Section II

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Report of the Bylaws Committee

Recommendations to the Delegate Assembly

Adopt the proposed Bylaws Revisions presented under the Bylaws Committee Report.

1. Proposed Revision #1: Article V. Section 5, Election of Officers and Directors
   (see page 87)
   
   **Rationale**
   The addition to this section is intended to clarify run-off balloting. The proposed language was based on a recommendation from the Parliamentarian which makes explicit the limitation of the top two candidates moving forward in a run-off election, thus eliminating a third candidate automatically when the third candidate has not received a large number of votes. This situation has occurred in the past and was handled informally with the permission of the third candidate. This language helps to articulate and clarify the process.

2. Proposed Revision #2: Article V. Section 8, Vacancies (see page 88)
   
   **Rationale**
   This additional language is intended to clarify when elections shall be held after the appointment of a vacancy.

3. Proposed Revision #3: Article VII. Section 1, Committee on Nominations
   (see page 89)
   
   **Rationale**
   This addition is intended to provide more flexibility for when the first meeting of the committee is held and to clarify the appropriate sequencing of the chair and vice chair should vacancies occur. The change to the duties of the committee is to solidify the primary role of the committee in proposing a slate of qualified candidates. It does not negate nomination from the floor of the Delegate Assembly.

Fiscal Impact

None.

Background of the Bylaws Committee

The Bylaws Committee has been a standing committee since 2001 and is charged with reviewing and making recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly. The charge from the Board of Directors for FY03 included reviewing the organization’s governance structure and addressing comments received by members at the 2002 Delegate Assembly. Both the membership and the Board of Directors expressed that a specific review be completed regarding improving the continuity of the Board.

Members

- Laura Rhodes, MSN, RN, Chair
  West Virginia-RN, Area II
- Theresa Bonanno, MSN, RN
  Massachusetts, Area IV
- Charlene Kelly, PhD
  Nebraska, Area II
- Patricia LeCroy, MSN, RN
  Alabama, Area III

Board Liaison

- Mark Majek, MA, PHR
  Texas-RN, Area III

Staff

- Kathy Apple, MS, RN
  Executive Director

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership
Development and Organizational Capacity

The NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome 8
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates

- November 7 & 8, 2002
- December 13, 2002 (Conference Call)
- January 25, 2003
- February 18, 2003 (Conference Call)
- April 4, 2003 (Conference Call)

Attachments

- Current Bylaws with Proposed Bylaw Revisions
**Highlights of FY03 Activities**

- Reviewed the NCSBN mission and vision, charge and timeframe.
- Reviewed the overall purpose of bylaws and standing rules.
- Identified topics to be addressed from the 2002 Delegate Assembly evaluations.
- Review of identified topics with Tom Abram, legal counsel, and Julia Von Haam, parliamentarian.
- Reviewed the number of Board members, term length and geographical representation structure of similar national organizations.
- Reviewed and discussed topics of possible revisions to revoting, vacancies, nominations and elections, area structure, term lengths and continuity of the Board of Directors.
- Reviewed and discussed changes to the standing rules and forwarded recommendations to the Board of Directors.
- Reviewed the historical participation of elected Board of Director positions and yearly turnover on the Board of Directors since 1978.
- Prepared a presentation and handout for the 2003 Mid-Year Meeting. Feedback from the Mid-Year Meeting was reviewed and discussed.
- Reviewed and discussed a policy analysis regarding term limits written by Einer Elhauge, Professor of Law at Harvard Law School.

**Future Activities**

- None scheduled at this time.
Attachment A

Current NCSBN Bylaws
with proposed bylaw revisions

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.

Revision Dates
Revised - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revised - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revised - 8/11/01
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 which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

- Delegate Assembly

Section 1. Composition.

a) Designation of Delegates. The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.

b) Qualification of Delegates. Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A 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, rebalancing shall be limited to the two candidates receiving the highest numbers of votes. In the case of a tie on the rebalancing, 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 twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. 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) Meetings. The first meeting of the committee shall be held meet concurrently with the first meeting of the Board of Directors in the subsequent fiscal year.

e) 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.

f) 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.

Duties. The Committee on Nominations shall consider the qualifications of all nominees for officers and directors and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified 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 subcom-
mittees, 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 employ-
ees of Member Boards. Special committees may also include consultants or other individu-
als 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 pro-
posed 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 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 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.
Report of the Examination Committee

Recommendations to the Delegate Assembly

1. Adopt the proposed changes to the NCLEX-RN® Test Plan.

Rationale
The Examination Committee reviewed and accepted the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (Smith & Crawford, 2003) as the basis for recommending changes in the NCLEX-RN® Test Plan. Empirical evidence provided from job incumbents, the professional judgment of the Examination Committee, and feedback from the Member Boards of Nursing and other stakeholders support the recommendations regarding the NCLEX-RN® Test Plan.

Background of the Examination Committee
The Examination Committee is charged with providing “state-of-the-art” 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 exceed guidelines proposed by the testing and measurement industry. The Examination Committee investigates potential future enhancements to the NCLEX examinations and monitors all aspects of the NCLEX examination process including: item development, examination security, psychometrics, examination administration and quality assurance 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. All of these activities combine to produce the psychometrically sound and legally defensible NCLEX examinations. Highlights of the activities of the Examination Committee and Item Review Subcommittee activities are listed below.

Highlights of FY03 Activities

NCLEX-RN® Test Plan
At the January 2003 meeting, the Examination Committee reviewed the results of the Report of the Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (Smith & Crawford, 2003). Based on empirical data from the practice analysis study and expert opinion of the Examination Committee and staff, the committee recommended changes in the structure and content distribution of the NCLEX-RN® Test Plan. A draft of the revised test plan was distributed to all member boards of nursing, the Practice Analysis Panel of Experts and legal counsel in January 2003 for feedback on the proposed changes. Information about the recommended changes was presented at the NCSBN Mid-Year Meeting. During its April business meeting, the Examination Committee considered all feedback and a final draft of the proposed test plan was developed.

Members

Examination Committee
Anita Ristau, MS, RN, Chair
Vermont, Area IV
Christine Alichnie, PhD, RN
Pennsylvania, Area IV
Teresa Bello-Jones, JD, MS, RN
California-VN, Area I
Claire Doody-Glaviano, MN, RN
Louisiana-PN, Area III
Sheila Exstrom, PhD, MA, BSN, RN
Nebraska, Area II
Faith Fields, MSN, RN
Arkansas, Area III
Mary Kay Habgood, PhD, MSN, BSN, RN, Florida, Area III
Rula Harb, MS, RN
Massachusetts, Area IV
Lorinda Inman, MSN, RN, Iowa, Area II
Pamela Randolph, MS, RN, CPNP, Arizona, Area I

Board of Director Liaison
Marcia Hobbs, DSN, RN
Kentucky, Area III

Item Review Subcommittee
Cheryl Anderson, MS, RN
California-VN, Area I
Louise Bailey, Med, RN
California-RN, Area I
Mary Calkins, PhD, RN, CCN
Wyoming, Area I
Lois Churchill, MN, RN
Iowa, Area II
Beverly Foster, BSN, MN, MPH, PhD, RN, North Carolina, Area III
Susan Jones, PhD(c), MSN, RN
Kentucky, Area III
Carmen Lopez, MSN, RN, CNP
Puerto Rico, Area IV
Maris Lown, MS, RN
New Jersey, Area IV
Sandra MacKenzie, MS, RN
Minnesota, Area II
Janette Pucci, MSN, Kansas, Area II
Donna Roddy, MSN, RN
Tennessee, Area III
Linda Shanta, MSN, RN
North Dakota, Area II
Ellienne Tate, MS, EdD, RN
Louisiana-RN, Area III
Calvina Thomas, PhD, RN
Arkansas, Area III
After consulting with various stakeholders, the committee determined that the enhanced document should be available in Fall 2003 with an implementation date of April 2004. This proposed timeline enables Member Boards, NCSBN, and Pearson VUE to effectively plan for and communicate the contents of the new NCLEX-RN® Test Plan to all interested parties. This timeline also allows a Panel of Judges to use the new test plan in its criterion-referenced standard setting process scheduled for September 2003. Any changes in the NCLEX-RN examination passing standard set by the Board of Directors, expected to occur in November 2003, could then be implemented coincident with the implementation of the new NCLEX-RN® Test Plan in April 2004.

**Continuously Improve Development and Administration of the NCLEX Examinations**

**Evaluated and Monitored NCLEX Examination Policies and Procedures**
The committee evaluated the efficacy of Board of Directors-approved examination-related policies and procedures and Examination Committee policies and procedures. As an extension of this quality control process, the committee reviewed and adopted necessary modifications and enhancements to the NCLEX Member Board Manual. Revisions were made to pertinent procedures in order to reflect improvements in processes that needed to be changed or refined during the ninth year of the administration of NCLEX via computerized adaptive testing.

**Monitored All Aspects of Examination Development**

**Conducted Committee and Item Review Subcommittee Sessions**
In the interest of maintaining consistency regarding the manner in which NCLEX examination items are reviewed before becoming operational, the committee and the subcommittee: (1) reviewed RN and PN Chauncey developed items that had been pretested, and RN and PN Pearson VUE developed alternate items prior to pretesting; (2) recommended that at least two Examination Committee members lead each Item Review Subcommittee meeting; and (3) made final decisions addressing revisions to content coding, Operational Definitions for Client Needs, Cognitive Codes, and the NCLEX Style Manual. Assistance from the Item Review Subcommittee continues to reduce item review workload, facilitating the efforts of the Examination Committee toward achieving defined goals.

**Monitored Item Production**
Under the direction of the Examination Committee, RN and PN pretest items were written and reviewed (see charts on pages 97-98). Item review panels reviewed NCLEX-RN and NCLEX-PN pretested items plus Master Pool items. In addition, the Item Review Subcommittee reviewed real examinations for face validity and provided a report to the Examination Committee.

The Examination Committee has continued to emphasize to test service the importance of writing items that require higher levels of cognitive processing. Since October 1999, both the RN and PN item pools have seen an increase in the total number of items at higher cognitive levels of application and analysis. A significant outcome of this increase is that examinations of different lengths and estimated ability levels have less variability in the percentages of items in the higher cognitive levels. Furthermore, as part of the contractual requirements with Pearson VUE, items that use alternate formats have been developed.

**Evaluated Item Development Process and Progress**
The committee evaluated item development sessions conducted by test service. Committee representatives attended and monitored each of the item development sessions and provided feedback to the committee and to the test service. Overall, the sessions were rated 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 many variables, both clinical and psychometric. The resulting operational item pools were extensively evaluated with regard to these variables and were found to be within tolerance.

To ensure that the operational item pools and 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 subcategory; 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 from previous administrations. These conclusions were reinforced by replicating the results 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**

Each spring and fall, Member Boards of Nursing have the opportunity to conduct item reviews at Pearson Professional Testing Centers. Member Boards can review and comment on newly developed items and simulated operational examinations online at the test centers during these pre-defined time periods. The committee responded to Member Boards questions and concerns regarding NCLEX examination items and simulated examinations.

In the spring of 2002, three Member Boards reviewed items at Prometric test sites and referred Chauncey-developed pretest items to the Examination Committee. In the fall of 2002, nine Member Boards reviewed items at Pearson Professional Testing Centers and referred items to the Examination Committee. The Examination Committee encourages all Member Boards to take advantage of these semiannual opportunities to review NCLEX items.

**Item Related Incident Reports**

Occasionally, candidates at test centers comment on items to the test center administrator. When this occurs, an electronic Incident Report (IR) is filed and the item related incident is investigated by Pearson VUE and NCSBN staff. Since October 2002, candidates at Pearson Professional Centers have commented on two PN pretest items. Those items have been reviewed by Examination Committee and have been retained for future use in NCLEX item pools. Seven RN items (two pretest and five operational items) have been commented on by candidates at test centers. The items have been reviewed by the Examination Committee and have been retained for future use in NCLEX item pools.

**NCSBN Item Development Sessions Held At Pearson VUE**

<table>
<thead>
<tr>
<th>RN Item Development Productivity Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>April 01 - March 02</td>
</tr>
<tr>
<td>March 02 - April 03</td>
</tr>
</tbody>
</table>

**Meeting Dates**

**Examination Committee**

- October 28-30, 2002
- January 22-24, 2003
- February 25, 2003 (Conference Call)
- April 7-9, 2003
- April 28, 2003 (Conference Call)
- May 13, 2003 (Conference Call)

**Item Review Subcommittee**

- December 9-11, 2002
- March 17-21, 2003
- June 17-21, 2003
- July 21-25, 2003

**Attachments**

A. Proposed 2004 NCLEX-RN® Test Plan (Strikethrough Copy)
B. Proposed 2004 NCLEX-RN® Test Plan (Clean Copy)

<table>
<thead>
<tr>
<th>Year</th>
<th>Writing Sessions</th>
<th>Item Writers</th>
<th>Items Produced</th>
<th>Review Sessions</th>
<th>Items Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 01 - March 02</td>
<td>3</td>
<td>36</td>
<td>1,700</td>
<td>1</td>
<td>328</td>
</tr>
<tr>
<td>April 01 - March 03</td>
<td>3</td>
<td>33</td>
<td>1,476</td>
<td>6</td>
<td>1640</td>
</tr>
</tbody>
</table>

**Practice Analysis Updates**

The Examination Committee provided direction on modifications to the semiannual survey of nurses (previously known as the quarterly trend analyses studies) and the triennial RN Practice Analysis. The Examination Committee uses the results of these surveys for NCLEX examination content decisions.

**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 October 1, 2002, through March 31, 2003, and compared over 57,000 candidate records. The result of that check revealed that there were no duplicate candidate records and that no candidate was treated by the system as separate individuals.

This check serves as a reminder of the importance of each board of nursing to carefully review candidate records for accuracy at the time of eligibility declaration. Accumulated records are required in order to properly enforce the waiting period between examinations and to provide blocking files of previously seen items.

**Monitored the Security of the NCLEX Examination Administrations and Item Pools**

The Examination Committee monitored investigations of potential security incidents, reviewed final reports from Pearson VUE and made determinations and recommendations regarding security of the NCLEX examination administrations and item pools. Although two potential security incidents were identified during the past year, related to individuals attempting to gain access to Pearson Professional Centers during non-business hours, no incident was determined to compromise the NCLEX examination item pools or NCLEX candidate results.

**Compliance with the 30/45 Day Scheduling Rule**

The Examination Committee monitors compliance with the 30/45-day scheduling rule. Pearson VUE maintained sufficient capacity on a site-by-site basis to provide compliant seating to all of the 57,007 NCLEX examination candidates who tested between October 1, 2002, to March 31, 2003. 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 60% capacity levels.

**Uniformity of Process for Special Needs Candidates**

To enhance the uniformity of the special accommodations process for candidates, the committee reviewed the current NCLEX procedures. The committee requested that staff provide educational information on the American with Disabilities Act (ADA), the new NCLEX procedures and their potential effect on the administration of the NCLEX examinations to Member Boards, nursing educators and other interested parties. This information...
was disseminated through the Council Connector, the NCLEX Invitational, and other resources. Since October 2002, Member Boards have been processing special needs candidates electronically via the NCLEX Administration Web site.

Responded to Member Board Inquiries Regarding NCLEX Examination Administration

As part of its activities, the committee responded to Member Boards' questions and concerns regarding administration of the NCLEX examinations in Member Board jurisdictions. The Examination Committee has followed up on post-test service transition activities and has responded to various inquiries regarding system enhancements.

Time Length for the NCLEX-RN

The Examination Committee recommended to the NCSBN Board of Directors a proposal to extend the time limit for the NCLEX-RN examination from the current limit of five hours to six. The recommendation is based on the increasing number of candidates who are running out of time, approximately 6% of the total RN candidate population. Further rationale includes the expectation that future enhancements, such as alternate item formats, will require more time for completion. A recommendation to change the NCLEX-RN time limit will prevent an increasing number of RN candidates from running out of time for test administration and allow candidates to have their competency assessed by the optimal passing rule (the 95% Confidence Interval Rule). Presently, the committee does not recommend a change to the NCLEX-PN time limit due to the substantially shorter maximum length examination (205 for the NCLEX-PN in contrast to 265 for the NCLEX-RN) and the relatively small number of candidates (2.5% of the total NCLEX-PN testing population) who ran out of time in 2002.

Initiate Implementation of the International Testing Plan for the NCLEX Examinations Including Components of the 2002 Delegate Assembly Resolution

Pursuant to Strategic Initiative 1.B of the FY02-FY04 NCSBN Strategic Plan (NCLEX is administered at international sites for purposes of domestic licensure), the Examination Committee is charged with the initiation of the international testing plan for the NCLEX examinations including components of the 2002 Delegate Assembly resolution during FY03.

The 2002 Delegate Assembly resolution regarding international testing is as follows: “That the Delegate Assembly adopt the amended recommendation to proceed with negotiations for a contract amendment with test service for purposes of international administration of the NCLEX examination.” As part of this contractual negotiation for international administration for purposes of domestic licensure, the Board of Directors will utilize criteria developed by the Examination Committee and establish jurisdiction-specific candidate examination fees for NCLEX examinations delivered outside current Member Board jurisdictions.

International administration of the NCLEX examinations will not occur before August 1, 2004, with the following proviso: that the recommendation as adopted will not go into effect and cannot be implemented until the following conditions have been met:
1. Acceptable criteria for selection of countries, including NAFTA countries and comprehensive needs assessment to determine the necessity for international testing.
2. Security measures to be utilized in international countries are developed or identified.
3. Fiscal analysis including direct costs and staff resources, is considered by the appropriate committees within NCSBN.

