

## SECTION III

# RESOURCES & GENERAL INFORMATION

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# Orientation Manual for Delegate Assembly Participants

## Purpose

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 mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.*

*The role of the National Council is to serve as a consultant, liaison, advocate, and researcher to Member Boards, and as an education and information resource to the public and policy makers.*

NCSBN currently has five strategic initiatives, one of which is to assist Member Boards in their role in the evaluation of initial and ongoing nurse and nurse aide competence. Another is to assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. NCSBN also seeks to analyze the changing health care environment to develop state and national strategies to impact public policy and regulation effecting public protection. NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory sufficiency. Lastly, NCSBN seeks to support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

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 61 Member Boards, including those from the District of Columbia, the 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 who 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, strategic initiatives of NCSBN, and approves the substance of all NCLEX® examination contracts between NCSBN and Member Boards, adopts test plans to be used for the development of the NCLEX examination, 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](http://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 office 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. Recent examples of special committees include the Nursys™ Advisory Panel, Advanced Practice (APRN) Task Force, and the Disciplinary Curriculum Advisory Panel. 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. Non-members 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 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 respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

## Description of Standing Committees

### Examination Committee

The Examination Committee comprises at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. 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 NCSBN 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 comprises 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 (PR&E)**

The Practice, Regulation and Education Committee comprises 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 recent 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 comprises 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 comprises 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.

## National Council 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

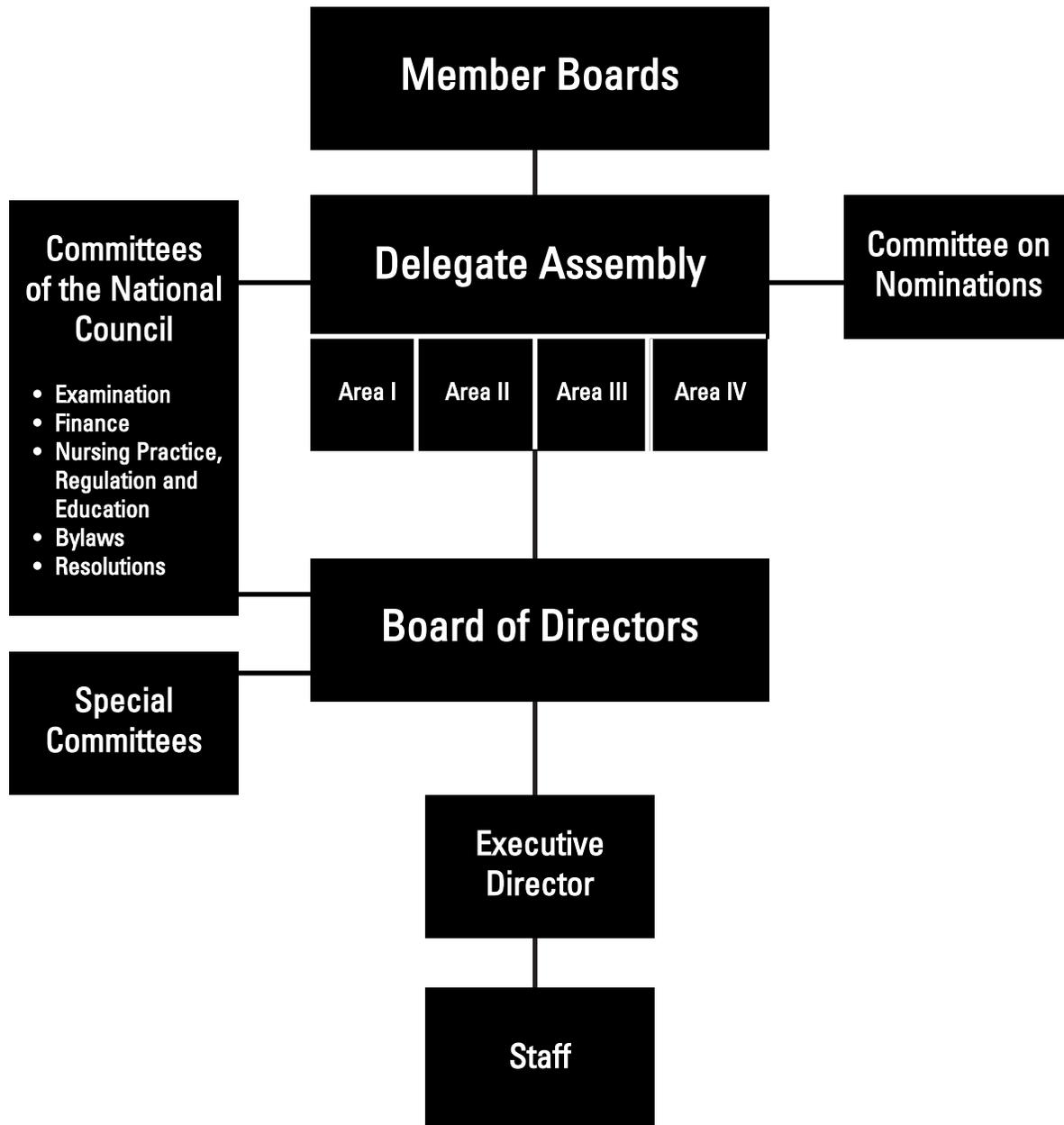
Agendas for each session of the Delegate Assembly are prepared by the president in consultation with the Board of Directors and executive director and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate 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, elections and resolutions 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 to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and 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 Glossary

