (RNs). In August 2002, NCSBN delegates voted to expand the compact to include advanced practice registered nurses (APRNs).

Nurse Licensure Compact Administrators (NLCA)
Organized body of nurse licensing boards that have implemented and administer the Nurse Licensure Compact.

Nurse Practice Acts Continuing Education Course
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 2.0 contact hours for completing the course.

Nurse Practitioner (NP)
A registered nurse (RN) with advanced academic and clinical experience, which enables him or her to diagnose and manage most common and many chronic illnesses, either independently or as part of a health care team. A nurse practitioner provides some care previously offered only by physicians and in most states has the ability to prescribe medications. NPs focus largely on health maintenance, disease prevention, counseling and patient education in a wide variety of settings. Nurse practitioners are educated through programs that grant either a certificate or a master's degree. The scope of an NP's practice varies depending upon each state's regulations. Unnecessary obstacles to an NP's practice contribute to the rising costs and inaccessibility of health care for all Americans.[40]

See also Advanced Practice Registered Nurse.

Nursing Assistive Personnel (NAP)
Any unlicensed person, regardless of title, who performs tasks delegated by a nurse. Also known as Unlicensed Assistive Personnel (UAP).

Nursing Practice Act (NPA)
Statutes governing the regulation of nursing practice in a jurisdiction, typically empowering a board of nursing to license individuals who meet specified requirements.

Nursing Practice and Education Committee (NP&E)
The former name of a standing committee of NCSBN, now called PR&E Committee.

Nursing Practice and Education Consortium (N-PEC)
A group founded in 1997 that comprised 10 nursing organizations. N-PEC member representatives held four workshops and five conference calls in 2000 to draft, review and produce a consensus report. The project resulted in a 13-page series of ideas entitled "Vision 2020 for Nursing: A Strategic Work Plan to Transform U.S. Nursing Practice and Education."[41]

Nursing Program
The authorized state entity with the legal authority to regulate nursing. Legislatures enact the Nurse Practice Act for each state. Boards of nursing have the legal authority to license nurses and to discipline nurses for unsafe practice.

Nursing School Accrediting Agency
An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

Nursing Shortage
A nursing shortage occurs when the demand for nurses exceeds the supply available.

Nur*sys*® Advisory Panel (NAP)
An NCSBN committee.

Nur*sys*®
A database developed by NCSBN containing demographic information on all licensed nurses (in the United States) and an unduplicated count of licensees. Nur*sys*® serves as a foundation for a variety of services, including the disciplinary tracking system, licensure verification, interstate compact functions and research on nurses.

O

Omnibus Budget Reconciliation Act of 1987 (OBRA 1987)
Contains requirements for nurse aide training and competency evaluation.

P

Panel of Judges
A panel of experts used for the standard setting process; an NCSBN panel composed of nurses who participate in the NCLEX® standard setting process.

Parliamentarian
Assists the President in presiding, ensures proper parliamentary procedure is followed and prepares a written record of the proceedings.

Passing Standard
The minimum level of knowledge, skill and ability required for safe and effective entry-level nursing practice. The NCSBN Board of Directors reevaluates the passing standard once every three years, based upon the results of a standard-setting exercise performed by a panel of experts with the assistance of professional psychometricians; the historical record of the passing standard with summaries of the candidate performance associated with those standards; the results of a standard-setting survey sent to educators and employers; and information describing the educational readiness of high school graduates who express an interest in nursing.

Once the passing standard is set, it is imposed uniformly on every test record according to the procedures laid out. To pass an NCLEX® examination, a candidate must exceed the passing standard. There is no fixed percentage of candidates that pass or fail each examination.

Patient Privacy Continuing Education Course
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 5.4 contact hours for completing the course.

Pearson Professional Testing Network
Network of Pearson Professional Test Centers (PPCs) where candidates take the NCLEX® examinations. There are over 200 domestic and three international PPCs that administer the NCLEX.

See also Pearson Professional Testing/Pearson VUE.

Pearson Professional Testing/Pearson VUE
Contracted test service provider for NCSBN since 2002 to assist with the NCLEX® program; the contract with Pearson Professional Testing/Pearson VUE is valid through 2009.

41. Robert Wood Johnson Foundation Web site. (n.d.) *Grant Results Report*. Retrieved 3 June 2005, from http://www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=038622.htm&iaid=137#int_appendix

42. 4 Patient Safety Web site. (n.d.) *Home Page*. Retrieved 6 June 2005, from http://www.4patientsafety.net/

Pew Taskforce on Health Care
Charged by the Taskforce on Health Care Workforce Regulation to identify and explore how regulation protects the public's health and propose new approaches to health care workforce regulation to better serve the public's interest. The task force was composed of eight individuals with legal, policy and public health expertise. Its recommendations were issued in late 1995.