As part of its continuing charge, the Examination Committee is directed by the Delegate Assembly to provide a “state-of-the-art” entry-level nurse licensure assessment. To fulfill that directive, the committee continually looks for ways to provide a psychometrically sound and legally defensible examination with the fewest hindrances possible to candidates. One method
of doing this is to provide administration of the NCLEX examinations outside current Member Board jurisdictions.

On a regular basis, NCSBN receives a number of requests to administer the NCLEX examination outside the current Member Board jurisdictions. This is due to numerous factors, including the present nursing shortage and substantial cost to foreign-educated candidates to take the NCLEX examination in the United States. It is anticipated that the availability of NCLEX examination administrations in international markets will reduce barriers that hinder competent nurses from practicing nursing in a location they desire.

Due to the impact that international administration of the NCLEX examinations will have on the current NCLEX examination program, a planning process has been undertaken by NCSBN. To date, the committee has engaged in an investigation of the operational feasibility regarding the international administration of the NCLEX examinations for purposes of domestic licensure. It is important to note that this investigation assumed that any implementation of international testing in no way change the current licensure determination process in place in member boards of nursing nor does it make available the NCLEX examination to licensure bodies other than current Member Boards. The intent, however, is to provide an opportunity for foreign-educated candidates to apply and take the NCLEX examination prior to moving to a Member Board jurisdiction.

The NCLEX international testing initiative has been defined by NCSBN as follows: “International testing is the administration of current NCLEX-RN and -PN examinations in Pearson Professional Testing Centers located outside Member Board jurisdictions, for purposes of licensure in Member Board jurisdictions. No part of this specific recommendation regarding international administration will contradict or circumvent any current Member Board licensure processes or requirements. This specific recommendation regarding international administration does not address the administration or modification of the NCLEX examinations for purposes of licensure, or any other purpose, for boards of nursing, or any similar regulatory body, outside current Member Board jurisdictions. Candidate examination fees for examination administrations outside Member Board jurisdictions will be set to reflect the costs of the examination administration in the specific international jurisdiction. Domestic NCLEX candidate fees will not be increased to accommodate costs associated with international administration.”

**Response to 2002 Delegate Assembly Resolution Condition #1**

The potential benefits of international administration to NCLEX candidates have been summarized as follows:

- **Public Protection**
  
  International testing allows qualified and competent nurses to practice sooner than is possible under the current NCLEX administration model. The international testing initiative may impact the current nursing shortage, however, candidates will still need to be made eligible by a Member Board before an examination can be administered.

- **Maintain Fair and Rigorous Entry-Level Nurse Licensure Standards**

  The proposed plan for international testing helps to maintain current state licensure processes. Member Boards consistently receive requests to license entry-level candidates educated outside the United States without having taken proven psychometrically sound and legally defensible examinations based on U.S. nursing practice. International testing affords opportunity to candidates while demonstrating NCSBN Member Board commitment, individually and collectively, to a clear, unambiguous standard for entry-level nurse competency assessment.
Removal of Barriers for Nurse Licensure
International testing is designed to make the process for foreign-educated candidates to take the NCLEX examination more efficient. Much like NCSBN's state-of-the-art move to computerized adaptive testing in 1994, international testing seeks to provide convenience to candidates without sacrificing standards, while significantly minimizing the time required and overall cost to candidates to become licensed in the United States.

Facilitation of Self-Determination of Employment
International testing does not change jurisdictional requirements or make it easier to become a nurse in the United States; it only assists to alleviate the economic impact of traveling to the United States each time a candidate must test.

Nursing organizations such as the International Council of Nurses and affiliate members such as the American Nurses Association and the Canadian Nurses Association have recognized the rights of individuals regarding immigration and professional mobility (Nurse Retention, Transfer and Migration, ICN, 1999; International Trade and Labor Mobility, CNA, 2000). Additionally, international testing is consistent with the NCSBN's position on the qualifications and treatment of foreign-educated nurses, as established in 2001 (Foreign International Nurse Immigration, NCSBN, 2003).

Establish An International Presence Commensurate with the NCSBN Mission and Vision
International testing is consistent with NCSBN's organizational mission and vision statements and provides a common framework to establish multilateral relationships with nurse regulatory bodies outside the United States.

Criteria for the Initial Evaluation of International Administration Locations:
The following criteria have been accepted and approved by the Board of Directors in fulfillment of the 2002 Delegate Assembly resolution regarding the selection of international administration locations. The Examination Committee will use the approved criteria to evaluate locations, including NAFTA countries, for initial international administration.

Security
Because of the high security and administration standards required for the NCLEX Examination, only locations where Pearson VUE can build, staff and replicate current Pearson Professional Centers (the same as in current Member Board jurisdictions) were considered.

Business Climate
The Examination Committee only considered locations that had favorable reports regarding security and economic climate from the U.S. Department of State (www.state.gov).

International Locations with Established Records of High-Stakes Testing Success
The Examination Committee considered the experiences of other high-stakes testing programs and test service in international markets. Reliability of service and security were the primary measures under consideration. Currently Pearson VUE delivers high-stakes examinations in 123 countries through 3,500+ VUE authorized centers. Approximately 50% of all Pearson's electronic testing volume comes from outside the U.S.

Reciprocity/Similarity with U.S. Intellectual Property and Copyright Laws
The Examination Committee selected countries for initial consideration that are generally regarded by the U.S. government and industry as areas that minimize risk for new business ventures.

Numbers and Locations of Internationally Educated Nurses
The Examination Committee favorably rated individual countries and regions with traditionally high NCLEX candidate volume.
Regional Representation
The Examination Committee chose initial center locations that will serve broad, regional candidate volume needs. Not all countries with high candidate volume can be considered for initial launch due to the inability to rate highly on all criteria, hence the need for convenient alternative regional locations.

Proximity to U.S. Military Personnel and Dependents
The committee considered potential demand for NCLEX examination administration by U.S. military personnel and dependents as part of the administration recommendations.

Similarity to U.S. Nursing Educational Systems
The committee considered locations with practitioners who have had similarities in candidate preparation with candidates from U.S. educational systems.

Response to 2002 Delegate Assembly Resolution Condition #2
Utilizing all current NCLEX administration policies and procedures, including security procedures, NCLEX® Member Board Manual and the NCSBN-Pearson NCLEX contract, the NCLEX examinations will be administered in Pearson Professional Testing Centers that are approved by the Examination Committee and meet NCLEX contract specifications. To mitigate security concerns, the committee decided to extend all current security policies, procedures, and contractual requirements to all international administration processes. The security benefits can be summarized as follows:

- All locations will be Pearson owned and operated centers.
- Pearson centers will be built in accordance with standards in the test services contract.
- Pearson centers will always be staffed by at least two certified test center administrators, who are Pearson employees.
- The same secured technology and file server security will be utilized as in U.S.-based centers.
- All centers will have the same video/audio recording technology as U.S.-based centers.
- All the same digital fingerprint, photograph and signature technology (including back-up technology), as used in U.S.-based centers will be employed.
- All examination registration, scheduling and examination proctoring procedures, including incident reports and investigations will be the same as in U.S. centers.

Due to contractual disclosure limitations, a copy of contractual Pearson Professional Test Center and technology requirements will be provided to registered delegates at the Annual Meeting. This addendum will provide a complete description of security requirements for all Pearson Professional Centers, as accepted by Delegate Assembly vote in 1999.

Response to 2002 Delegate Assembly Resolution Condition #3
The international testing plan is not designed to produce a financial benefit, above and beyond regular domestic testing, for NCSBN or Pearson VUE. The sole purpose of the Examination Committee recommendation is to give the NCSBN Board of Directors the authority to establish examination fees in international markets where all domestic security procedures can be followed and to provide this service in a manner that will not be a financial drain or an inappropriate source of revenue.

The ongoing fiscal impact of international testing as proposed in the recommendation is designed to be budget neutral to NCSBN. Increased variable and fixed external costs associated with international testing will be supported solely by international candidate examination fees and will not be maintained by examination fees from candidates tested in current Member Board jurisdictions or NCSBN financial reserves.
Given the number of locations under consideration, international testing will not be a drain on the resources of NCSBN testing services staff. In 2002, NCSBN testing services staff monitored testing activity in more than 200 test centers; the Examination Committee and NCSBN staff can easily accommodate monitoring of additional international test centers as proposed. It is expected that initial staff costs associated with international administration would be less than $15,000 in the first fiscal year of implementation and less than $10,000 per year on an ongoing basis. These costs would primarily be associated with test center audits. Additional legal expenses required at launch are expected to be less than $20,000. All other costs associated with the launch on the international testing initiative will be assumed by test service under the examination fee price.

To place these costs in fiscal context, NCSBN had revenues in excess of $36 million for FY02. The projected costs for international administration represent less than .05% of the total forecasted revenue for FY03. Due to contractual disclosure limitations, more detailed examination price models will be provided to registered delegates at the Annual Meeting.

**Examination Committee Recommended Implementation Plan**

Based on all current NCLEX examination program policies and procedures, including all current security protocols, the Examination Committee intends to use the above delineated proposed criteria in order to proceed with administration of NCLEX-RN and -PN examinations in testing centers located outside Member Board jurisdictions, for purposes of licensure within Member Board jurisdictions with the following conditions:

- International NCLEX administration will occur no sooner than January 1, 2005.
- International NCLEX examination fees will be established by the NCSBN Board of Directors for examination administration outside Member Board jurisdictions.
- Three or fewer centers will be utilized as the initial set of international administration locations to pilot the initiative. Initial international locations to select from will be selected because they rate highly across all criteria under consideration. An informational matrix regarding Examination Committee rating of potential locations on the selection criteria will be provided to registered delegates at the Annual Meeting.
- In all circumstances, international testing will not be implemented if all security policies and procedures currently used are not employed.

**Future Development of NCLEX**

Pending a successful adoption of location selection criteria by the Delegate Assembly, NCSBN staff at the direction of the Board will begin contract negotiations. Subsequent to successful contract negotiations, the Examination Committee will establish a plan for operational roll out of international testing utilizing the established criteria, including the development of any policy or procedure enhancement.

**Implement New Item Types for the NCLEX Examinations**

As part of continuous quality improvement of the NCLEX program, the Examination Committee routinely considers how to best assess entry-level nurse competence. This commitment inspired introduction of Computerized Adaptive Testing in the mid-’90s and has influenced the decision to introduce alternate or innovative items on the NCLEX examinations in 2003.

NCSBN first presented information on alternate items (previously known as innovative items and “Next Generation” NCLEX items) to boards of nursing at the NCSBN Annual Meeting in 1999 and a demonstration of some of the potential item formats was conducted. The NCSBN Examination Committee reports at the 2000 and 2001 NCSBN Annual Meetings have provided updates on a pilot study using alternate item formats. In addition, NCSBN has provided
information on the introduction of alternative item formats through a number of different
print and electronic media outlets since 2000.

An alternate item format is an examination item that takes advantage of technology and uses
a format other than standard, four-option, multiple-choice items to assess candidate ability.
Alternate item formats may include: multiple-choice items that require a candidate to select
one or more responses, fill-in-the-blank items (including calculation and prioritization item
types), or items asking a candidate to identify an area on a picture or graphic. All NCLEX item
formats, however, including current standard multiple-choice items, may include charts,
tables, or graphic images. The intent of these new, alternate item formats is to assess candidate
ability in a manner more efficient and with more fidelity than can be achieved with standard
multiple-choice items.

The introduction of alternative item formats, beginning as of April 1, 2003, was for purposes
of pretesting the quality of alternate item types. As with all standard NCLEX items, it is
required that alternate items be pretested before becoming part of the operational (scored)
part of the examinations. This is done in order to gather “real” statistical information on all
newly developed items. As with multiple-choice items, alternate items have to meet NCSBN’s
stringent statistical criteria before they can be used as operational items. The current
Examination Committee investigation is designed to assess if these new item formats can
accomplish these objectives and the collection of real data is necessary to that end. If items
utilizing these formats meet NCSBN’s selection criteria, these items will be placed in opera-
tional items pools beginning as soon as October 2003.

Currently, there is no requirement in the NCLEX-RN® Test Plan (current and proposed) that
candidates will receive a fixed percentage of items with alternate formats. Initially, less than
two percent of the items in an operational pool will be of the alternate item format type. This
indicates that a candidate who takes a minimum length exam, which is the majority of candi-
dates, may be administered one operational item of the alternate format.

The Examination Committee will continue to monitor the roll-out of these new item types
and their effectiveness as part of its charge in FY04. The committee will continue to provide
reports on all aspects of NCLEX item development to Delegate Assembly as part of its ongoing
charge to continuously improve development of the NCLEX Examinations.

Investigate Reasons for Non-Licensure of Nursing School Graduates
The Examination Committee has undertaken an initial investigation of reasons why nursing
school graduates do not take the NCLEX-RN or NCLEX-PN examination. A survey was devel-
oped based on a review of appropriate literature and expert opinion. The survey was sent to
all of the candidates (RN and PN), with addresses in a Member Board jurisdiction, who regis-
tered to take the NCLEX in the year 2000 and as of January 2003, have yet to take the exam.

The initial survey was then sent to 2,022 nonlicensed candidates who applied for, but never
took either of the NCLEX examinations. Unfortunately, the response rate for the survey was
less than 10% of the sample and the returned surveys were not representative of the sample.
Consequently, the Examination Committee cannot release the results of the study at this
time; it is still the intent of the Examination Committee to investigate reasons for nonlicen-
sure of nursing school graduates. Thus, the committee expects this tactic to continue in FY04
with an additional data collection component based on a refined survey tool and data sam-
ping framework. Assuming productive data collection in FY04, the Examination Committee
will present the findings from the study at the 2004 Annual Meeting.

Despite the unusable nature of the survey results, the Examination Committee sought the
number of candidates who register to take the NCLEX examination, but never test. To investi-
gate this, the data accumulated between April 1, 1994, and October 1, 2002, was aggregated
to produce approximately 1.3 million candidate records. From those records, the first-time
test-takers were selected (40,019 records). To ensure that these candidates had not tested since the transition to Pearson VUE, these records were compared with the NCSBN master database of test results (through April 6, 2003). Records that had a test result in the NCSBN master database (17,725 records) were excluded. The remaining 22,294 records were partitioned by RN/PN, year of registration, and U.S. vs. Foreign-Educated. The results are broken out in the following table.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>RN U.S.-Educated</td>
<td>213</td>
<td>272</td>
<td>342</td>
<td>329</td>
<td>353</td>
<td>373</td>
<td>332</td>
<td>433</td>
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<tr>
<td>Foreign-Educated</td>
<td>768</td>
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<td>1,040</td>
<td>967</td>
<td>937</td>
<td>1,114</td>
<td>1,727</td>
<td>3,826</td>
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<tr>
<td>Total</td>
<td>981</td>
<td>1,608</td>
<td>1,382</td>
<td>1,296</td>
<td>1,290</td>
<td>1,467</td>
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<td>4,259</td>
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<td>695</td>
<td>607</td>
<td>576</td>
<td>570</td>
<td>670</td>
<td>743</td>
<td>690</td>
<td>788</td>
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<tr>
<td>Foreign-Educated</td>
<td>859</td>
<td>235</td>
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<td>231</td>
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<tr>
<td>Total</td>
<td>1,554</td>
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<td>Combined</td>
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<td>899</td>
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<td>5,495</td>
<td>2,787 (1,065)</td>
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For the continued investigation of reasons for nonlicensure of nursing school graduates by the Examination Committee in FY04, the results of the table presented above will be utilized to help create a new sampling frame for additional data collection.

Investigate the Feasibility of Increasing Frequency of NCLEX Administrations

The Examination Committee investigated the feasibility of increasing the frequency of NCLEX administrations during FY03 for purposes of reducing barriers for retake candidates. Since the inception of NCLEX using computerized adaptive testing (CAT) in 1994, the administration rule dictated that candidates could not receive examination administrations more frequently than once every 91 days. This rule was based on technical limitations of the test service provider. With the test service transition to Pearson VUE in October 2002, the Examination Committee was able to reinvestigate this arbitrary constraint and implement one of the original intended benefits of the move to CAT.

The NCLEX-RN and -PN master item pools are large enough to accommodate increasing the number of times NCLEX candidates may take the examinations from four to eight times per year, with a 45-day wait period between examination administrations. NCSBN policy was amended to permit candidates to test as often as once every 45 days or eight times per year, unless limited to fewer retakes by the desired jurisdiction of licensure. This policy allows candidates to be exposed a maximum of four times to any one operational item pool. Member Boards can make retesting time periods longer but not more frequently than NCSBN policy. Starting with the October 2003 deployment, the number of items in an operational pool will be increased to accommodate this more frequent retake policy.

Determine the Feasibility of Allowing Foreign Nurses Licensed by a Member Board to Apply Directly to NCSBN for NCLEX Administration

The Examination Committee considered the feasibility of allowing foreign-educated nurses currently licensed by a Member Board to apply directly to NCSBN for an NCLEX Examination administration during FY03. Specifically, the action requested concerned whether NCSBN could create a mechanism for nurses who have been licensed by endorsement, primarily from

Note: The registration date is when test service scanned in the candidate's application.
Canada and without having taken the NCLEX, to apply directly through NCSBN to take the NCLEX in order to satisfy part of their requirements for a permanent visa. Currently, some Member Boards endorse Canadian nurses without having to take the NCLEX; consequently, these Member Boards are now trying to deduce a way to allow these nurses to take the NCLEX to satisfy the visa requirement.