### AACN

American Association of Colleges of Nursing or 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.

### Accrediting Agency

An organization which establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

### AccuFacts

A searchable electronic database of NCSBN documents that may be distributed to the public. Accessible to Member Boards via NCNET and the public via NCSBN's Web site.

### ADA

Americans with Disabilities Act.

### ADR

Alternative dispute resolution.

### Agent Role

All health care practitioner licensing boards, including boards of nursing, are required to report final adverse licensure actions to the HIPDB (see Health Care Integrity and Protection Data Bank). NCSBN has been tracking disciplinary actions since 1981, and served in an agent role to assist most boards with reporting historical discipline data. NCSBN maintains ongoing agent services to continue support boards of nursing in meeting this federal reporting mandate.

### AMA

American Medical Association.

### ANA

American Nurses Association.

### ANCC

American Nurses Credentialing Center.

### ANSR

Americans for Nursing Shortage Relief, a consensus document.

### AONE

American Organization of Nurse Executives.

### APRN

Advanced Practice Registered Nurse. In NCSBN's *Model Nursing Practice Act*, this level of nursing practice is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; a graduate level APRN program (accredited by 2003); and certification in the APRN specialty.

### Area

One of four designated geographic regions of NCSBN's 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			

### ASI

Assessment Systems Incorporated, now called CAT\*ASI.

### Assessment Strategies

Test service for Canadian Nurses Association.

### Blueprint

The organizing framework for an examination which includes the percentage of items allocated to various categories.

### Board of Directors (BOD)

Board of Directors of the NCSBN of State Boards of Nursing, whose authority is to transact the business and bylaws of the affairs of NCSBN.

### Bylaws

The rules which govern the internal affairs of an organization.

### CAC

Citizen Advocacy Center.

### CAT

Computerized Adaptive Testing.

**CAT\*ASI**

The test service for the National Nurse Aide Assessment Program (NNAAP). Formerly known as ASI.

**CCAP**

Continued Competence Accountability Profile. This is no longer an active project of NCSBN. It provided a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation as to whether or not goals/objectives have been achieved. It is an expected activity of all licensed nurses to reflect lifelong learning activities and application to daily practice. The profile is, in essence, the application of the nursing process to one's own competence and professional development and accountability.

**CCNA**

Council on Certification of Nurse Anesthetists.

**CCNE**

Commission on Collegiate Nursing Education.

**CEPN-LTC**

Certification Examination for Practical Nurses in Long-Term Care.