Plurality vote
Voting process where each voter votes for one candidate, and the candidate with the plurality (most votes) wins, regardless of whether that candidate gets a majority or not.

Practice (Job) Analysis
Research study conducted by NCSBN Testing Services that examines the practice of newly licensed job incumbents (RNs, LPN/VNs) or new nursing assistants. The results are used to evaluate the validity of the test plans/ blueprints that guide content distribution of the licensure examinations or the nurse aide competency evaluation.

Practice and Professional Issues Survey (PPI)
A survey conducted twice each year to collect information from entry-level nurses on practice activities.

Practice, Education, and Regulation Congruence Task Force (PERC)
This task force no longer exists, but its recommended action plan was approved at the 2002 Delegate Assembly and will be implemented through 2010 by staff and existing committees.

Practice, Regulation and Education Committee (PR&E)
A standing committee of NCSBN, comprised of at least six members. The committee's purpose is to provide general oversight of nursing practice, regulation and education issues.

Practitioner Remediation and Enhancement Partnership (PreP)
A partnership of licensing boards and health care organizations whose goal is to jointly identify, remediate and monitor practitioners whose practice is not up to standard, but whose actions do not require discipline. This project is sponsored by the Citizen's Advocacy Center (CAC). NCSBN is a member of the national advisory board.

Prep-4-Patient Safety
A pilot project funded by a grant from the Health Resources and Services Administration (HRSA) that provides tools for state medical and nursing boards to work with hospitals and other health care organizations to identify, remediate and monitor health care practitioners (now limited to physicians and nurses) with deficiencies that do not rise to the level of disciplinary action. This improves patient safety by allowing organizations and licensing boards to work together to identify providers with clinical deficiencies in a non-punitive environment.[42] NCSBN is a member of the national advisory board. Many boards of nursing are participating or planning to join.

President
NCSBN Board of Directors leader that guides the board in the enforcement of all policies and regulations relating to NCSBN and performs all other duties normally incumbent upon the board President.

Pretest Items
Newly written test questions placed within the NCLEX® examinations for gathering statistics. Pretest items are not used in determining the pass/fail result.

Privilege to practice
This refers to the multi-state licensure privilege, which is the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

Professional Accountability & Legal Liability for Nurses
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 5.4 CEUs for completing the course.

Professional boundaries
The space between the nurse's power and the client's vulnerability—the power of the nurse comes from the professional position and access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs. Complimentary materials available from NCSBN.

Professional Challenges of Nurses Series
NCSBN's branded name for the group of educational video and facilitation packages offered for sale at Kable News.

See also Kable News.

Profiles of Member Boards
NCSBN publication that provides an overview of the regulatory environment in which state boards of nursing function. Includes data by jurisdiction on board structure, educational programs, entry into practice, licensure require-ments, continued competency mechanisms, nurse aide competency evaluations and ad-vanced practice. Available for purchase through NCSBN's Web site.

Promissor™
Test service for the National Nurse Aide Assessment Program (NNAAP™). Formerly known as CAT*ASI.

Psychometrics
The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, apti-tude and mastery as measured by testing instruments.

Public Policy
Policy formed by governmental bodies. These include all decisions, rules, actions and procedures established in the public interest.

R

Rasch Measurement Model
A logistic latent trait model of probabilities, which analyzes items and people independently, and then expresses both item difficulty and person ability on a single continuum. These models are derived not from data but from the structure necessary for measurement. The dichotomous Rasch model is the Item Response Theory (IRT) model used to the NCLEX® examination measurement scale.

Registered Nurse (RN)
A nurse who has graduated from a state-approved school of nursing, has passed the professional nursing state board examination, and has been granted a license to practice within a given state.

Reliability
A test statistic that indicates the expected consistency of test scores across different administrations or test forms. For adaptively administered examinations, such as the NCLEX® examination, the "decision consistency statistic" is the preferred statistic for assessing reliability. NCSBN uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of the NNAAP™.

Resolutions Committee
Comprised of at least four members generally representing each of the four NCSBN geographical areas and includes one member of the Finance Committee. Reviews, evaluates and reports to the Delegate Assembly all resolutions and motions submitted by Member Boards. The committee is governed by the operational policies and procedures, the standing rules and the bylaws.

Request for Proposal (RFP)

S

Scope of practice
Practicing within the limits of the issued health care provider license.

Sharpening Critical Thinking Skills for Competent Nursing Practice
Online course offered through NCSBN Learning Extension for practicing nurses. Users earn 3.6 contact hours for completing the course.