After careful consideration of how acceptance of this initiative might affect current Member Board NCLEX eligibility process, the Examination Committee recommends to not allow foreign-educated students licensed by a Member Board of nursing to apply directly to NCSBN for NCLEX examination administration. The rationale for this decision is based on the idea that application directly to NCSBN to take the NCLEX in order to satisfy part of the requirements for a permanent visa is contrary to the purpose of the licensure examination and is not a legally defensible use of the examination. Mechanisms are currently in place with test service to allow previously licensed nurses to be made eligible by a Member Board to take an NCLEX examination, which should satisfy the intent of this initiative.

**Compare Equivalency of NCLEX-RN with Spanish Language Puerto Rican Nurse Licensure Examination**

The Examination Committee was charged to engage in a comparison study with Puerto Rico regarding the NCLEX-RN and the Spanish language Puerto Rican Nurse Licensure Examination as part of the FY03 strategic initiatives. NCSBN staff has received from Puerto Rico information regarding the Spanish language Puerto Rican Nurse Licensure examination. The information has been translated into English and entered into a table with NCLEX examination information to facilitate comparisons between the examinations. At this time (May 2003), however, several key pieces of information are still missing and there is not enough information to make a recommendation regarding this initiative in the 2003 Business Book.

Presently, Puerto Rico observes three types of nursing practice: baccalaureate, associate and practical nurses, all of which have their own corresponding examination. These examinations are administered in the Spanish language only. Candidates are provided a provisional license and two opportunities to take and pass the exam. If a candidate passes, he or she receives a permanent license to practice nursing in Puerto Rico. Afterward, the newly registered nurse needs to be recertified every three years through continuing education credits. If the candidate fails the exam a second time, the provisional license is revoked and participation in a review course is mandatory in order to sit again for the exam. Until the next examination, the candidate must provide proof of participation in the review course and cannot gain a license until the examination is passed.

The Puerto Rican Board of Nursing does engage an outside vendor/partner for the item development and psychometric elements of the examination; the Cirino Psychometrics Company assists in development and validation of questions included in the different tests.

At this time, information requests to the board of nursing in Puerto Rico have been acknowledged, though requested information has not yet been remitted. It is still the intent of the Examination Committee to complete an examination comparison study similar to the study conducted with the Canadian Nurses Association in 2001. The committee expects this tactic to continue in FY04, if necessary. The most recent information available on the examination comparison project will be presented to the Delegate Assembly at the 2003 Annual Meeting.

**Set Performance Benchmarks for Existing English Proficiency Examinations**

The Examination Committee has been working to establish an empirically based passing standard for existing English proficiency examinations. This standard is intended to reflect the minimum level of English proficiency required to practice nursing safely. A proposal for a panel-based study to establish a cut score for the Test of English as a Foreign Language (TOEFL) is anticipated from ETS in June 2003. After the standard is established on TOEFL,
it is expected that cut-score standards for other widely used English proficiency examinations will be developed using examination score-concordance tables. The committee expects this tactic to continue in FY04, if necessary. At this time, there is not enough information to make a recommendation regarding this initiative in the 2003 Business Book. The most recent information available on the examination comparison project will be presented to the Delegate Assembly at the 2003 Annual Meeting.

NCLEX Outreach
As part of its ongoing tactic to accurately inform constituencies about the NCLEX examination, the following outreach activities were undertaken in FY03:

- **Presentations**
  NCSBN Testing Services staff conducted more than 15 NCLEX informational presentations. In FY04, it is expected that this number will increase.

- **Video**
  In an effort to keep stakeholders up-to-date on changes to the NCLEX process, NCSBN produced an informational video titled “Understanding the NCLEX® Examinations.” The 33-minute video encapsulates all of the steps that comprise the development and delivery of the NCLEX-RN and NCLEX-PN examinations. The purpose of the video is to inform interested segments of the public, such as educators and candidates, about all aspects of the NCLEX Examination Program. This includes providing answers to the most commonly asked questions and exposing answers to persistent myths about the examination. The video was distributed, free of charge, to more than 3,100 groups including Member Boards, nursing education programs, and other nursing organizations.

- **Publications**
  The committee continues to oversee development of various publications that accurately reflect the NCLEX examination process.

- **NCLEX Invitational**
  For the past three years, NCSBN Testing Services 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. As part of the FY03 strategic initiatives, the committee and staff were charged to improve delivery of the NCLEX Invitational. On September 23, 2002, 121 attendees took part in the 2002 NCLEX Invitational at the Coronado Springs Resort, Walt Disney World in Orlando, FL. Feedback from attendees was positive and constructive. For FY04, the NCLEX Invitational is going to be held on September 26, 2003, in Boston at the Wyndham Tremont Hotel. It is expected that, as in previous years, the FY03 NCLEX Invitational will be a positive revenue generator for NCSBN.

- **NCLEX Program Reports**
  The committee monitored production of the NCLEX Program Reports. NCLEX Program Reports were distributed to subscribing nursing education programs during the current fiscal year in October 2002 and April 2003. The October 2002 through May 2003 program reports represent test results administered exclusively with Pearson VUE. Despite the transition of NCSBN test service, the Program Reports continued to be produced as expected.

- **NCLEX Quick Results**
  The NCLEX Quick Results service allows candidates to access their unofficial NCLEX results two full business days after their examination administration. This service is provided by Pearson VUE and is accessible to candidates by telephone or Internet for a nominal charge. State boards of nursing must sign up to participate in the NCLEX Quick Results service. More than 14,000 candidates used NCLEX Quick Results service between October 2002 and March 2003. Currently, 37 state boards of nursing participate in this service, the highest level of Member Board participation since the onset of the program.
Future Activities

- Continue to monitor all Administrative, Test Development, and Psychometric aspects of the NCLEX Examination program.
- Evaluate enhancements to NCSBN Examination Process.
- Evaluate NCLEX Outreach initiatives.
- Establish and implement a plan for operational roll out of international testing utilizing the established criteria.
- Determine the equivalency of the NCLEX-RN with the Puerto Rican Spanish-language nurse licensure examination.
- Research and recommend English-as-a-second language competency examinations and valid passing standards.
Attachment A

Proposed RN Test Plan – Strikethrough Copy

1. **NCLEX-RN® Test Plan**

2. **TEST PLAN FOR THE**

3. **National Council Licensure Examination for Registered Nurses**

4. **(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® examination), which is used by state and territorial boards of nursing to assist in making licensure decisions.

The initial steps occurred in developing the draft of the NCLEX-RN® Test Plan. This examination is the preparation of a test plan to guide the selection of content and behaviors to be tested. 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 2000 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, Smith & Crawford, 2000). In this plan, provision was made for an examination reflecting entry-level nursing practice as identified in Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States. (Horitz, Yocom, & Cawley, 2000). More than 4,000 newly licensed registered nurses were asked about the frequency and priority of performing more than 130 nursing care activities. The activities identified in this study were then activity statements were analyzed in relation to the frequency of their performance, their impact on maintaining client safety, and clinical care setting where the activities are performed. This analysis guided the development of a framework for entry-level nurse performance nursing practice that incorporates specific client needs as well as concepts and 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 derived from this framework provides a concise summary of the content and scope of the licensing examination. The test plan also serves as a guide for further examination development as well as candidate preparation. Based on the NCLEX-RN® Test Plan, each unique NCLEX-RN® candidate examination is based on the test plan. Each examinee receives the knowledge, skills, and abilities that are essential for the nurse to meet the needs of clients requiring the promotion, maintenance, and restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, the cognitive ability levels that will be tested in the examination, and the specific components of the NCLEX-RN® Test Plan.

**Beliefs**

Beliefs about people and nursing underlie the NCLEX-RN® Test Plan. People are viewed as finite beings with varying capacities to function in society. They are unique individuals defined by their culture who have defined systems of daily living which reflecting their values, motives, and lifestyles. Additionally, they are viewed as people having the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individuals or groups of individuals) in any setting achieve an optimal state of health.

Nursing is both an art and a science, which integrates concepts 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. The nature of nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, and technologies and client care activities into nursing practice. The goal of nursing for client care in any setting is preventing illness; alleviating suffering; and protecting, promoting, and restoring health, to promote health and to assist individuals throughout their life span to attain an optimal level of functioning by responding to the needs, conditions or events that result from actual or potential health problems (American Nurses Association, 1995).

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, assesses and analyses the health needs and/or problems of clients, plans and implements appropriate actions based on nursing diagnoses or identified client needs, and evaluates the extent to which expected outcomes are achieved. The nurse assists clients in the promotion of health, assist clients to cope within coping with health problems, and maintain life, help clients adapt: adapting to and/or recovering from the effects of disease or injury, and in supporting every client's right to a dignified death. The registered nurse is accountable for abiding by all applicable federal, state and territorial statutes related to nursing practice.

LEVELS OF COGNITIVE ABILITY Classification of Cognitive Levels

The examination consists of questions (or items) that use Bloom’s taxonomy for the cognitive domain as a basis for writing and coding items written at the cognitive levels of knowledge, comprehension, application and analysis (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of the questions in the examination items are written at the application and/or analysis 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 across all settings for all clients.

Client Needs

Four major categories of Client Needs organize the content of the NCLEX-RN® Test Plan. These two of the four categories are further divided into tena total of six subcategories that define the content contained within each of the four major Client Needs categories. The Client Needs categories and subcategories that define the content of the NCLEX-RN Test Plan are: These categories and subcategories are:

A. Safe, Effective Care Environment
- Management of Care
- Safety and Infection Control

B. Health Promotion and Maintenance
- Growth and Development Through the Life Span
- Prevention and Early Detection of Disease

C. Psychosocial Integrity
- Coping and Adaptation
- Psychosocial Adaptation

D. 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 CONCEPTS AND PROCESSES

Integrated Processes

The following concepts and processes are fundamental to the practice of nursing and are integrated throughout the...
four major categories of Client Needs categories:

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 hope, support and compassion to help achieve desired outcomes.

Communication and Documentation — verbal and/or 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 through written or electronic records that reflects quality and accountability in the provision of care.

— Cultural Awareness — the knowledge of and sensitivity to the beliefs and values of the client and nurse, and the impact of diversity on the health care experience.

— Self Care — the practice of assisting clients of various abilities to meet their own health care needs, including maintenance of health and/or restoration of function.

Teaching/Learning — facilitating of the acquisition of knowledge, skills and attitudes that leads to promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory in the NCLEX-RN® Test Plan is based on the results of Linking the NCLEX-RN® Examination to Practice: 1999 Practice Analysis of Newly Licensed Registered Nurses in the United States (Herde, Teeter, & Crawford, 2000) the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (Smith & Crawford, 2003), and expert judgment provided by members of the National Council's NCSBN Examination Committee and the 1999 Practice Analysis Panel of Experts.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>PERCENTAGE OF TEST QUESTIONS</th>
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</thead>
<tbody>
<tr>
<td>Client Needs</td>
<td>Percentage of Items From Each Category/Subcategory</td>
</tr>
<tr>
<td>A. Safe, Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>1. Management of Care</td>
<td>7-13-19%</td>
</tr>
<tr>
<td>2. Safety and infection Control</td>
<td>5-4-4 8-14%</td>
</tr>
<tr>
<td>B. — Health Promotion And Maintenance</td>
<td></td>
</tr>
<tr>
<td>3. Growth and Development-Through Out The Life Spans</td>
<td>6-12%</td>
</tr>
<tr>
<td>4. Prevention and Early Detection of Disease</td>
<td>5-11%</td>
</tr>
<tr>
<td>C. — Psychosocial Integrity</td>
<td></td>
</tr>
<tr>
<td>5. Coping and Adaptation</td>
<td>6-12%</td>
</tr>
<tr>
<td>6. Psychosocial Adaptation</td>
<td>5-11%</td>
</tr>
<tr>
<td>D. — Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>7. Basic Care and Comfort</td>
<td>7-45 6-12%</td>
</tr>
<tr>
<td>8. Pharmacological and Parenteral Therapies</td>
<td>8-44 13-19%</td>
</tr>
<tr>
<td>9. Reduction of Risk Potential</td>
<td>42-1813-19%</td>
</tr>
<tr>
<td>10. Physiological Adaptation</td>
<td>12-1811-17%</td>
</tr>
</tbody>
</table>
The following processes are integrated into all Client Needs categories 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.
Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

A Safe, 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.

1. Management of Care - providing integrated, cost-effective care to clients by coordinating, supervising and/or collaborating with members of the multidisciplinary health care team 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 Team
- Concepts of Management
- Confidentiality
- Consultation with Members of the Health Care Team
- Continuity of Care
- Continuous Quality Improvement
- Delegation
- Establishing Priorities
- Ethical Practice
- Incident/Injuries
- Occurrence/Variance Reports
- Informed Consent
- Legal Rights and Responsibilities
- Performance Improvement (Quality Assurance)
- Referrals
- Resource Management
- Staff Education
- Supervision

2. 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
- Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Medical and Surgical Asepsis
- Reporting of Incident/Event/Inregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard/Transmission-Based/(Universal) and Other Precautions
- Use of Restraints/Safety Devices

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National Council of State Boards of Nursing, Inc./2000
B. 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 and the prevention and/or early detection of health problems and strategies to achieve optimal health.

3. Growth and Development Through the Life Span - assisting the client and significant others through the normal expected stages of growth and development from conception through advanced old age.

Related content includes but is not limited to:

- Aging Process
- Ante/Intra/Postpartum and Newborn
- 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

4. Prevention and Early Detection of Disease - assisting clients to recognize alterations in health and to develop health practices that promote and support wellness.

Related content includes but is not limited to:

- Disease Prevention
- Health and Wellness
- Health Promotion Programs
- Health Screening
- Immunizations
- Lifestyle Choices
- Techniques of Physical Assessment

C. 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.

5. Coping and Adaptation - promoting the client's and/or significant others ability to cope, adapt and/or problem solve situations related to illnesses, disabilities or stressful events.

Related content includes but is not limited to:

- Abuse/Neglect
- Behavioral Interventions
- Chemical Dependency
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life
- 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 Interactions/Communications
- Therapeutic Environment
- Unexpected Body Image Changes

National Council of State Boards of Nursing, Inc. 2000
6. Psychosocial Adaptation – managing and providing care for clients with acute or chronic mental illnesses, as well as maladaptive behaviors.

   Related content includes but is not limited to:

   - Behavioral Interventions
   - Chemical Dependence
   - Child Abuse/Neglect
   - Crisis Intervention
   - Domestic Violence
   - Elder Abuse/Neglect
   - Psychopathology
   - Sexual Abuse
   - Therapeutic Milieu

D. Physiological Integrity

   The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing the client’s health alterations.

7. Basic Care and Comfort - providing comfort and assistance in the performance of activities of daily living.

   Related content includes but is not limited to:

   - Alternative and Complementary Therapies
   - Assistive Devices
   - Elimination
   - Mobility/Immobility
   - Non-pharmacological Comfort Interventions
   - Nutrition and Oral Hydration
   - Palliative/Comfort Care
   - Personal Hygiene
   - Rest and Sleep

8. Pharmacological and Parenteral Therapies - managing and 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
   - Chemotherapy
   - Dosage Calculation
   - Intravenous Therapy
   - Medication Administration
   - Parenteral Fluids
   - Pharmacological Agents/Actions
   - Pharmacological Agents
   - Pharmacological Interactions
   - Pharmacological Pain Management
   - Side Effects
   - Total Parenteral Nutrition

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National Council of State Boards of Nursing, Inc. 2000
9. 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
- Pathophysiology/ Monitoring
- Conscious Sedation
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/
  Treatments/ Procedures/ Success and Health Alterations

10. 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
- Respiratory Care
- 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 test items that use item response theory and measurement theory. Following items go through an extensive review process before they can be used as items on the exam. Each examination question (item) is pre-tested. Those questions that have met pre-established criteria may be used in the examination. Items on a candidate's exam 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. All of the item formats, including standard multiple-choice items, may include charts, tables or graphic images.

With CAT, each candidate's exam is unique because it is assembled interactively as the exam proceeds. Randomization is selected items to administer that match the candidate's ability level. The test questions, items, which are stored in a large item pool, have been classified by test plan area and level of difficulty. As the candidate answers each item, the computer calculates an ability estimate based on all of the previous answers. The candidate selected. A question is determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. The process is repeated for each item answered, creating an examination tailored to the candidate's individual 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 questions. The maximum number of items is 265 during the exam's maximum testing period. Exam instructions, instructions (the maximum five-hour time limit to complete the exam), sample items, questions, and test breaks are included in the measurement of the time allowed for a candidate to complete the exam.

Bibliography


Attachment B

 Proposed 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 exam 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 exam, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by state 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 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, Smith & Crawford, 2003). More than 4,000 newly licensed registered nurses are asked about the frequency and priority of performing more than 130 nursing care activities. Then activity statements 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 exam. It serves as a guide for exam development as well as candidate preparation. Each NCLEX-RN® candidate exam is based on the test plan. Each exam assesses the knowledge, skills and abilities that are essential for the nurse 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 exam, cognitive levels that will be tested in the exam and specific parts 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
nursing practice. The goal of nursing for client care in any setting is preventing illness; alleviating suffering; and protecting, promoting and restoring health.

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 exam 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® exam because it provides a universal structure for defining nursing actions and competencies across all settings for all clients.