**Certification Program**

An examination designed by a certifying body to evaluate candidates.

**Certifying body**

A non-governmental 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 (NC)

**CGFNS**

The Commission on Graduates of Foreign Nursing Schools. An agency providing credentialing services for foreign-educated nurses, as well as a certification program designed to predict success on the NCLEX-RN® examination.

**CLEAR**

Council on Licensure, Enforcement and Regulation. An organization of regulatory boards and agencies, headquartered in Lexington, Kentucky.

**CMS**

Center for Medicine & Medicaid Services, an agency of the US Department of Health & Human Services; formerly called the Health Care Financing Administration (HCFA).

**CNM**

Certified Nurse Midwife.

**CNS**

Clinical Nurse Specialist.

**CON**

Committee on Nominations. The elected committee of the NCSBN responsible for preparing a slate of qualified candidates for each year's elections. The Committee on Nominations' members serve one-year terms.

**CPR**

*Candidate Performance Report*, available from NCSBN's Testing Services.

**CRNA**

Certified Registered Nurse Anesthetist.

**CRNE**

Canadian Registered Nurse Examination. Canadian Nurse's Association Nurse Licensure Examinations.

**CSCC**

Candidate Services Call Center. Prometric's national facility for candidate scheduling and inquiry for all their examinations (formerly National Registration Center or NRC).

**CSG**

Council of State Governments. NCSBN will be a member at the Association Member level for FY02-03.

**CTIA**

Cellular Telecommunications and Internet Association.

**DDB**

Disciplinary data bank. 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 Nursys™, which continues to provide tracking of disciplinary data reported by Boards of Nursing.

**DEA**

US Drug Enforcement Association.

**Delegate Assembly (DA)**

The membership body of the NCSBN that comprises 61 Member Boards. Each Member Board is entitled to two votes. Provides direction through adoption of the mission, strategic initiatives and outcomes; adoption of position statements and actions.

**Department of Education (DOE)**

U.S. Department of Education.

**Diagnostic Profile**

The document sent to failing candidates reflecting their performance on various aspects of the NCLEX® examination by test plan content area.

**DIF**

Differential Item Functioning or a statistical measure of potential item bias.

**Direct Registration**

A method of submitting candidate registrations for the NCLEX® examination. Registrations are submitted by candidates, with the \$200 fee directly to The Chauncey Group. (Note: this will change in 2002 with the transition to a new test services vendor, Pearson Professional Testing.) An option for telephone registration is available for \$212.

**Director**

A member of a board of directors who is does not serve as an officer on the board.

**EC**

Examination Committee, a standing committee of NCSBN.

**EIRs**

Electronic Irregularity Reports. Reports written by the test center staff on the day of testing regarding any irregularities occurring during NCLEX® examination testing. These reports are forwarded by Sylvan overnight to The Chauncey Group (new vendor Pearson Professional testing will receive these in 2002 with the transition of test services vendors) and NCSBN. NCSBN forwards the EIRs to the Member Board where the candidate is seeking licensure.

**Electronic Access**

Member Boards' direct inquiry of the NCSBN Disciplinary Tracking System via NCNET for information regarding disciplinary history of action(s) taken against a nurse's license.

**EO Network**

Executive Officer Network.

**EPR**

Examinee Performance Record.

**ESL**

English as a Second Language.

**FARB**

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 the NCSBN.

**HCFA**

Health Care Financing Administration, an agency of the federal government under the US Department of Health and Human Services and now called CMS.

**HHS**

US Department of Health & Human Services.

**HIPDB**

Healthcare Integrity and Protection Data Bank. A national data collection program mandated and operated by 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 of 1996.

**HRSA**

Health Resources and Services Administration. An agency of the federal government under the Department of Health and Human Services.

**ICN**

International Council of Nurses.