Standard Setting
The process by which the Board of Directors determines the passing standard for an examination, at or above which examinees pass the examination and below which they fail. This standard denotes the minimum level of knowledge, skill and ability required for safe and effective entry-level nursing practice. NCSBN uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for each NCLEX® examination and each time the test plan/blueprint changes for the NNAAP™.

Standard Setting Panel of Judges
A group of individuals that contribute to the recommendation of potential NCLEX® passing standards to the NCSBN Board of Directors.

Standing Committee
A permanent committee established by the NCSBN bylaws.

Statistical Criteria
Guidelines that all proposed NCLEX® items must meet in order to be operational.

Strategic Initiative
A goal, or generalized statement, of where an organization wants to be at some future time; the end toward which effort is directed.

Strategic Objective
Desired result; a translation of the strategic initiative into tangible results, a statement of what the strategy must achieve and the elements that are critical to its success.

T

Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP)
An instrument developed for NCSBN's practice breakdown research.

Test Center Administrator (TCA)
Test service staff that is responsible for day-to-day operation of the center and for proctoring of examinations.

Test Development
Process by which items for examinations are created, reviewed and validated in order to become operational.

Test Plan
The organizing framework for the NCLEX-RN® and NCLEX-PN® examinations that includes the percentage of items allocated to various categories.

Test Service
The vendor that provides services to NCSBN, including test scoring and reporting. Pearson VUE is the contracted test service for the NCLEX® examinations, and Promissor is the contracted test service for NNAAP™.

See also Pearson VUE and Promissor.

Treasurer
NCSBN Board of Directors position that serves as the Chairperson of the Finance Committee and manages the board's review of and action related to the board's financial responsibilities.

U

U.S. Department of Education (DOE)
The agency of the federal government that establishes policy for, administers and coordinates most federal assistance to education.[43]

U.S. Department of Health & Human Services (HHS)
The U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.[44]

U.S. Department of Homeland Security (DHS)
Leverages resources within federal, state and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the American people and their homeland. DHS is comprised of five major divisions or directorates: Border & Transportation Security; Emergency Preparedness & Response; Science & Technology; Information Analysis & Infrastructure Protection; and Management. Besides the five Directorates of DHS, several other critical agencies are folding into the new department or being newly created.[45]

U.S. Drug Enforcement Administration (DEA)
Federal agency charged to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations involved in the growing, manufacture or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.[46]

Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements
Developed by NCSBN with APRN stakeholders in 2000; establishes the foundation for the APRN Compact.

Unlicensed Assistive Personnel (UAP)
Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.[47]

43. U.S. Department of Education Web site. (n.d.) Overview," Retrieved 6 June 2005, from http://www.ed.gov/about/overview/focus/whattoc.html?src=ln
44. U.S. Department of Health & Human Services Web site. (n.d.) What we do," Retrieved 6 June 2005, from http://www.hhs.gov/about/whatwedo.html/
45. U.S. Department of Homeland Security Web site. (n.d.) FAQs," "DHS Organization," Retrieved 6 June 2005, from http://www.dhs.gov/dhspublic/faq.jsp, http://www.dhs.gov/dhspublic/display?theme=13
46. U.S. Drug Enforcement Administration Web site. (n.d.) DEA Mission Statement. Retrieved 6 June 2005, from http://www.usdoj.gov/dea/agency/mission
47. "Delegation Concepts and Decision-Making Process. National Council Position Paper, 1995.

V

Validity
The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. NCSBN assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN® or NCLEX-PN® examination) or blueprint (NNAAP™). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.

VCampus Corporation
E-learning courseware provider for online courses offered through NCSBN Learning Extension.

VisaScreen™
A screening program that certain health care professionals must successfully complete before receiving an occupational visa, including the H-1B, H-2B, TN status, and permanent (green card) visas, as required by Section 343 of the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (IIRIRA). This service is provided by The Commission on Graduates of Foreign Nursing Schools (CGFNS); however, the NCLEX® examination(s) maybe used to fulfill one component of the *VisaScreen*™ process. The *VisaScreen*™ itself is a trademark product of CGFNS and currently is the only federally accepted organization to perform screening on nurses immigrating to the United States.

See also Commission on Graduates of Foreign Nursing Schools (CGFNS).

W

White Paper
A detailed policy document issued by NCSBN, widely disseminated to external groups, to discuss issues or to encourage dialogue about a particular regulatory subject.

NCSBN Glossary Acronyms

A

AACN
American Association of Colleges of Nursing

AACN
American Association of Critical Care Nurses

AANA
American Association of Nurse Anesthetists

AANP
American Academy of Nurse Practitioners

ACC
ACNM Certification Council Inc.