Client Needs

Four major categories of Client Needs organize the content of the NCLEX-RN® Test Plan. Two of the four categories are further divided into a total of six subcategories. The Client Needs categories and subcategories that define the content of the NCLEX-RN® Test Plan are:

Safe 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:

- 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 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 or electronic records that reflect quality 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<sup>®</sup> Test Plan is based on the results of the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN<sup>®</sup> Examination to Practice (Smith & Crawford, 2003), and expert judgment provided by members of the NCSBN Examination Committee.

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</tr>
</thead>
<tbody>
<tr>
<td>Safe Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>- Management of Care</td>
<td>13-19%</td>
</tr>
<tr>
<td>- Safety and Infection Control</td>
<td>8-14%</td>
</tr>
<tr>
<td>Health Promotion And Maintenance</td>
<td>6-12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>6-12%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>- Basic Care and Comfort</td>
<td>6-12%</td>
</tr>
<tr>
<td>- Pharmacological and Parenteral Therapies</td>
<td>13-19%</td>
</tr>
<tr>
<td>- Reduction of Risk Potential</td>
<td>13-19%</td>
</tr>
<tr>
<td>- Physiological Adaptation</td>
<td>11-17%</td>
</tr>
</tbody>
</table>
The following processes are integrated into all Client Needs categories 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.

**Overview of Content**

All content categories reflect client needs across the life span in a variety of settings.

**Safe 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 Team
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality Assurance)
<table>
<thead>
<tr>
<th>Concepts of Management</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality</td>
<td>Resource Management</td>
</tr>
<tr>
<td>Consultation</td>
<td>Staff Education</td>
</tr>
<tr>
<td>Continuity of Care</td>
<td>Supervision</td>
</tr>
<tr>
<td>Delegation</td>
<td></td>
</tr>
</tbody>
</table>

**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
- 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
- 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 Dependency
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life
- 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:
  - Alternative and Complementary Therapies
  - Assistive Devices
  - 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
  - Intravenous Therapy
  - Medication Administration
  - Parenteral Fluids
  - Pharmacological Agents/Actions
  - Pharmacological Interactions
  - Pharmacological Pain Management
  - Total Parenteral Nutrition
  - Expected Effects/Outcomes

- **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® exam is administered to the candidate by Computerized Adaptive Testing (CAT). CAT is a method of delivering exams that uses computer technology and measurement...
theory. Items go through an extensive review process before they can be used as items on the exam. Items on a candidate's exam 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 exam is unique because it is assembled interactively as the exam 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 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. This process is repeated for each item, creating an exam tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN® Test Plan requirements. The exam 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 exam period is 265. Exam instructions (tutorial interface), sample items and all rest breaks are included in the measurement of the time allowed for a candidate to complete the exam.

More information about the NCLEX® exam, including CAT methodology, is listed on the NCSBN Web site: www.ncsbn.org.

**Bibliography**


Annual Report of Pearson VUE for the NCLEX®

This report represents Pearson VUE’s first six months of providing test delivery service for the NCLEX® examination program to the National Council of State Boards of Nursing (NCSBN). This report summarizes the activities of the past year.

Pearson Professional Testing Organizational Change

As is usual in the dynamic environment of computer-based testing, there were organizational changes at Pearson VUE this year. To increase organizational accountability and cohesiveness, Bob Whelan was promoted to general manager of Pearson VUE (both the Information Technology Certification business and the Professional Licensure business). To take advantage of his diverse background, Neil Crocker was promoted to vice president, Business Development for Pearson Global Assessment and Testing. Kim Clausen, associate NCLEX program manager, was added to the Pearson VUE NCLEX team to provide additional service to candidates and Member Boards. These changes will enhance Pearson VUE’s capabilities to service its client base and expand its global market reach.

Test Development

Pearson VUE has filled all Test Development positions to support the NCLEX examination program’s psychometric and test development needs. Staff members are in place to manage the item and candidate database, to perform psychometric and statistical analyses of the data and conduct program-related research, and to develop, edit and review new test items – all with the goal of maintaining the integrity of the NCLEX examination program and delivering examinations of the highest possible quality to nursing candidates. Pearson VUE has worked with NCSBN staff and committees to support the creation of alternate item types for the NCLEX examination program in fulfillment of contract specifications. The test development activities have been successful in exceeding item production goals to date, and are meeting or exceeding all contract specifications.

NCLEX Examination Operations

Pearson VUE completed the transition of the NCLEX examination program on October 1, 2002, on schedule. A total of 201 Pearson Professional Centers (PPCs) were built and fully staffed to support the launch of the NCLEX program. Since August 2002, NCLEX candidates have been successfully registering and scheduling their examinations; and since October 1, they have been completing their examinations at PPCs. All NCLEX candidates have been able to schedule appointments within 30 days (or 45 days for repeat testers) as specified in the NCLEX Test Services contract.

Pearson Professional Testing visits to National Council

- October 28-30, 2002 (Examination Committee Business Meeting)
- January 22-24, 2003 (Examination Committee Business Meeting)
- February 25, 2003 (Examination Committee Conference Call)
- March 17, 2003 (Joint Research Committee)
- March 17-21, 2003 (Item Review Subcommittee Meeting)
- April 7-9, 2003 (Examination Committee Business Meeting)
Summary of NCLEX Examination Results for the 2002 Testing Year

- Tables 2, 4, 6 and 8 provide a technical summary of the NCLEX examination results from January through December 2002. In addition, summaries for the January through December 2001 testing interval are provided. Tables 1, 2, 3 and 4 present results for the NCLEX-RN® examination, and Tables 5, 6, 7 and 8 present results for the NCLEX-PN® examination. Summary statistics for the total group of candidates and the reference group of candidates (that is, first-time U.S.-educated candidates) for 2002 are presented in Table 2 for the NCLEX-RN examination and in Table 6 for the NCLEX-PN examination. Tables 4 and 8 summarize operational and pretest item statistics for the 2002 calendar year while tables 3 and 7 for the 2001 calendar year. It should be noted that the data provided here are intended only to serve as a general summary. It is important to note that data presented here for year 2002 does not include results from Pearson Beta testing. Also, data from January through June 2002 is from Chauncey, while data from October through December 2002 is from Pearson. Chauncey did not provide a Technical Report for the July-September 2002 quarter. Data for that quarter, where supplied, was compiled at NCSBN.

The following bullet points are candidate highlights of the 2002 testing year for the NCLEX-RN examination:

- Overall, 113,465 NCLEX-RN examination candidates tested during 2002, as compared to 108,471 during the 2001 testing year. This represents an increase of 4.6 percent.
- The candidate population reflected 70,974 first-time, U.S.-educated candidates who tested, as compared to 68,760 for the 2001 testing year, representing an increase of 3.2 percent.
- The 2002 average passing rate for the total group and the reference group were slightly higher than in 2001. The overall passing rate was 70.9 percent in 2002 compared to 69.4 percent in 2001. The passing rate for the reference group in 2002 was 86.5 percent, as compared to 85.5 percent in 2001.
- Of the total group 49.4 percent and 53.4 percent of the reference group ended the tests after a minimum of 75 items were administered. This is slightly higher than the 2001 testing year in which 48.9 percent of the total group and 53.3 percent of the reference group took minimum length exams.
- The percentage of maximum length test-takers was 12.7 percent for the total group and 11.4 percent for the reference group. This is not significantly different than last year's percentages (12.6 percent for the total group and 11.3 percent for the reference group).
- The average time needed to take the NCLEX-RN examination during the 2002 testing period was 2.33 hours (or two hours, 20 minutes) for the overall group, and 2.08 hours (or two hours, 5 minutes) for the reference group.
- A total of 41.1 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 3.7 percent of the candidates chose to take the optional break.
- Overall, 4.9 percent of the total group, and 3.0 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were slightly lower than the overall cumulative percentages for candidates during the 2001 testing year.
- In general, the NCLEX-RN examination summary statistics for the 2002 testing period indicated patterns that were similar to those observed for the 2001 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 2002 testing year for the NCLEX-PN examination:

- Overall, 49,554 PN candidates tested during 2002, as compared to 45,804 during the 2001 testing year. This represents an increase of 8.1 percent.
- The candidate population reflected 37,367 first-time, U.S.-educated candidates who tested in 2002, as compared to 33,257 for the 2001 testing year, representing an increase of 12.4 percent.
The overall passing rate was 76.2 percent in 2002 compared to 75.5 percent in 2001, and the reference group passing rate was 86.3 percent in 2002, the same as 2001.

There were 52.8 percent of the total group and 57.5 percent of the reference group who ended their tests after a minimum of 85 items were administered. This is slightly lower than the 2001 testing year in which 53.5 percent of the total group and 58.3 percent of the reference group took minimum length exams.

The percentage of maximum length test takers was 18.1 percent for the total group and 15.3 percent for the reference group. This is slightly higher than last year’s percentages (16.8 percent for the total group and 14.2 percent for the reference group).

The average time needed to take the NCLEX-PN examination during the 2002 testing period was 2.28 hours (or two hours, 17 minutes) for the overall group, and 2.07 hours (or two hours, 4 minutes) for the reference group.

Overall, 2.6 percent of the total group and 1.5 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were not significantly different than those of the 2001 testing year.

In general, the NCLEX-PN examination summary statistics for the 2002 testing period indicated patterns that were similar to those observed for the 2001 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 the 2001 Testing Year

<table>
<thead>
<tr>
<th>RN</th>
<th>Jan 01 - Mar 01</th>
<th>Apr 01 - Jun 01</th>
<th>Jul 01 - Sep 01</th>
<th>Oct 01 - Dec 01</th>
<th>Cumulative 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
</tr>
<tr>
<td>Number Testing</td>
<td>23,001</td>
<td>13,608</td>
<td>23,582</td>
<td>14,144</td>
<td>16,658</td>
</tr>
<tr>
<td>Percent Passing</td>
<td>66.0</td>
<td>84.8</td>
<td>69.0</td>
<td>88.1</td>
<td>69.4</td>
</tr>
<tr>
<td>Ave. # Items Taken</td>
<td>125.3</td>
<td>118.0</td>
<td>119.7</td>
<td>111.4</td>
<td>129.8</td>
</tr>
<tr>
<td>% Taking Min # Items</td>
<td>47.4</td>
<td>52.4</td>
<td>51.0</td>
<td>57.5</td>
<td>42.2</td>
</tr>
<tr>
<td>% Taking Max # Items</td>
<td>13.7</td>
<td>11.9</td>
<td>11.5</td>
<td>9.8</td>
<td>14.1</td>
</tr>
<tr>
<td>Ave. Test Time (Hrs)</td>
<td>2.40</td>
<td>2.14</td>
<td>2.44</td>
<td>2.11</td>
<td>2.69</td>
</tr>
<tr>
<td>% Taking Mand. Break</td>
<td>42.0</td>
<td>33.1</td>
<td>40.1</td>
<td>29.1</td>
<td>50.0</td>
</tr>
<tr>
<td>% Taking Opt. Break</td>
<td>4.5</td>
<td>2.5</td>
<td>3.6</td>
<td>2.0</td>
<td>5.0</td>
</tr>
<tr>
<td>% Timing Out</td>
<td>5.1</td>
<td>3.0</td>
<td>5.4</td>
<td>2.7</td>
<td>7.4</td>
</tr>
</tbody>
</table>
### Table 2. Longitudinal Technical Summary for the NCLEX-RN* Examination

#### Group Statistics for the 2002 Testing Year

**NOTE: Data from Pearson Beta Tests in 2002 is not included**

<table>
<thead>
<tr>
<th>RN</th>
<th>Jan 02 - Mar 02</th>
<th>Apr 02 - Jun 02</th>
<th>Jul 02 - Sep 02</th>
<th>Oct 02 - Dec 02</th>
<th>Cumulative 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
</tr>
<tr>
<td>Number Testing</td>
<td>22,646</td>
<td>13,161</td>
<td>23,331</td>
<td>12,995</td>
<td>52,594</td>
</tr>
<tr>
<td>Percent Passing</td>
<td>68.3</td>
<td>86.7</td>
<td>69.0</td>
<td>88.7</td>
<td>76.4</td>
</tr>
<tr>
<td>Ave. # Items Taken</td>
<td>121.6</td>
<td>115.4</td>
<td>120.2</td>
<td>112.4</td>
<td>118.1</td>
</tr>
<tr>
<td>% Taking Min # Items</td>
<td>49.5</td>
<td>54.1</td>
<td>50.5</td>
<td>56.7</td>
<td>51.9</td>
</tr>
<tr>
<td>% Taking Max # Items</td>
<td>12.3</td>
<td>10.9</td>
<td>11.6</td>
<td>10.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Ave. Test Time (Hrs)</td>
<td>2.46</td>
<td>2.21</td>
<td>2.43</td>
<td>2.11</td>
<td>2.15</td>
</tr>
<tr>
<td>% Taking Mand. Break</td>
<td>46.1</td>
<td>32.9</td>
<td>41.2</td>
<td>29.9</td>
<td>37.5</td>
</tr>
<tr>
<td>% Taking Opt. Break</td>
<td>3.4</td>
<td>1.9</td>
<td>3.7</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>% Taking Break</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>% Timing Out</td>
<td>5.4</td>
<td>3.4</td>
<td>5.9</td>
<td>2.8</td>
<td>4.1</td>
</tr>
</tbody>
</table>

### Table 3. Longitudinal Technical Summary for the NCLEX-RN® Examination

#### Group Statistics for the 2001 Testing Year

<table>
<thead>
<tr>
<th>Operational Item Statistics</th>
<th>Jan 01 - Mar 01</th>
<th>Apr 01 - Jun 01</th>
<th>Jul 01 - Sep 01</th>
<th>Oct 01 - Dec 01</th>
<th>Cumulative 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Point Biserial</td>
<td>0.21</td>
<td>0.21</td>
<td>0.21</td>
<td>0.21</td>
<td>0.20</td>
</tr>
<tr>
<td>Z-Statistic</td>
<td>0.30</td>
<td>0.26</td>
<td>0.21</td>
<td>0.41</td>
<td>0.14</td>
</tr>
<tr>
<td>Ave Item Time (Secs)</td>
<td>66.1</td>
<td>66.6</td>
<td>15.6</td>
<td>66.4</td>
<td>15.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tryout Item Statistics</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Items</td>
<td>317</td>
<td>513</td>
<td>650</td>
<td>116</td>
<td>1596</td>
</tr>
<tr>
<td>Ave. Sample Size</td>
<td>602</td>
<td>609</td>
<td>556</td>
<td>545</td>
<td>581</td>
</tr>
<tr>
<td>Mean Point-Biserial</td>
<td>0.10</td>
<td>0.09</td>
<td>0.08</td>
<td>0.10</td>
<td>0.09</td>
</tr>
<tr>
<td>Mean P+</td>
<td>0.58</td>
<td>0.60</td>
<td>0.57</td>
<td>0.64</td>
<td>0.59</td>
</tr>
<tr>
<td>Mean B-Value</td>
<td>-0.36</td>
<td>-0.47</td>
<td>-0.43</td>
<td>-0.77</td>
<td>-0.45</td>
</tr>
<tr>
<td>Total Number Flagged</td>
<td>98</td>
<td>191</td>
<td>275</td>
<td>29</td>
<td>593</td>
</tr>
<tr>
<td>Pct. Items Flagged</td>
<td>30.9%</td>
<td>37.2%</td>
<td>42.3%</td>
<td>25.0%</td>
<td>37.2%</td>
</tr>
</tbody>
</table>
Table 4. Longitudinal Technical Summary for the NCLEX-RN® Examination
Group Statistics for the 2002 Testing Year
**NOTE: Data from Pearson Beta Tests in 2002 is not included**

<table>
<thead>
<tr>
<th>Operational Item Statistics</th>
<th>Jan 02 - Mar 02</th>
<th>Apr 02 - Jun 02</th>
<th>Jul 02 - Sep 02</th>
<th>Oct 02 - Dec 02</th>
<th>Cumulative 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
</tr>
<tr>
<td>Point Biserial</td>
<td>0.21</td>
<td>0.09</td>
<td>0.21</td>
<td>0.09</td>
<td>N/A</td>
</tr>
<tr>
<td>Z-Statistic</td>
<td>0.28</td>
<td>2.12</td>
<td>0.26</td>
<td>2.13</td>
<td>N/A</td>
</tr>
<tr>
<td>Ave Item Time (Secs)</td>
<td>67.4</td>
<td>17.9</td>
<td>67.4</td>
<td>17.6</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tryout Item Statistics</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Items</td>
<td>299</td>
<td>340</td>
<td>N/A</td>
<td>121</td>
<td>N/A</td>
</tr>
<tr>
<td>Ave. Sample Size</td>
<td>613</td>
<td>5594</td>
<td>N/A</td>
<td>584</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Point-Biserial</td>
<td>0.09</td>
<td>0.10</td>
<td>N/A</td>
<td>0.09</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean P+</td>
<td>.55</td>
<td>0.55</td>
<td>N/A</td>
<td>0.62</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean B-Value</td>
<td>-0.23</td>
<td>-0.16</td>
<td>N/A</td>
<td>-0.71</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Number Flagged</td>
<td>111</td>
<td>110</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
</tr>
<tr>
<td>Pct. Items Flagged</td>
<td>37.1%</td>
<td>32.4%</td>
<td>N/A</td>
<td>33.1%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 5. Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 2001 Testing Year