**ICONS**

The Interagency Conference on Nursing Statistics. Members include the American Association of Colleges of Nursing, American Association of Critical Care Nurses, American Organization of Nurse Executives, American Nurses' Association, Bureau of Labor Statistics, Division of Nursing (HRSA), National Center for Health Statistics, NCSBN of State Boards of Nursing, National League for Nursing and American Association of Nurse Anesthetists.

**INS**

Immigration and Naturalization Services. An agency of the U.S. Department of Justice.

**Interstate Compact**

An agreement (contract) between two or more states (usually adopted by legislation) which have the force and effect of statutory law.

**IOM**

Institute of Medicine.

**Item**

A test question.

**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 Rasch Model).

**Item Reviewers**

Individuals who review newly written items developed for the NCLEX-RN® and NCLEX-PN® examinations.

**Item Writers**

Individuals who write test questions for the NCLEX-RN® examination, NCLEX-PN® examination.

**IWHPR**

Interprofessional Workgroup on Health Professions Regulation.

**JCAHO**

Joint Commission on Accreditation of Healthcare Organizations.

**JRC**

Joint Research Committee. This committee consists of three NCSBN and three NCS Pearson staff members, and three 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 NCS Pearson.

**KSA**

Knowledge, skill and ability statements.

**Logit**

A unit of measurement used in 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.

**MNAR**

*Model Nursing Administrative Rules.* (A publication of the NCSBN.)

**MBOS & Expedite**

Member Board Office System. The software, including expedite manager, used in many Member Board offices to communicate electronically with The Chauncey Group regarding NCLEX® examination candidates.

**Member Board**

A jurisdiction which is a member of the NCSBN.

**MNPA**

*Model Nursing Practice Act.* A publication of the NCSBN.

**MR**

Mutual recognition. A mutual recognition model for nursing regulation was adopted by the August 1997 Delegate Assembly, and language for an interstate compact that would facilitate mutual recognition was adopted by a special session of the Delegate Assembly in December 1997.

**MSR**

Multistate regulation.

**NAFTA**

North American Free Trade Agreement (Canada, Mexico and the United States). Addresses trade in services and contains requirements and encouragement related to harmonization of qualifications for professional practice in the three countries.

**NAP**

Nursing Assistive Personnel.  
Also, Nursys™ Advisory Panel, an NCSBN committee.

**NAPNES**

The National Association for Practical Nurse Education and Service.

**NCSBN Strategic Plan**

Strategic initiatives, and outcomes of NCSBN spanning a three-year period.

**NCBPNP/N**

National Certification Board of Pediatric Nurse Practitioners and Nurses.

**NCC**

National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.

**NCLEX-RN® Examination**

NCSBN Licensure Examination-Registered Nurse

**NCLEX-PN® Examination**

NCSBN Licensure Examination-Practical Nurse

**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 program's performance by the *NCLEX® Test Plan* dimensions and by content areas. Data about a program's rank nationally and within the program's state also are included.

**NCLEX® Quarterly Reports**

The NCLEX® Quarterly Reports summarize the performance of all first-time candidates educated in a given jurisdiction who were tested in a given quarter, and the national group of candidates. They also provide a summary of the preceding three quarters' passing rates. (Previously known as green sheets.)

**NCNET**

NCSBN Network. NCSBN's electronic network for Member Boards, on which a variety of software services are delivered (e.g., EDWARD, DDB, EIRs, SAVHI, etc.).

**NCS Pearson**

This testing vendor will be the test service provider for the NCLEX® examination beginning October 1, 2002.

**NCSBN**

Abbreviated form of National Council of State Boards of Nursing, Inc.

**NFLPN**

National Federation of Licensed Practical Nurses.

**NLC**

Nurse Licensure Compact. An agreement establishing reciprocal licensing arrangements between party states for licensed practical/vocational nurses and registered nurses.

**NLCA (Nurse Licensure Compact Administrators)**

Organized body of the heads of nurse licensing boards for states that have adopted and implemented the Nurse Licensure Compact.

**NLN**

National League for Nursing.

**NLNAC**

National League for Nursing Accrediting Commission, Inc.