ACNM
American College of Nurse Midwives

ADA
American Dental Association

ADA
American Dietetic Association

ADA
Americans with Disabilities Act

ADR
Alternative Dispute Resolution

AILA
American Immigration Lawyers Association

AMA
American Medical Association

ANA
American Nurses Association

ANCC
American Nurses Credentialing Center

ANSR
Americans for Nursing Shortage Relief

AONE
American Organization of Nurse Executives

APRN
Advanced Practice Registered Nurse

B

BOD
NCSBN Board of Directors

BON
Board of Nursing

C

CAC
Citizen Advocacy Center

CAT
Computerized Adaptive Testing

CCAP
Continued Competence Accountability Profile

CCNA
Council on Certification of Nurse Anesthetists

CCNE
Commission on Collegiate Nursing Education

CEPN-LTC
Certification Examination for Practical Nurses in Long-Term Care

CEU
Continuing Education Unit

CGFNS
The Commission on Graduates of Foreign Nursing Schools

CLEAR
Council on Licensure, Enforcement and Regulation

CM
Certified Midwife

CMS
Centers for Medicare & Medicaid Services

CNM
Certified Nurse Midwife

CNS
Clinical Nurse Specialist

CORE
Commitment to Ongoing Regulatory Excellence

CPR
Candidate Performance Report

CRNA
Certified Registered Nurse Anesthetist

CRNE
Canadian Registered Nurse Examination

CSG
Council of State Governments

D

DA
Delegate Assembly

DDB
Disciplinary Data Bank

DEA
U.S. Drug Enforcement Administration

DHS
U.S. Department of Homeland Security

DIF
Differential Item Functioning

DOE
U.S. Department of Education

E

EC
Examination Committee

EO
Executive Officer

EPR
Examinee Performance Record

ESL
English as a Second Language

F

FARB
Federation of Associations of Regulatory Boards

FY
Fiscal Year

H

HHS
U.S. Department of Health & Human Services

HIPAA
Health Insurance Portability and Accountability Act

HIPDB
Healthcare Integrity and Protection Data Bank

HRSA
Health Resources and Services Administration

I

ICHP
International Commission on Healthcare Professions

ICN
International Council of Nurses

ICONS
Interagency Collaborative on Nursing Statistics

IIRIRA
Illegal Immigration Reform and Immigration Responsibility Act of 1996

IOM
Institute of Medicine

IRE
Institute of Regulatory Excellence

IRs
Incident Reports

IRT
Item Response Theory

IWHPR
Interprofessional Workgroup on Health Professions Regulation

J

JCAHO
Joint Commission on Accreditation of Healthcare Organizations

JRC
Joint Research Committee

K

KR20
Kuder-Richardson Formula 20

KSA
Knowledge, Skill and Ability statement

L

LPN
Licensed Practical Nurse

LVN
Licensed Vocational Nurse (also VN)

M

MNAR
Model Nursing Administrative Rules

MNPA
Model Nursing Practice Act

N

NAFTA
North American Free Trade Agreement

NAHN
National Association of Hispanic Nurses

NAP
Nursing Assistive Personnel

NAP
Nur*sys*® Advisory Panel

NAPNES
National Association for Practical Nurse Education and Service

NBNA
National Black Nurses Association

NCBPNP/N
National Certification Board of Pediatric Nurse Practitioners and Nurses

NCC
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties

NCC MERP
National Coordinating Council for Medication Error Reporting and Prevention

NCSBN
National Council of State Boards of Nursing

NCSL
National Council of State Legislatures

NFLPN
National Federation of Licensed Practical Nurses

NLC
Nurse Licensure Compact

NLCA
Nurse Licensure Compact Administrators

NLN
National League for Nursing

NLNAC
National League for Nursing Accrediting Commission, Inc.

NNAAP™
National Nurse Aide Assessment Program

NNAs
National Nursing Associations

NP
Nurse Practitioner

NP&E
Nursing Practice and Education Committee

NPDB
National Practitioner Data Bank

N-PEC
Nursing Practice and Education Consortium

NPI
National Provider Identifier

NSNA
National Student Nurses' Association

O

OBRA 1987
Omnibus Budget Reconciliation Act of 1987

P

PERC
Practice, Education, and Regulation Congruence Task Force

PPC
Pearson Professional Test Centers

PPI
Practice and Professional Issues Survey

PR&E
Practice, Regulation and Education Committee

PreP
Practitioner Remediation and Enhancement Partnership

R

RFP
Request for Proposal

RN
Registered Nurse

T

TCA
Test Center Administrator

TERCAP
Taxonomy of Error, Root Cause Analysis and Practice Responsibility

U

UAP
Unlicensed Assistive Personnel

V

VAT
Value Added Tax

VN
Licensed Vocational Nurse (also LVN)