<table>
<thead>
<tr>
<th>PN</th>
<th>Jan 01 - Mar 01</th>
<th>Apr 01 - Jun 01</th>
<th>Jul 01 - Sep 01</th>
<th>Oct 01 - Dec 01</th>
<th>Cumulative 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>1st Time</td>
<td>Overall</td>
<td>1st Time</td>
<td>Overall</td>
</tr>
<tr>
<td>Number Testing</td>
<td>9,944</td>
<td>6,803</td>
<td>8,794</td>
<td>5,629</td>
<td>15,758</td>
</tr>
<tr>
<td>Percent Passing</td>
<td>73.4</td>
<td>85.4</td>
<td>71.4</td>
<td>84.8</td>
<td>80.1</td>
</tr>
<tr>
<td>Ave. # Items Taken</td>
<td>118.1</td>
<td>112.1</td>
<td>118.9</td>
<td>113.1</td>
<td>112.8</td>
</tr>
<tr>
<td>% Taking Min # Items</td>
<td>53.1</td>
<td>59.0</td>
<td>51.4</td>
<td>57.3</td>
<td>57.5</td>
</tr>
<tr>
<td>% Taking Max # Items</td>
<td>18.2</td>
<td>14.7</td>
<td>17.6</td>
<td>14.4</td>
<td>14.4</td>
</tr>
<tr>
<td>Ave. Test Time (Hrs)</td>
<td>2.28</td>
<td>2.06</td>
<td>2.50</td>
<td>2.22</td>
<td>2.30</td>
</tr>
<tr>
<td>% Taking Mand. Break</td>
<td>41.8</td>
<td>33.0</td>
<td>46.9</td>
<td>36.3</td>
<td>38.8</td>
</tr>
<tr>
<td>% Taking Opt. Break</td>
<td>3.0</td>
<td>1.5</td>
<td>2.8</td>
<td>1.5</td>
<td>1.8</td>
</tr>
<tr>
<td>% Timing Out</td>
<td>2.2</td>
<td>1.2</td>
<td>3.1</td>
<td>1.7</td>
<td>2.3</td>
</tr>
</tbody>
</table>
Table 8. Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 2002 Testing Year

**NOTE: Data from Pearson Beta Tests in 2002 is not included**

<table>
<thead>
<tr>
<th>PN</th>
<th>Jan 02 - Mar 02</th>
<th>Apr 02 - Jun 02</th>
<th>Jul 02 - Sep 02</th>
<th>Oct 02 - Dec 02</th>
<th>Cumulative 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
<td>1st Time U.S. ED</td>
<td>Overall</td>
</tr>
<tr>
<td>Number Testing</td>
<td>9,869</td>
<td>6,669</td>
<td>9,283</td>
<td>6,100</td>
<td>18,832</td>
</tr>
<tr>
<td>Percent Passing</td>
<td>72.4</td>
<td>84.0</td>
<td>71.6</td>
<td>84.7</td>
<td>79.8</td>
</tr>
<tr>
<td>Ave. # Items Taken</td>
<td>119.6</td>
<td>114.5</td>
<td>121.8</td>
<td>115.6</td>
<td>115.5</td>
</tr>
<tr>
<td>% Taking Min # Items</td>
<td>50.6</td>
<td>55.6</td>
<td>49.2</td>
<td>55.2</td>
<td>55.7</td>
</tr>
<tr>
<td>% Taking Max # Items</td>
<td>18.1</td>
<td>15.1</td>
<td>20.1</td>
<td>16.3</td>
<td>16.3</td>
</tr>
<tr>
<td>Ave. Test Time (Hrs)</td>
<td>2.46</td>
<td>2.24</td>
<td>2.50</td>
<td>2.25</td>
<td>2.13</td>
</tr>
<tr>
<td>% Taking Mand. Break</td>
<td>46.3</td>
<td>37.7</td>
<td>47.5</td>
<td>38.1</td>
<td>40.9</td>
</tr>
<tr>
<td>% Taking Opt. Break</td>
<td>2.6</td>
<td>1.5</td>
<td>2.9</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>% Taking Break</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>% Timing Out</td>
<td>3.2</td>
<td>2.0</td>
<td>3.4</td>
<td>2.1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Table 7. Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 2001 Testing Year

**Operational Item Statistics**

<table>
<thead>
<tr>
<th>PN</th>
<th>Jan 01 - Mar 01</th>
<th>Apr 01 - Jun 01</th>
<th>Jul 01 - Sep 01</th>
<th>Oct 01 - Dec 01</th>
<th>Cumulative 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
</tr>
<tr>
<td>Point Biserial</td>
<td>0.22</td>
<td>0.09</td>
<td>0.21</td>
<td>0.09</td>
<td>0.22</td>
</tr>
<tr>
<td>Z-Statistic</td>
<td>0.09</td>
<td>2.10</td>
<td>0.06</td>
<td>2.07</td>
<td>0.14</td>
</tr>
<tr>
<td>Ave Item Time (Secs)</td>
<td>65.8</td>
<td>17.1</td>
<td>68.0</td>
<td>17.0</td>
<td>64.9</td>
</tr>
</tbody>
</table>

**Tryout Item Statistics**

<table>
<thead>
<tr>
<th></th>
<th># of Items</th>
<th>Ave. Sample Size</th>
<th>Mean Point Biserial</th>
<th>Mean P+</th>
<th>Mean B-Value</th>
<th>Total Number Flagged</th>
<th>Pct. Items Flagged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>266</td>
<td>619</td>
<td>0.12</td>
<td>0.60</td>
<td>-0.52</td>
<td>70</td>
<td>26.3%</td>
</tr>
<tr>
<td></td>
<td>249</td>
<td>524</td>
<td>0.14</td>
<td>0.60</td>
<td>-0.50</td>
<td>50</td>
<td>20.1%</td>
</tr>
<tr>
<td></td>
<td>448</td>
<td>619</td>
<td>0.11</td>
<td>0.56</td>
<td>-0.25</td>
<td>129</td>
<td>28.8%</td>
</tr>
<tr>
<td></td>
<td>279</td>
<td>643</td>
<td>0.11</td>
<td>0.57</td>
<td>-0.45</td>
<td>97</td>
<td>34.8%</td>
</tr>
<tr>
<td></td>
<td>1242</td>
<td>605</td>
<td>0.12</td>
<td>0.58</td>
<td>-0.40</td>
<td>346</td>
<td>27.9%</td>
</tr>
</tbody>
</table>
Table 8. Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 2002 Testing Year

**NOTE: Data from Pearson Beta Tests in 2002 is not included**

<table>
<thead>
<tr>
<th>Operational Item Statistics</th>
<th>Jan 02 - Mar 02</th>
<th>Apr 02 - Jun 02</th>
<th>Jul 02 - Sep 02</th>
<th>Oct 02 - Dec 02</th>
<th>Cumulative 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
</tr>
<tr>
<td>Point Biserial</td>
<td>0.21</td>
<td>0.09</td>
<td>0.21</td>
<td>0.08</td>
<td>N/A</td>
</tr>
<tr>
<td>Z-Statistic</td>
<td>0.05</td>
<td>2.17</td>
<td>0.02</td>
<td>2.14</td>
<td>N/A</td>
</tr>
<tr>
<td>Ave Item Time (Secs)</td>
<td>66.2</td>
<td>16.5</td>
<td>67.4</td>
<td>17.8</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tryout Item Statistics</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Items</td>
<td>193</td>
<td>145</td>
<td>N/A</td>
<td>342</td>
<td>N/A</td>
</tr>
<tr>
<td>Ave. Sample Size</td>
<td>833</td>
<td>776</td>
<td>N/A</td>
<td>601</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Point Biserial</td>
<td>0.11</td>
<td>0.12</td>
<td>N/A</td>
<td>0.11</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean P+</td>
<td>0.58</td>
<td>0.56</td>
<td>N/A</td>
<td>0.65</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean B-Value</td>
<td>-0.44</td>
<td>-0.27</td>
<td>N/A</td>
<td>-0.91</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Number Flagged</td>
<td>56</td>
<td>71</td>
<td>N/A</td>
<td>98</td>
<td>N/A</td>
</tr>
<tr>
<td>Pct. Items Flagged</td>
<td>29.0%</td>
<td>28.3%</td>
<td>N/A</td>
<td>28.7%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Report of the National Nurse Aide Assessment Program

Recommendations to the Delegate Assembly

None. This report is for information only.

Highlights of FY03 Activities

Jointly owned and operated by NCSBN and Promissor (formerly known as CAT*ASI), the National Nurse Aide Assessment Program (NNAAP™) is a nationally administered certifying examination program based on the activities performed by nurse aides in long-term, acute and home health care settings.

The NNAAP is offered in two parts: a written portion and a skills (performance) portion. The written examination is available in English, English with audiotape, and Spanish with audiotape. The skills portion is conducted only in English. In 2002, 26 states used the written portion and 22 states used the skills portion of the NNAAP examination to certify the competency of Nurse Aides. For testing year 2002, 98,189 candidates took the written portion of the NNAAP examination with a pass rate of 92.27% and 77,819 candidates took the skills portion of the NNAAP examination with a pass rate of 79.65%.

During FY03 NCSBN Testing Services staff provided psychometric and content oversight for NNAAP Examination item and form construction. From a review of the examination development process, major work product outcomes included: a review of the master item pool, review of examination forms, review of the NNAAP Technical Report, development of the 2004 NNAAP item production schedule and a long-term (beyond 2004) NNAAP examination production schedule. Additionally, results from the Report of Findings from the 2002 Job Analysis of Nurse Aides Employed in Nursing Homes, Home Health Agencies and Hospitals (Smith, 2003) was reviewed by NCSBN content and psychometric staff and evaluated for the basis of the future NNAAP test plan.

Additional information detailing NNAAP operations is presented in the Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP).

Future Activities

- Continue to monitor all Test Development and Psychometric aspects of the NNAAP Examination program.

Staff

Casey Marks, PhD, Director of Testing Services
Lenore Harris MSN, RN, AOCN, CNS, NCLEX® Content Associate
Thomas O’Neill, PhD
Psychometrician
Anne Wendt, PhD, RN, CAE
NCLEX® Content Manager

Relationship to Strategic Plan

Strategic Initiative 1
Nursing Competence
NCSBN will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcome D
Nurse aide competence is assessed.

Meeting Dates

February 11, 2003
February 19, 2003
April 3, 2003
April 25-27, 2003

Attachments

A. Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP).
Attachment A

Annual Report of Promissor for the National Nurse Aide Assessment Program (NNAAP™)

Company Overview

After the 2001 acquisition of Assessment Systems, Inc. (ASI) by Computer Adaptive Technologies, Inc. (CAT), a Houghton Mifflin Company, 2002 was a year focused on integrating the assets of the two companies. ASI historically provided computer-based testing services to a majority of its clients via a proprietary delivery platform available in ASI’s nationwide test center network. In 2002 a major effort was initiated to transition the ASI client-base to CAT’s more advanced CBT test delivery platform, which is capable of delivering CBT examinations through multiple test center networks. The conversion is scheduled for completion in 2003.

To ensure continued market place recognition during the early phases of the integration process, the company operated under the name of CAT*ASI. In August 2002, the Company adopted the name “Promissor,” which in Latin means “guarantor of standards of knowledge.” The company’s new tag line “knowledge beyond doubt” is intended to emphasize its commitment to the highest quality assessments and to fair and uniform standards of administration.

Promissor’s suite of products offers a powerful, scalable, and flexible solution that facilitates content creation, management, deployment and delivery, and data and reporting. Clients can choose from options that include rich graphics and question types, and the full complement of testing modes. Promissor clients meet their goals with the ultimate array of tools, technology, and services for content management and deployment. Promissor’s nationwide network of test centers accommodates paper-and-pencil testing as well as online and off-line computer-based testing for high-stakes examinations. Highly trained proctors and well-defined procedures at Promissor centers administer tests that meet clients’ needs for a wide variety of testing practices. These include systems for Internet or telephone test reservations, special testing sessions, registration procedures requiring multiple forms of identification, and on-site, photo-bearing score reports or credentials.

About Houghton Mifflin

Boston-based Houghton Mifflin Company is one of the leading educational publishers in the United States, with more than $1.2 billion in annual sales. Houghton Mifflin publishes textbooks, instructional technology, assessments and other educational materials for elementary and secondary schools and colleges. The company also publishes an extensive line of reference works and award-winning fiction and nonfiction for adults and young readers. Additionally, Houghton Mifflin offers computer-administered testing programs and services for the professional and certification markets. With its origins dating back to 1832, Houghton Mifflin today combines its tradition of excellence with a commitment to innovation.

In December 2002, Vivendi Universal sold Houghton Mifflin to a consortium of private investment firms: Bain Capital, The Blackstone Group, and Thomas H. Lee Partners. As a privately held company, Houghton Mifflin is well positioned to pursue a long-term business strategy that truly meets the interests of its customers and investors.
Promissor Nurse Aide Testing and Registry Services

Since 1986, Promissor has been a leading provider of nurse aide testing and registry services. In 2002, Promissor administered the National Nurse Aide Assessment Program (NNAAP™) in 26 states and provided nurse aide registry services in eight states. Promissor’s nurse aide testing services include: registration, eligibility screening, scheduling, test administration (test site and Registered Nurse Evaluator management), scoring, and reporting. The registry services Promissor offers include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet and through an Interactive Voice Response (IVR) system, accessible via a toll-free telephone number.

Program Highlights

Skills Review Meeting
In April 2002, representatives from Promissor’s Test Development staff facilitated a three-day meeting, which included 10 Registered Nurse Subject Matter Experts (SMEs). The purpose of this meeting was to identify appropriate changes to the skills portion of the NNAAP to reflect current nurse aide practice. New skill scenarios were created to incorporate the recommended changes. The new scenarios will be pilot-tested and the results will be presented to a panel of SMEs for their review and final approval.

New Contract Awarded
In August 2002, Promissor was awarded a five-year contract to provide Nurse Aide Testing and Registry services to the Wisconsin Department of Health and Family Services (DHFS). The outsourcing of these services enabled DHFS to establish a uniform, consistent standard of administration for nurse aide competency testing across the state while at the same time close a budget deficit for the delivery of these services. The contracted services were implemented beginning November 2002 and will result in the testing of more than 8,000 nurse aides annually and the registration renewal of more than 14,000 nurse aides each year.

Paper/Pencil Initiative
During 2002, an initiative was undertaken to reduce the turnaround time for candidate score reports and client reports in the nurse aide paper/pencil testing market. Utilizing fax-technology, a new service delivery model was developed which will allow nurse aide candidates to receive official same-day score reports and for score results to be available to client states within 24-to-48 hours of testing. In states where Promissor provides registry services, newly qualified nurse aides will be placed on the nurse aide registry within the same 24-48 hour time frame, allowing registry verifications to occur more rapidly than has previously been possible. Wisconsin was the first client state implemented using the new delivery model and the results have been in line with expectations. In 2003, Promissor will move forward with plans to convert its nurse aide client states to the new service delivery model.
<table>
<thead>
<tr>
<th>State</th>
<th>Skills % Pass</th>
<th>Skills Number</th>
<th>Written % Pass</th>
<th>Written Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alabama</td>
<td>74.61%</td>
<td>2,123</td>
<td>97.75%</td>
<td>1,825</td>
</tr>
<tr>
<td>2. Alaska</td>
<td>90.10%</td>
<td>586</td>
<td>96.43%</td>
<td>560</td>
</tr>
<tr>
<td>3. California</td>
<td>91.83%</td>
<td>9,254</td>
<td>90.59%</td>
<td>9,371</td>
</tr>
<tr>
<td>4. Colorado</td>
<td>62.17%</td>
<td>5,956</td>
<td>96.34%</td>
<td>4,449</td>
</tr>
<tr>
<td>5. Connecticut</td>
<td>88.16%</td>
<td>3,665</td>
<td>95.25%</td>
<td>2,516</td>
</tr>
<tr>
<td>6. Delaware</td>
<td>72.58%</td>
<td>507</td>
<td>97.31%</td>
<td>409</td>
</tr>
<tr>
<td>7. District of Columbia</td>
<td>51.88%</td>
<td>877</td>
<td>94.51%</td>
<td>710</td>
</tr>
<tr>
<td>8. Idaho</td>
<td>N/A</td>
<td>N/A</td>
<td>99.32%</td>
<td>732</td>
</tr>
<tr>
<td>9. Louisiana</td>
<td>80.00%</td>
<td>835</td>
<td>93.83%</td>
<td>807</td>
</tr>
<tr>
<td>10. Maryland</td>
<td>57.98%</td>
<td>4,898</td>
<td>94.77%</td>
<td>3,844</td>
</tr>
<tr>
<td>11. Minnesota</td>
<td>86.45%</td>
<td>6,729</td>
<td>88.96%</td>
<td>6,574</td>
</tr>
<tr>
<td>12. Mississippi</td>
<td>73.76%</td>
<td>3,719</td>
<td>97.23%</td>
<td>3,176</td>
</tr>
<tr>
<td>13. Nevada</td>
<td>74.85%</td>
<td>1,161</td>
<td>82.59%</td>
<td>1,080</td>
</tr>
<tr>
<td>14. New Hampshire</td>
<td>94.62%</td>
<td>93</td>
<td>98.89%</td>
<td>90</td>
</tr>
<tr>
<td>15. New Jersey</td>
<td>90.02%</td>
<td>5,480</td>
<td>62.62%</td>
<td>6,471</td>
</tr>
<tr>
<td>16. New Mexico</td>
<td>N/A</td>
<td>N/A</td>
<td>98.09%</td>
<td>2,142</td>
</tr>
<tr>
<td>17. North Dakota</td>
<td>92.09%</td>
<td>872</td>
<td>97.73%</td>
<td>836</td>
</tr>
<tr>
<td>18. Pennsylvania</td>
<td>79.17%</td>
<td>12,949</td>
<td>89.77%</td>
<td>11,794</td>
</tr>
<tr>
<td>19. Rhode Island</td>
<td>N/A</td>
<td>N/A</td>
<td>96.80%</td>
<td>1,593</td>
</tr>
<tr>
<td>20. South Carolina</td>
<td>80.09%</td>
<td>4,702</td>
<td>97.68%</td>
<td>4,302</td>
</tr>
<tr>
<td>21. Texas</td>
<td>N/A</td>
<td>N/A</td>
<td>96.76%</td>
<td>21,850</td>
</tr>
<tr>
<td>22. Virginia</td>
<td>73.26%</td>
<td>6,186</td>
<td>94.75%</td>
<td>5,314</td>
</tr>
<tr>
<td>23. Virgin Islands</td>
<td>87.50%</td>
<td>72</td>
<td>81.83%</td>
<td>83</td>
</tr>
<tr>
<td>24. Washington</td>
<td>87.35%</td>
<td>5,771</td>
<td>97.08%</td>
<td>5,376</td>
</tr>
<tr>
<td>25. Wisconsin</td>
<td>75.32%</td>
<td>231</td>
<td>96.00%</td>
<td>225</td>
</tr>
<tr>
<td>26. Wyoming</td>
<td>88.81%</td>
<td>1,153</td>
<td>99.53%</td>
<td>1,060</td>
</tr>
<tr>
<td>Totals</td>
<td>79.85%</td>
<td>77,819</td>
<td>92.27%</td>
<td>98,189</td>
</tr>
</tbody>
</table>
National Nurse Aide Assessment Program (NNAAP™)
Written/Oral Examination Content Outline
The NNAAP Written Examination is comprised of seventy (70) multiple-choice questions. Ten (10) of these questions are pretest (non-scored) questions on which statistical information will be collected.