**NNAAP™**

National Nurse Aide Assessment Program. The nurse aide certification examination developed by the NCSBN and CAT\*ASI.

**NP**

Nurse Practitioner.

**NPDB**

National Practitioner Data Bank. A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for ten 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).

**NP&E**

Nursing Practice and Education Committee. The former name of a standing committee of NCSBN, now called PR&E Committee.

**N-PEC**

Nursing Practice and Education Consortium.

**NPI**

National Provider Identifier. On May 7, 1998, rules were posted in the *Federal Register* proposing a standard for a national health care provider identifier and requirements for its use by health plans, health care clearinghouses and health care providers. This is planned to be a new, unique eight-character alpha-numeric identifier.

**Nursys™**

A comprehensive database developed by NCSBN, containing demographic information on all licensed nurses and an unduplicated count of licensees and serving as a foundation for a variety of services, including the disciplinary tracking system, licensure verification, interstate compact functions and research on nurses.

**OBRA 1987**

Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

**Officer**

An member of a board of directors who serves in an officer position, such as president, vice president or treasurer.

**PERC**

Practice, Education, and Regulation Congruence Task Force. A committee of NCSBN.

**Pew Taskforce on Health Care**

The Pew Health Professions Commission charged 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.

**PPC**

Pearson Professional Centers are testing locations where candidates will take the NCLEX® examinations beginning with the testing vendor transition in 2002.

**PPI**

Practice & Professional Issues Survey. A survey conducted twice each year to collect information from entry-level nurses on practice activities.

**Practice (Job) Analysis**

A research study 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.

**PR&E**

Practice, Regulation and Education Committee. A standing committee of NCSBN.

**PREP**

Practitioner Remediation and Enhancement Partnership, sponsored by CAC. NCSBN is a member of the national advisory board.

**Pre-Test Items**

Newly written test questions placed into examinations for the purpose of gathering statistics. Pre-test items are not used in determining the pass/fail result.

**Prometric**

The computer-based testing division of Thomson Learning.

**Prometric Technology Centers (PTCs)**

Prometric Technology Centers are Prometric's high-stakes testing centers responsible for the secure delivery of computerized examinations. The NCLEX® examinations are administered in more than 200 PTCs located in the United States and its territories.

**Psychometrics**

The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, aptitude and mastery as measured by testing instruments.

**PTC**

Prometric Technology Centers.

**Public Policy**

Policy formed by governmental bodies. These include all decisions, rules, actions and procedures established in the public interest.

**Rasch Measurement Model**

The item response theory model used to create the NCLEX® examination measurement scale. Its use allows person-free item calibration and item-free person measurement.

**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.

**RFP**

Request for Proposal.

**SPM**

System of Performance Measurement. The program established to implement NCSBN's Commitment to Excellence in Nursing Regulation project, which provides a system to determine best practices for nursing regulation.

**Standard Setting**

The process used by the Board of Directors to determine the passing standard for an examination, at or above which examinees pass the examination and below which they fail. This standard denotes the minimum acceptable amount of entry-level nursing knowledge, skills and abilities. The 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 whenever the test plan or NNAAP *Blueprint* changes.

**TCA**

Test Center Administrator.

**TERCAP**

Taxonomy of Error, Root Cause Analysis and Practice Responsibility. An instrument developed for NCSBN's practice breakdown research.

**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 organization that provides test services to the NCSBN, including test scoring and reporting. The Chauncey Group, along with Prometric, is the current test service for the NCLEX® examinations, and ASI is the test service for the NNAAP. NCS Pearson will be the test service for the NCLEX® examinations beginning October 1, 2002.

**The Chauncey Group International, Ltd., or The Chauncey Group (CGI)**

A subsidiary of Educational Testing Service (ETS). NCSBN's test service for the NCLEX® examinations, located in Princeton, New Jersey.

**UAP**

Unlicensed Assistive Personnel.

**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. The NCSBN assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN® examination or NCLEX-PN® examination) or blueprint (NNAAP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.