The NNAAP Oral Examination is comprised of sixty (60) multiple-choice questions and ten (10) word recognition (or reading comprehension) questions. This content outline became effective on November 1, 2001.

I. Physical Care Skills
   A. Activities of Daily Living .............................................7% of exam (4 questions)
      1. Hygiene
      2. Dressing and Grooming
      3. Nutrition and Hydration
      4. Elimination
      5. Rest/Sleep/Comfort
   
   B. Basic Nursing Skills ...........................................37% of exam (22 questions)
      1. Infection Control
      2. Safety/Emergency
      3. Therapeutic/Technical Procedures
      4. Data Collection and Reporting

   C. Restorative Skills ..................................................5% of exam (3 questions)
      1. Prevention
      2. Self Care/Independence

II. Psychosocial Care Skills
   A. Emotional and Mental Health Needs .........................10% of exam (6 questions)
   B. Spiritual and Cultural Needs ................................. 3% of exam (2 questions)

III. Role of the Nurse Aide
   A. Communication .....................................................10% of exam (6 questions)
   B. Client Rights ......................................................15% of exam (9 questions)
   C. Legal and Ethical Behavior ..................................5% of exam (3 questions)
   D. Member of the Health Care Team ......................... 8% of exam (5 questions)
Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Advanced Practice Task Force

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. Using the criteria for certification programs and accrediting agencies, the task force developed a process to assure compliance of the criteria. In FY03, the APRN Task Force continued to work with the APRN certification programs to refine the application process of the new program.

Highlights of FY03 Activities

- Developed a comment paper and placed it on the Members Only side of the NCSBN Web site.
- Held the APRN Roundtable in Chicago on April 11, 2003.
- Met with the Division of Nursing regarding the proliferation of APRN subspecialties.
- Had two conference calls and met with APRN certification programs regarding the criteria for certification programs.
- Provided feedback to the Model Rules Subcommittee regarding APRN model administrative rules.
- Met with National Association of Clinical Nurse Specialists.
- Developed a list of definitions related to APRN.
- Conducted a conference call with nurse educators regarding feasibility of palliative care as a specialty for advanced practice.
- Conference call with VA-DOD Licensure Task Force regarding federal guideline for nurses working in the VA system. APRN Task Force agreed to continue to work with the VA-DOD Task Force.

Future Activities

- Continue working on the implementation of the criteria.
- Develop and implement a plan for Member Board education about APRN regulation.
- Continue the APRN Roundtable.
- Continue to facilitate communication between outside organizations and boards of nursing.

Members

Katherine Thomas, MN, RN, Chair
Texas-RN, Area III
Patty Brown, RN, BSN, MS
Kansas, Area II
Jane Garvin, RN, MS, CS
Maryland, Area IV
Kim Powell, RN, MS, ACNP-C
Minnesota, Area I
Janet Younger, PhD, RN, CPNP
Virginia, Area III
Georgia Manning-Lewis, MN, RN
Arkansas, Area III
Charlene Hanson, EdD, RN, CS, FNP
FAAN, Consultant
Board Liaison
Deborah Johnson, PhD, RN
North Dakota-Area II
Staff
Nancy Chornick, PhD, RN
Director of Credentialing

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome D
Approaches and Resources assist Member Boards in the regulation of advanced practice registered nurses.

Meeting Dates

December 12-13, 2002
April 9-11, 2003

Attachments

None.
Report of the APRN Compact Subcommittee

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the APRN Compact Subcommittee
The Nurse Licensure Compact (NLC), adopted by the NCSBN Delegate Assembly in December 1997, provided a mechanism for implementing the Mutual Recognition Model of Nursing for Registered Nurses and Licensed Practical Nurses. The NLC was adopted with the understanding that development of an APRN Compact would proceed at a later time and as a separate document. Last year, the APRN Compact Subcommittee was charged by the Board of Directors to develop the APRN compact model that was adopted by the 2002 Delegate Assembly. The charge to the subcommittee this year was to develop rules and other resources to facilitate states to enter the APRN Compact.

Highlights of FY03 Activities
- Drafted model rules for use by states entering the APRN Compact.
- Developed scenarios that address a variety of issues that may arise in relation to implementation of the APRN Compact.
- Continued to implement the strategic outline for implementation (developed in 2002).
- Developed other resources to support Member Boards.
- Prepared a detailed document comparing variations in regulatory requirements for APRN across states.
- Developed information for stakeholder education.
- Served as information source regarding the APRN Compact for external entities.
- Draft model enabling language.
- Survey Compact states regarding compliance with APRN uniform licensure requirements.

Future Activities
None.

Members
Laura Poe, RN, MS, Chair
Utah, Area I
Kimberly Boothby-Ballantyne, MS, CS, ANP, Maine, Area IV
James (Dusty) Johnston, JD
Texas-RN, Area III
Fred Knight, JD, Arkansas, Area III
Frank Maziarski, CRNS, BSN, MS
Washington, Area I
Katherine Thomas, MN, RN
Texas-RN, Area III

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

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome G
NCSBN supports, monitors and evaluates the implementation of the mutual recognition model.

Meeting Dates
May 7-8, 2003

Attachments
None.
Report of the Awards Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Awards Panel

In FY01 the Board of Directors established the Awards Panel to review and evaluate the NCSBN awards program. The panel was charged with developing a new awards program that ensured consistency, fairness, and celebrated the accomplishments of the membership. The panel developed a new NCSBN Awards Program with new award categories, objectives and eligibility criteria.

In FY02 the Awards Panel was renamed the Awards Recognition Panel. The development of a recognition program for outgoing and incoming Board of Directors officers at the Annual Meeting was added to the panel’s charge that year. Additionally, the panel reviewed and refined the Awards Program, and implemented changes to several awards categories and eligibility criteria.

The panel did not recommend changes to the Awards Program in FY03. The Board of Directors, however, determined the panel would select the final award recipients.

Highlights of FY03 Activities

- Launched and promoted the 2003 Awards Program at the Mid-Year Meeting in Savannah, GA, to encourage membership participation.
- Collaborated with the NCSBN Communications manager who designed the 2003 awards program brochure with an NCSBN 25th Anniversary theme.
- Facilitated Awards Panel conference calls; the panel was not assigned a chair for FY03.
- Collaborated with the 25th Anniversary Planning Advisory Panel to plan and host the NCSBN 25th Anniversary birthday celebration at the Annual Meeting Awards Luncheon in Alexandria, VA.
- Prepared award nominations for a blind review by each panel member.
- Awards Panel selected the 2003 award recipients.

Future Activities

- To evaluate the 2003 Awards Program and submit any recommendations to the Board of Directors.
- Design a corporate NCSBN awards brochure.

Meetings

- October 17, 2002 (Conference Call)
- November 18, 2002 (Conference Call)
- January 27, 2003 (Conference Call)
- June 16, 2003

Attachments

None.

Members

Louise Bailey, MEd, BSN, PMN, RN
California-RN, Area I
Richard Sheehan, MS, RN
Maine, Area IV
Katherine Thomas, MN, RN
Texas-RN, Area III
Susan Wambach, RN, MSN
Mississippi, Area II

Staff

Alicia Byrd, BSN, RN
Member Relations Manager

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership
Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.
Report of the Commitment to Ongoing Regulatory Excellence Advisory Panel

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of Commitment to Ongoing Regulatory Excellence (CORE)

In 1998, the NCSBN Board of Directors decided to embark on a ground-breaking project: the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices. The Commitment to Public Protection through Excellence in Nursing Regulation project was conducted 1998 through 2002, producing the first data collection instruments and collecting FY00 data for 46 participating boards. A Board-appointed project advisory group provided oversight and guided development of an innovative, sustainable system based on outcomes and focused on the identification of best practices.

The Commitment to Ongoing Regulatory Excellence (CORE) system was approved by the FY02 Board of Directors to provide an ongoing and sustainable performance measurement system. CORE was initiated August 2002.

Highlights of FY03 Activities

- The Advisory Panel conducted a training and orientation workshop for members prior to the 2002 Delegate Assembly. Attendees at the 2002 Annual Meeting each received a reference manual that explained the background and history of CORE, the process of data collection, and how to interpret the data reported back to boards of nursing.
- State-specific reports were distributed to all 46 participating boards. Open teleconference calls were conducted for members with questions or suggestions for the reports.
- The Advisory Panel modified 2000 data collection instruments and developed three new ones to collect data regarding board finances, technology, and the perspectives of board members.
- Data for the year 2002 were collected from participating boards and stakeholders.
- The advisory group began development of processes of best practices identification.

Future Activities

- State-specific reports for 2002 data will be distributed.
- The Advisory Panel will identify and disseminate information related to best practices.

Members

Joan Bouchard, MSN, RN, Chair
Oregon, Area I

Lanette Anderson, JD, BSN, RN
West Virginia-PN, Area III

Debra Brady, PhD, RN
New Mexico, Area I

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

Constance Kalanek, PhD, RN
North Dakota, Area II

Cynthia Morris, MSN, RN
Louisiana-RN, Area III

Board Liaison
Paula Meyer, MSN, RN
Washington, Area I

Staff
Lynda Crawford, PhD, RN, CAE
Director of Research Services

Esther White
Research Project Coordinator

Richard Smiley
Research Statistician

Relationship to Strategic Plan

Strategic Initiative 2
Changing Practice Settings
NCSBN will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.

Outcome 1
An articulated relationship demonstrating the benefits of nursing regulation for the public health, safety and welfare.

Meeting Dates

October 17 & 18, 2002
December 16 & 17, 2002
April 14 & 15, 2003
May 12 & 13, 2003
June 30 & July 1, 2003
Report of the Disciplinary Resources Task Force

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the Disciplinary Resources Task Force
The Board of Directors first appointed a Disciplinary Curriculum Advisory Panel in 2001, charged to plan an Investigators Summit. A second summit was held in 2002. Also in 2002, the Board of Directors adopted a disciplinary resources plan, outlining a variety of discipline resources. In 2003, the task force has focused on initial implementation of the plan.

Highlights of FY03 Activities

Discipline Resource Plan Category One – Discipline Resources
- Completed resources
  - Guidelines for initial case review, including priority setting and criteria for opening or not opening a complaint/investigation case.
  - Guidelines for investigating cases involving vulnerable adult abuse and neglect.
  - Investigator checklists based on TERCAP error categories.
  - Guidelines for interviewing.
  - Guidelines for investigative records.
  - Guidelines for investigating drug diversion and prescription fraud cases.
  - Guidelines for investigating imposter cases.
- Initiated development of additional resources:
  - Guidelines for development of investigative report.
  - Guidelines for licensing (what discipline staff should know about the licensing process).
  - Guidelines for investigating and evaluating unprofessional conduct.
  - Guidelines for expert witnesses (both how to use and how to be a witness).
  - Guidelines for investigating and monitoring cases involving prescribed controlled drugs (pain management cases).
  - Guidelines for investigating criminal conduct.
- Reviewed and provided feedback on the discipline lexicon developed by NCSBN staff.

Discipline Resource Plan Category Two - Communications/Networking
- Provided guidance and advice regarding the development of a discipline/attorney networking contact list that will be placed on the Members Only side of NCSBN Web site.
- Implemented and provided feedback and suggestions regarding the quarterly discipline calls, held in December 2002, March 2003 and June 2003.
- Advised regarding the tracking and analysis of multistate discipline cases.
- Provided input regarding imposter tracking.
- Recommended that an advisement be added to Nurstys” screens to identify states not reporting discipline data to Nursys.

Discipline Resource Plan Category Three – Consultations/Collaborations
- Discussed possible collaboration with FARH was discussed at previous task force meeting and will re-evaluate after the Investigator-Attorney Summit.

Members
Valerie Smith, MS, RN, Chair
Arizona, Area I
Anthony Diggs, MSCJ
Texas-RN, Area III
Donald Hayden
South Carolina, Area III
Elliot Hochberg, BS
California-RN, Area I
Emmaline Woodson, BSN, MS
Maryland, Area IV
Yvonne Smith, MSN, RN, CNS
Ohio, Area II

Board Liaison
Iva Boardman, MSN, RN
Delaware, Area IV

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

Relationship to Strategic Plan
Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome F
New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.

Meeting Dates
- October 24-25, 2002
- January 30-31, 2003
- April 4-5, 2003
- May 21, 2003 (Conference Call)
- June 17-19, 2003

Attachments
None.
Disciplinary Resources Task Force

Discipline Resource Plan - Category Four – Education/Training Resources

- Expanded the Investigator Summit in 2003 to include content for Board Attorneys.
- Assisted staff as to the content and identified speakers for the 2003 Investigator-Attorney Summit.

Future Activities

- Complete work on resources started in FY03.
- Evaluate the 2003 Investigator-Attorney Summit.
- Assist staff in planning the 2004 Summit.
- Continue to identify core competencies of investigative staff and develop education and training specific to core competencies.
- Continue to develop discipline resources for use by Member Boards. Suggested topics for additional work include:
  - Guidelines focusing on specific types of cases, e.g., practice breakdown, quality of care.
  - Guidelines focusing on particular care settings.
  - Guidelines for investigating nurse aide cases.
- Evaluate results of Epidemiology of Nursing Error Study and outcomes of PREP projects for additional knowledge and development of additional resources.
Report of the Finance Committee

Recommendations to the Delegate Assembly
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 FY03 Activities
- Reviewed and discussed with the independent auditors the financial statements for the fiscal year ended September 30, 2002. Based on the review and discussions, 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 Members. See Attachment A.
- Reviewed the proposal from Thomas Havey LLP and requested the Board to approve the appointment of the accounting firm to audit the financial statements of NCSBN for the next three fiscal years (FY03-05).
- Reviewed and discussed the proposed NCSBN budget for fiscal year 2003. Recommended to the Board, approval of the FY03 Budget.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations to the Board to accept the reports and post them to the Members Only section of the NCSBN Web site.
- Reviewed and discussed the performance of NCSBN investments with representatives from Becker Burke (Consultant) and Richmond Capital Management (Investment Manager). The committee approved the performance of the Investment Manager and reaffirmed the current investment policy.
- Reviewed and discussed the liability insurance coverage for NCSBN with the account manager from USI Midwest Insurance Brokers. Based on the review and discussions, the committee confirmed the adequacy of insurance coverage for NCSBN.
- Advised the Board and made recommendations related to the finances of program activities:
  1) PN NCLEX® Review Course
     a. Recommended to the Board approval of the continued development of the PN Review Course.

Members
Sandra Evans MAEd, RN, Treasurer and Chair, Idaho, Area I
Nancy Bafundo BSN, MS, RN Connecticut, Area IV
N Genell Lee MSN, RN, JD Alabama, Area III
Charles Meyer CRNA, MPA Nebraska, Area II
Ruth Ann Terry MPH, RN California-RN, Area I
Rolf Olson JD Oregon, Area I

Staff
Robert Clayborne CPA, MBA
Director of Finance

Relationship to Strategic Plan
Strategic Initiative 5
Governance & Leadership
Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board members and Board of Directors to lead in nursing regulation.

Outcome B
A sound organizational governance and management infrastructure advances the NCSBN mission and vision.

Meeting Dates
September 3, 2002 (Conference Call)
November 25-26, 2002
January 27, 2003 (Conference Call)
April 23, 2003 (Conference Call)
July 1-2, 2003

Attachments
A. Financial Report FY-03
B. Report of the Independent Auditors FY-02
2) Resource Fund
   a. Recommended no changes to fund, but requested staff to continue to gather data on how the funds are being used by members.

3) Support membership participation in NCSBN meetings
   a. Recommended the Board seek solutions other than an organizationwide increase in annual membership fees, to support participation in NCSBN meetings. The committee requested staff to help develop strategies, and gather more information on how similar organizations are addressing this issue.

Future Activities

- Review the budget proposal for the fiscal year beginning October 1, 2003.
Attachment A

Financial Report Summary for the Period
October 1, 2002 - March 31, 2003

Revenue

NCLEX
Registration numbers continued to exceed budget plans through the end of the second quarter. Candidate applications for the first six months of FY03 exceeded FY02 for the same period by 10,000 registrations. Assuming we reach our budget numbers for the second half of the year, gross revenue from current year registrations would equal $33.6 million. That compares to a budget of $31.6 million. The net favorable variance after allowing for processing costs would be slightly greater than $1 million. This positive revenue variance from current year registrations will be offset by the added processing costs that will be paid to Pearson for testing candidates who registered with Chauncey. Payments to Pearson are projected to equal $1.2 million for handling 12,000 Chauncey registrants. We received $400,000 from Chauncey to partially compensate for registrants tested by Pearson. The net cost to NCSBN for these Chauncey registrations is estimated at $800,000. The critical third quarter is still ahead of us. During that three-month period, we typically will receive between 37% and 40% of our total exam fees for the year.

Educational Products
The second quarter mirrored the first quarter for educational product sales. Overall sales for online courses continued weaker than expected. While the NCLEX Review Course exceeded sales goals, numbers for the “Assessment Strategies” and CE courses remained significantly under budget. The revenue projection assumes that the current sales pattern will carry through the year, and would result in a $140,000 ($110,000 net) unfavorable variance. Marketing efforts were increased at the end of the second quarter. Sales volume remained strong for the new “Delegation” video and should offset the disappointing numbers for the “Crossing the Line” video. Overall video sales are still on target to meet budget.

Nursys® Verifications
Based on the number of verifications for the first half of the year, we are on target to reach the budgeted fee revenue.

Nursys® QuickConfirm
After a late start-up, we began seeing activity toward the end of the second quarter. The projection for the full year assumes it will take another quarter before sales rise to the expected monthly volume.

Investment Earnings
While returns for stocks were negative for the second quarter, overall returns on both bond and stock investments were positive for the first six months of the fiscal year. Total fund returns were equal to 3% for the first half of the year.

Other Revenue
As attendance at Mid-Year Meeting was flat from prior year, revenue was a little under budget. Sales from publications and other income are forecasted to meet budget expectations for the year.
Expenditures

We will have some salary, payroll tax, and fringe benefit expense savings from vacant positions. A couple of the positions are not expected to be filled quickly. NCLEX processing expenses will be unfavorable due to increased current year registrations and the added cost of testing candidates who completed applications with the prior test vendor. Decreased online training course sales will reduce revenue sharing payments with the technology vendor for educational products. Additional expenses for an unbudgeted seminar for executive officers will be largely offset by savings on other travel related expenses; other expenses are forecasted at budget.

Office Relocation

Occupancy expenses will exceed budget due to lease termination costs charged against this year’s budget. The lease buyout will save on next year’s office lease expense. Costs associated with the build-out of the new office space are within budget. Other capital expenditures are also within budget.

Good First Half Results/Third Quarter Is Key to the Year

During the second quarter, we continued on pace to end the year with a higher than expected surplus for the 12-month fiscal period. As 40% of the NCLEX revenue is earned between the months of April and June, the third quarter will mostly determine what the numbers will look like for the year.
### NCSBN Financial Report

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Year to Date Actual at 03-31-03</th>
<th>Projected Actual for 9-30-03</th>
<th>Annual Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>% Yr to Dt actual as a % of annual budget</th>
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</thead>
<tbody>
<tr>
<td>NCLEX Revenue</td>
<td>$14,439,538</td>
<td>$33,800,000</td>
<td>$31,600,000</td>
<td>$2,200,000</td>
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<td>NCLEX Program Reports Royalty</td>
<td>62,241</td>
<td>66,000</td>
<td>80,000</td>
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<tr>
<td>NCLEX Quick Results</td>
<td>61,947</td>
<td>100,000</td>
<td>70,000</td>
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<td>NNAAP Royalty Income</td>
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<td>Educational Products Revenue</td>
<td>329,980</td>
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<td>License Production Fees</td>
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<td>Nursys License Verification Fees</td>
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<td>Nursys Data Query Fees</td>
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<td>Meeting Revenue</td>
<td>37,117</td>
<td>225,000</td>
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<tr>
<td>Other Publication Sales</td>
<td>7,858</td>
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<td>Membership Fees</td>
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<td>Investment Income</td>
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<td>Other Revenue</td>
<td>22,676</td>
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<td>(5,000)</td>
<td>16,366,381</td>
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<table>
<thead>
<tr>
<th>Expenses</th>
<th>Year to Date Actual at 03-31-03</th>
<th>Projected Actual for 9-30-03</th>
<th>Annual Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>% Yr to Dt actual as a % of annual budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>1,804,315</td>
<td>3,980,000</td>
<td>4,193,000</td>
<td>213,000</td>
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<td>Fringe Benefits</td>
<td>449,598</td>
<td>995,000</td>
<td>1,048,000</td>
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<tr>
<td>NCLEX Processing Costs</td>
<td>7,197,460</td>
<td>18,735,000</td>
<td>16,709,000</td>
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<td>Other Professional Service Fees</td>
<td>1,339,652</td>
<td>3,230,000</td>
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<td>Supplies &amp; Materials</td>
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</tr>
<tr>
<td>Meetings &amp; Travel</td>
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<tr>
<td>Telephone &amp; Communications</td>
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<tr>
<td>Postage &amp; Shipping</td>
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<tr>
<td>Occupancy</td>
<td>561,284</td>
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<tr>
<td>Printing, copying &amp; Publications</td>
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<td>226,000</td>
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<tr>
<td>Library/Memberships</td>
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<tr>
<td>Insurance</td>
<td>58,808</td>
<td>58,500</td>
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<tr>
<td>Equipment Rental &amp; Maintenance</td>
<td>412,022</td>
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<td>633,000</td>
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<tr>
<td>Depreciation &amp; Amortization</td>
<td>596,801</td>
<td>1,570,600</td>
<td>1,579,000</td>
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<td>Other Expenses</td>
<td>60,134</td>
<td>77,000</td>
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<tr>
<td>Total Expenses</td>
<td>13,342,327</td>
<td>33,082,100</td>
<td>31,173,000</td>
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<table>
<thead>
<tr>
<th>Surplus/(Deficit)</th>
<th>Year to Date Actual at 03-31-03</th>
<th>Projected Actual for 9-30-03</th>
<th>Annual Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>% Yr to Dt actual as a % of annual budget</th>
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<tbody>
<tr>
<td>Surplus</td>
<td>$3,024,054</td>
<td>$4,316,900</td>
<td>$4,195,000</td>
<td>$121,900</td>
<td>3%</td>
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</table>

<table>
<thead>
<tr>
<th>Capital</th>
<th>Year to Date Actual at 03-31-03</th>
<th>Projected Actual for 9-30-03</th>
<th>Annual Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>% Yr to Dt actual as a % of annual budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>$872,833</td>
<td>$2,299,000</td>
<td>$2,348,000</td>
<td>$49,000</td>
<td>2%</td>
</tr>
</tbody>
</table>

This statement has not been audited. Projected amounts are estimates.
Attachment B

Report of Independent Auditors

THOMAS HAVEN LLP

REPORT OF INDEPENDENT AUDITORS

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, 2002 and 2001 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,
2002 and 2001 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.

November 1, 2002

THOMAS HAVEN LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

30 N. LASALLE STREET • SUITE 4200 • CHICAGO, IL 60602 • 312.368.0500 • 312.368.0796 FAX • www.haven.com
National Council of State Boards of Nursing, Inc.

Statements of Financial Position

September 30, 2002 and 2001

<table>
<thead>
<tr>
<th>Assets</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$ 3,119,667</td>
<td>$ 808,558</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>424,480</td>
<td>322,050</td>
</tr>
<tr>
<td>Due from test vendors</td>
<td>1,557,206</td>
<td>551,306</td>
</tr>
<tr>
<td>Accrued investment income</td>
<td>195,051</td>
<td>95,555</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>327,826</td>
<td>194,249</td>
</tr>
<tr>
<td>Inventories</td>
<td>128,786</td>
<td>37,798</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>5,753,016</strong></td>
<td><strong>2,009,516</strong></td>
</tr>
<tr>
<td>Investments</td>
<td>18,808,991</td>
<td>8,412,135</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>27,738,893</strong></td>
<td><strong>13,813,259</strong></td>
</tr>
</tbody>
</table>

| Liabilities and Net Assets |       |               |
| Current liabilities |       |               |
| Accounts payable | $ 772,446 | $ 326,278     |
| Accrued payroll, payroll taxes and compensated absences | 415,282 | 351,396       |
| Due to test vendors | 2,281,215 | 1,039,086     |
| Deferred revenue | 454,000 | -             |
| **Total current liabilities** | **3,922,943** | **1,716,760** |
| Cash held for others | 463,439 | 437,606      |
| **Total liabilities** | **4,386,382** | **2,154,366** |
| Unrestricted net assets | 23,352,511 | 11,658,893   |
| **Total liabilities and net assets** | **27,738,893** | **13,813,259** |
National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2002 and 2001

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination fees</td>
<td>$ 32,135,273</td>
<td>$ 19,795,361</td>
</tr>
<tr>
<td>Other program services income</td>
<td>3,338,156</td>
<td>2,427,362</td>
</tr>
<tr>
<td>Net realized and unrealized gain (loss) on investments</td>
<td>61,814</td>
<td>(100,185)</td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>670,705</td>
<td>621,180</td>
</tr>
<tr>
<td>Membership fees</td>
<td>183,000</td>
<td>186,000</td>
</tr>
<tr>
<td>Grant revenue</td>
<td>-</td>
<td>24,990</td>
</tr>
<tr>
<td>Total revenue</td>
<td>$ 36,388,948</td>
<td>$ 22,954,708</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse competence</td>
<td>16,014,243</td>
<td>15,291,921</td>
</tr>
<tr>
<td>Nurse practice and regulatory outcome</td>
<td>3,021,569</td>
<td>2,470,450</td>
</tr>
<tr>
<td>Information</td>
<td>4,212,330</td>
<td>3,312,836</td>
</tr>
<tr>
<td>Total program services</td>
<td>23,248,142</td>
<td>21,075,207</td>
</tr>
</tbody>
</table>

| Supporting services |               |               |
| Management and general | 1,447,188  | 1,667,897  |

| Total expenses | 24,695,330  | 22,743,104  |

| Net increase | 11,693,618  | 211,604  |

| Unrestricted net assets |               |               |
| Beginning of year | 11,658,893  | 11,447,289  |
| End of year | $ 23,352,511 | $ 11,658,893 |
# National Council of State Boards of Nursing, Inc.

## Statements of Cash Flows

**Years Ended September 30, 2002 and 2001**

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net increase</td>
<td>$11,693,618</td>
<td>$211,604</td>
</tr>
<tr>
<td>Adjustments to reconcile net increase to net cash provided by (used in) operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>1,186,079</td>
<td>1,325,516</td>
</tr>
<tr>
<td>Realized and unrealized (gain) loss on investments</td>
<td>(61,814)</td>
<td>100,185</td>
</tr>
<tr>
<td>Changes in assets and liabilities affecting operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase) in accounts receivable</td>
<td>(102,430)</td>
<td>(375,027)</td>
</tr>
<tr>
<td>(Increase) in due from test vendors</td>
<td>(1,005,900)</td>
<td>-</td>
</tr>
<tr>
<td>(Increase) in accrued investment income</td>
<td>(99,496)</td>
<td>(1,492)</td>
</tr>
<tr>
<td>(Increase) decrease in prepaid expenses</td>
<td>(133,577)</td>
<td>24,052</td>
</tr>
<tr>
<td>(Increase) decrease in inventories</td>
<td>(90,988)</td>
<td>12,157</td>
</tr>
<tr>
<td>Increase (decrease) in accounts payable</td>
<td>446,168</td>
<td>(1,581,808)</td>
</tr>
<tr>
<td>Increase in accrued payroll, payroll taxes and compensated absences</td>
<td>63,886</td>
<td>71,964</td>
</tr>
<tr>
<td>Increase in due to test vendors</td>
<td>1,242,129</td>
<td>-</td>
</tr>
<tr>
<td>Increase in deferred revenue</td>
<td>454,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td>13,591,675</td>
<td>(212,849)</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>(945,524)</td>
<td>(426,139)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(25,816,629)</td>
<td>(4,263,736)</td>
</tr>
<tr>
<td>Proceeds on sale of investments</td>
<td>15,481,587</td>
<td>3,517,526</td>
</tr>
<tr>
<td><strong>Net cash (used in) investing activities</strong></td>
<td>(11,280,566)</td>
<td>(1,172,349)</td>
</tr>
<tr>
<td><strong>Net increase (decrease)</strong></td>
<td>2,311,109</td>
<td>(1,385,198)</td>
</tr>
<tr>
<td><strong>Cash</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>808,558</td>
<td>2,193,756</td>
</tr>
<tr>
<td>End of year</td>
<td>$3,119,667</td>
<td>$808,558</td>
</tr>
</tbody>
</table>
Notes to Financial Statements
September 30, 2002 and 2001

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.

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 over the estimated useful lives of the related assets by the straight-line method. Furniture and leasehold improvements have estimated useful lives ranging from three and one half to ten years, and equipment and computer hardware and software have estimated useful lives ranging from three to five years.

Inventory – Inventories are valued at lower of first-in, first-out cost or market. Inventory is comprised of merchandise held for resale.

Due from Test Vendors – Due from test vendors represents amounts owed by the Chauncey Group and NCS Pearson for candidate applications received. Amounts owed by the Chauncey Group for the years ended September 30, 2002 and 2001, were $1,482,626 and $551,306 respectively. Amount owed by NCS Pearson for the year ended September 30, 2002 was $74,580.

Due to Test Vendors – Due to test vendors represents unpaid amounts to the Chauncey Group and NCS Pearson.
Group and NCS Pearson for candidate testing. Amounts owed to the Chauncey Group for the years ended September 30, 2002 and 2001, were $825,000 and $1,039,086 respectively. Amount owed to NCS Pearson for the year ended September 30, 2002, was $1,456,215.

Deferred Revenue – Deferred revenue consists primarily of an agreed upon amount of $400,000 due from the Chauncey Group to compensate National Council for all registered candidates who had not tested as of August 15, 2002. National Council is obligated to test those candidates and will pay NCS Pearson to administer the exams as required. Also included in deferred revenue are secretariat fees assessed to National Licensure Compact Administrators (NLCA) members beginning October 1, 2002.

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 and petty cash.

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, 2002 and 2001, consisted of the following:

<table>
<thead>
<tr>
<th>Account</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>American National Bank:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>$800,000</td>
<td>$202,731</td>
</tr>
<tr>
<td>Money market account</td>
<td>$1,378,166</td>
<td>481,735</td>
</tr>
<tr>
<td>SunTrust Bank:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>$35,219</td>
<td>123,842</td>
</tr>
<tr>
<td>Wells Fargo Bank:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial account</td>
<td>$906,032</td>
<td>-</td>
</tr>
<tr>
<td>Petty cash</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,119,667</strong></td>
<td><strong>$808,558</strong></td>
</tr>
</tbody>
</table>
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**
Effective May 29, 1997, the National Council entered into a lease agreement for office space expiring April 30, 2004. The National Council has plans to sublease this space for the remaining life of the lease. In July 2002, the National Council entered into a lease agreement for new office space commencing February 1, 2003. The following is a summary by year of future minimum lease payments required under the office leases as of September 30, 2002:

|--------------------------|------|-----------|------|---------|------|---------|------|---------|------|---------|------------|-----------|--------|--------------|

Rent expense for the years ended September 30, 2002 and 2001, was $314,942 and $311,127 respectively.

**Note 6. Investments**
The composition of investments at September 30, 2002 and 2001, is as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency obligations</td>
<td>$7,936,007</td>
<td>$2,692,113</td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>8,357,067</td>
<td>3,842,086</td>
</tr>
<tr>
<td>Mutual fund</td>
<td>1,452,949</td>
<td>999,450</td>
</tr>
<tr>
<td>Money market fund</td>
<td>1,062,968</td>
<td>878,486</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$18,808,991</strong></td>
<td><strong>$8,412,135</strong></td>
</tr>
</tbody>
</table>

**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 $296,781 and $237,363 for the years ended September 30, 2002 and 2001, respectively.
Report of Member Board Leadership Development Advisory Group

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the Member Board Leadership Development Advisory Group
The Member Board Leadership Development Advisory Group is charged with developing continuing education programs for Member Boards including providing orientation for newly appointed board presidents and executive officers (EOs) and developmental initiatives for board members and executive officers. It assures the functioning of a mentorship (coaching) program for new executive officers and reviews recommendations of the board presidents participating in the network session.

Highlights of FY03 Activities
- Established the date of the first annual Institute of Regulatory Competence, “Public Policy and Role Development of Nursing Regulation,” in Chicago, on October 20-22, 2003.
- Identified Mid-Year Member Board Leadership educational content during leadership day.
- Drafted core competencies for the executive officer and president positions.
- Began to develop an orientation manual for new board members.
- Began a comprehensive review of the mentor program.
- Implemented a “president’s only” bulletin board.
- Selected Mary Kay Sturbois as the leader for the Board President’s Mid-Year/Annual Meeting sessions.
- Recommended changes for the new EO mentor program.
- Initiated a review of the online Member Board resource “NCSBN 101.”
- Initiated a draft business plan on the value and feasibility of a certification program.

Future Activities
- Implement and evaluate the first Annual Institute of Regulatory Competence: “Public Policy Development and Role Development of Nursing Regulators.”
- Complete content/budget planning, for the second Annual Institute of Regulatory Competence: “Practice Violations and Discipline.”
- Complete a logical job analysis of Member Board president and executive officer roles.
- Complete business plan on the value and feasibility of a nursing regulation certification examination.
- Evaluate new EO/President satisfaction with orientation process and coaching program to further improve network systems.
- Recommend theme/core content for FY04 Mid-Year MB Leadership Day.
- Evaluate Member Board President satisfaction with Bulletin Board networking.
- Complete revision of “NCSBN 101” on NCSBN Web site.

Members
Joey Ridenour, MNC, RN, Chair
Arizona, Area I
Shirley Brekken, MS, RN
Minnesota, Area II
Dan Coble, PhD, RN
Florida, Area III
Mary Kay Sturbois, BSN, RN
Ohio, Area II
Barbara Zittel, PhD, RN
New York, Area IV

Staff
Alicia Byrd, BSN, RN
Member Relations Manager
Nancy Chornick, PhD, RN, CAE
Director of Credentialing

Relationship to Strategic Plan
Strategic Initiative 5
Governance & Leadership Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board members and Board of Directors to lead in nursing regulation.

Outcome A
Member Board staff and members access multiple levels of educational programs to develop core competencies in regulation.

Meeting Dates
November 4-5, 2002
January 7-8, 2003
May 9-10, 2003

Attachments
A. Core Competencies Draft
B. 2003-2006 Schedule for the Institute of Regulatory Competence
### Attachment A

**Draft: Core Competencies for Member Board President and Executive Officer**

<table>
<thead>
<tr>
<th>Main Function</th>
<th>MB President</th>
<th>Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presides at board meetings</td>
<td>Presides at board meetings</td>
<td>Manages board operations</td>
</tr>
</tbody>
</table>

**Core Competencies**

<table>
<thead>
<tr>
<th>Knowing</th>
<th>MB President</th>
<th>Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands applicable laws and rules, including NPA, open meeting, administrative procedures, code of conduct</td>
<td>Demonstrates knowledge and compliance with NPA and other applicable state and federal laws, code of conduct</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planning/Evaluating</th>
<th>MB President</th>
<th>Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans for board and member development</td>
<td>Partners with President in board development</td>
<td></td>
</tr>
<tr>
<td>Coordinates board strategic planning</td>
<td>Anticipates need for effective change</td>
<td></td>
</tr>
<tr>
<td>Facilitates EO performance evaluation</td>
<td>Manages human resources and develops staff</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication/Relating</th>
<th>MB President</th>
<th>Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains organizational integrity, public trust, and public image</td>
<td>Presents relevant information in objective manner for board decision making</td>
<td></td>
</tr>
<tr>
<td>Models exemplary board member behaviors</td>
<td>Provides periodic reports</td>
<td></td>
</tr>
<tr>
<td>Links with external entities</td>
<td>Communicates effectively with constituencies (legislature, agencies, organizations, educators, media, nurses)</td>
<td></td>
</tr>
<tr>
<td>Understands media relations</td>
<td>Performs responsibilities in ethical manner</td>
<td></td>
</tr>
</tbody>
</table>
Attachment B

Institute of Regulatory Competence

2003-2006 Schedule

Purpose

Provide annual institutes of quality advanced-level regulatory education:
1. To foster development of body of knowledge in the field of regulation.
2. To define and stimulate interest in the development in the field of regulation.
3. To forge stronger linkages among state regulatory practices.
4. To identify areas in which development of regulatory knowledge is needed.
5. To increase the intellectual resources on regulatory practice.
6. To define and establish standards and core competencies in the field of regulation.

<table>
<thead>
<tr>
<th>Year</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Public Policy Development and Role of Nursing Regulators</td>
</tr>
<tr>
<td>2004</td>
<td>Nursing Practice Violations and Discipline</td>
</tr>
<tr>
<td>2005</td>
<td>Nursing Competency, Evaluation, and Remediation</td>
</tr>
<tr>
<td>2006</td>
<td>Nursing Regulatory Systems: Administration and Evaluation</td>
</tr>
</tbody>
</table>
Report of NCSBN 25th Anniversary Planning Advisory Panel

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the 25th Anniversary Planning Panel
The Board of Directors in FY00 established this panel to assist in planning and implementing the 25th Anniversary, and recognizing and celebrating 100 years of nursing regulation in the United States.

Highlights of FY03 Activities
- Finalized plans for the gala dinner to be held August 8 at the Women in Military Memorial, Arlington National Cemetery.
- Participated in selection of the 25th theme and logo. Assisted staff with the creation of stationary and accompanying promotional materials.
- Selected a special gala favor for distribution at the celebration.
- Assisted with fundraising and development activities to external organizations and Member Boards (a special menu of sponsorship and advertisement opportunities were offered).
- Planned for the historical booklet to include data on all boards of nursing and other historical NCSBN facts for distribution at Delegate Assembly 2003. Will be distributed at Delegate Assembly.
- Collaborated with the Awards Panel to plan the NCSBN 25th Anniversary birthday celebration at the Annual Meeting Awards Luncheon in Alexandria, Virginia. This event will recognize ANA and Barbara Nichols, along with special awards for the four boards celebrating their 100th anniversaries.

Future Activities
This Panel will be disbanded following the 2003 Delegate Assembly, as its charge will be completed.

Members
Elizabeth Lund, MSN, RN, Chair
Tennessee, Area III
Jay Douglas, MSN, CSAC, RN
Virginia, Area III
Rachel Gomez, LVN
Texas-PN, Area III
Barbara Holtry
Oregon, Area I
Janice S. McRorie, MSN, RN
North Carolina, Area III
Cheryl Payseno, MSN, RN
Washington, Area I

Former Members:
Deborah Burton, PhD, RN
Past Member of Oregon BON
Area I
Cynthia Gray, MBA, BS, RN
Past Executive Director of New Hampshire BON, Area IV

Staff
Kristin Hellquist, MS
Associate Director of Policy & External Relations

Relationship to Strategic Plan

Strategic Initiative 5
Governance & Leadership
Development and Organizational Capacity
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates
Summer 2003 (Conference Call)
March 18, 2003 (Conference Call)
October 27, 2002

Attachments
None.
Report of the Nursys™ Advisory Panel

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the Nursys™ Advisory Panel
The advisory panel will represent the Nursys™ Member Board community of end users by providing Nursys end users with a communication channel and a collective voice to articulate important Nursys related issues. It will review requests to change or enhance the Nursys application and procedures, and provide advice and feedback to the Nursys team on these requests and proposed solutions. The advisory panel will prioritize enhancements and develop an implementation plan for the Board of Directors. The advisory panel will continue to modify and implement the plan for enhancing participation in Nursys.

Highlights of FY03 Activities
■ Added Utah, Wisconsin, Arizona and Delaware. Expect to bring Mississippi and Florida on by mid-July and Colorado in August.  
■ Launched Nursys.com for both online Nursys Verification Application Submission and public access known as Nursys Licensure QuickConfirm.  
■ Completed discipline/HIPDB enhancements to accommodate changes in the HIPDB and submitted another file of discipline data to HIPDB.  
■ Updated discipline report format.  
■ Updated the verification report.  
■ Completed a diagram of the Nursys Licensure by Endorsement Model.  
■ Documented and distributed the process that members should follow in order to remove discipline data from Nursys.  
■ Enhanced discipline functionality to allow for additional edits and multiple violation/action codes that are the same.  
■ Applied a variety of technical enhancements.  
■ Began working with the data collector to develop a system to allow for daily updates.

Future Activities
■ Encourage Member Boards to provide their data to Nursys.  
■ Collaborate with Member Boards to determine a method for including their discipline data into Nursys.  
■ Explore offering an online licensing renewal service for Member Boards.  
■ Enhance Nursys as requested and needed.  

Members
Carey Duffy, BA, RN  
South Dakota, Area II  
Lori Scheidt, BS  
Missouri, Area II  
Donald A. Snow, BSC  
Kentucky, Area III  

Staff
Angela Diaz-Kay  
Director of Information Technology  
Pamela Rogalski  
Project Manager  
Debbie Hart  
Administrative Assistant

Relationship to Strategic Plan
Strategic Initiative IV  
Information Technology  
NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

Outcomes

Outcome C  
Nursys is the preferred national database among Member Boards, employers and nurses for licensure information.

Meeting Dates
October 21, 22, 2002  
January 13, 14, 2003  
March 18, 2003 (Conference Call)  
May 21, 2003  
June 2003  
July 2003

Attachments
None.
Report of the Practice Breakdown Research Focus Group

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Practice Breakdown Research Focus Group

The Practice Breakdown Research Focus Group, a continuance of the task force that developed and pilot tested the TERCAP instrument, was continued to provide expert input and feedback through discussion of the findings of the Epidemiology of Nursing Error study. The purpose of this study was to learn, from an epidemiological perspective, the factors that put a nurse at higher risk for making practice-related errors. The TERCAP instrument will be used for data collection.

In order to discover the factors that put a nurse at higher risk for making practice-related errors, 14 boards of nursing collected data on 10 to 20 discipline cases either electronically (using E-Listen software) or by hard copy. For the purpose of this study, each discipline case constituted a “case” under study.

Epidemiological methodology is appropriate when identifying causes of error and searching for disease determinants. Disease determinants are the risk factors or antecedent events that are associated with the appearance of a disease or condition (error). This study was a descriptive observational epidemiological case study, searching for understanding of the “who, what, when, and where” of the related events. The TERCAP instrument provided comprehensive data related to the study of “person, place, and time.”

Once data collection and analysis were completed, the Practice Breakdown Research Focus Group met to review study findings, provide expert analysis of the data, and review the usefulness of the TERCAP instrument for collecting data of this nature.

Highlights of FY03 Activities

- Met to review study findings, provide expert analysis of the data, and review the usefulness of the TERCAP instrument for collecting data of this nature.

Members

Patricia Uris, PhD, RN, Chair
Colorado, Area I
Dwayne Jamison, MS
Mississippi, Area III
Kathy Malloch, PhD, RN
Arizona, Area I
Kathryn Schwed, JD
New York, Area IV
Karla Bitz, Board Staff, MS, RN
North Dakota, Area II

Consultant
Patricia Benner, PhD, RN, FAAN

Staff
Lynda Crawford, PhD, RN, CAE
Director of Research Services
Vickie Sheets, JD, RN, CAE
Director of Practice and Regulation

Relationship to Strategic Plan

Strategic Initiative 2
Regulatory Effectiveness
NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome F
New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.

Meeting Dates

Summer 2003
Report of the Practice, Regulation and Education Committee

Recommendations to the Delegate Assembly

None. This report is for information only.

Background of the Practice, Regulation and Education Committee

The Practice, Regulation and Education (PR&E) Committee was assigned to work on seven tactics this year. PR&E worked with two subcommittees (Models Revision and Foreign Nurse) on their assigned tactics and provided feedback to NCSBN staff regarding two additional tactics. PR&E focused on education issues, patient safety and the Patient Safety Summit in addition to working with the subcommittees on their projects.

Highlights of FY03 Activities

- Planned Patient Safety Summit, November 12, 2002, in San Francisco, CA.
- Reviewed questions to be included in the Member Board Profiles. Received update on survey for boards regarding unlicensed assistive personnel (UAPs).
- Received update on the 2003 Nurse Aide Summit UAP Conference.
- Reviewed Practice Education & Regulation Congruence (PERC) implementation plan and the PR&E Committee role in implementation (presented by Lynda Crawford).
- Viewed North Carolina Centennial Video.
- Viewed NCSBN Delegation Video.
- Discussed delegation in the current work environment.
- Discussed consumer directed care vs. delegated care.
- Received results of continuing education (CE) research study (presented by June Smith). Received updates on the Foreign Nurse Subcommittee and UAP conference planning.
- Reviewed evaluations of Patient Safety Summit and recommended future summits related to PR&E issues.
- Reviewed report on distance education, evidence-based indicators of quality nursing education programs and nurses transition from education to practice.
- Developed criteria for Member Boards using national accrediting agencies for accreditation.
- Received updates on fifth Annual NPSF Patient Safety Congress, AACN and NLN meetings and PERC Implementation Plan.
- Reviewed proposed plan for promotion of uniform scope of nursing practice. Received updates on regulation of UAP Issues and UAP conference.
- Developed plan for a second Patient Safety Summit.

Members

PR&E Committee
Cookie Bible, BSN, RNC, APN, Chair
Nevada, Area I
Mary Blubaugh, MSN, RN
Kansas, Area II
Gino Chisari, MSN, RN
Massachusetts, Area IV
Usrah Claar-Rice, MSN, RN
California-RN, Area I
Marcy Echternacht, MS, RN, CS
Nebraska, Area II
Rose Kearney-Nunnery, RN, PhD
South Carolina, Area III
Barbara Mitchell, RN, NHA
Georgia-PN, Area III
Robin Vogt, PhD, RN, FNP-C
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Board Liaison
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Director of Practice and Credentialing
Nancy Spector, PhD, RN
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Director of Practice and Regulation

PR&E Subcommittee on Foreign Nurse Issues
Usrah Claar-Rice, MSN, RN
California-RN, Area I
Louise Shores, RN, MN, EdD
Oregon, Area I

Staff
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Director of Practice and Credentialing

PR&E Model Revisions Subcommittee
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Maryland, Area IV
Margarita Bautista-Gay, RN, BSN, MN
Guam, Area I
Maura Egan, BSN, MHP, PhD
Washington, Area I
Nathan Goldman, JD
Kentucky, Area III
Gwellian Hines, LPN
Delaware, Area IV
Carol Swink, RN, PhD
North Carolina, Area III
Background of the PR&E Foreign Nurse Issues Subcommittee

The Foreign Nurse Issues Subcommittee was formed based on a recommendation of the PR&E Committee. The PR&E Committee recognized a need to study the effect of nurses educated outside of the United States in relation to nursing regulation.

The Foreign Nurse Issues Subcommittee recognized the need for a Member Board resource providing information about nurses from other countries in relation to nursing regulation. Information was collected from various sources, analyzed and compiled into the document, Resource Manual for Licensure of Nurses Educated Outside of the United States. The manual is located on the Members Only side of the NCSBN Web site. The Foreign Nurse Issues Subcommittee is asking for board of nursing feedback on the manual.

Background of the PR&E Models Revision Subcommittee

The revision of the NCSBN models began last year when a subcommittee of PR&E reviewed and revised the Model Nursing Practice Act, and a separate PR&E subcommittee worked on the model rules for nursing education. This year, the subcommittee undertook revision of the Model Nursing Administrative Rules.

PR&E Models Revision Subcommittee used a new format to present the models side-by-side in a single document, with editorial notes throughout to provide rationale and discuss other options. Additional model resources will be provided in appendices and Web links. The model rules were reorganized to conform to the framework provided by the Model Nursing Practice Act that was adopted by the 2002 Delegate Assembly.

The reorganization of the rules identified several places in the Model Act that need attention in order for the two models to be congruent. Accordingly, the subcommittee has moved forward with some adjustments of the model act language as well as revising and adding to the model rule language. In addition, during the review of the rules, members of this year’s subcommittee saw a need to supplement the education rules that were adopted in 2002 (e.g., to provide more guidance related to distance learning).

While the subcommittee completed a draft of the document for dissemination at the Mid-Year Meeting, the Board of Directors approved using this year for receiving feedback on the current draft. This includes distributing the document to external organizations as well as to Member Boards. Next year the committee will review feedback, incorporate changes and develop the topics of delegation and continued competence.

Future Activities

- Collaborate with other health disciplines to design various studies for the purpose of identifying those evidence-based indicators of quality nursing education programs that effect public safety.
- Develop a study to measure the outcomes of programs that transition nurses from education to practice, based on the transition components that the PR&E Committee developed in FY03.
- Hold a second Patient Safety Summit be held in conjunction with the Citizens Advocacy Center’s Annual Meeting in November 2003 in Washington, DC.
- Work with the PR&E Model Revisions Subcommittee to complete revision of the Model Nursing Practice Act and Model Nursing Administrative Rules.
- Study how nurses work with and through assistive personnel (working with new subcommittee).
Attachment A

Current Thinking on Essential Criteria for Nursing Education Programs

1. Initial approval of nursing education programs, including:
   a. Review proposed curriculum.
   b. Review educational facilities and resources.
   c. Review clinical teaching facilities & methodologies.
      ■ Clinical ratios should consider: acuity of patients, objectives of the learning
        experience, geographic placement of the students, requirements established
        by the clinical agency, and agency resources.
   d. Assessment of organization of nursing education programs.
   e. Review qualifications of program administrators.
   f. Review responsibilities of program administrators.
   g. Review qualifications of program faculty.
   h. Review responsibilities of program faculty.

2. Continuing approval of nursing education programs, including:
   a. Review/evaluate curriculum.
   b. Review/evaluate educational facilities & resources.
      ■ Clinical ratios should consider: acuity of patients, objectives of the learning
        experience, geographic placement of the students, requirements established
        by the clinical agency, and agency resources.
   c. Review qualifications of program administrators.
   d. Review qualifications of program faculty.

3. Monitor and sanction nursing education programs that put the public at risk.
   ■ Make emergency visits for complaints.
   ■ Suggested areas of concern may include: falling NCLEX scores, sudden high
     student attrition rates, national accreditation changes, significant faculty
     attrition.

Meetings

PR&E Committee
October 3-4, 2002
January 9-10, 2003
April 7-8, 2003
May 16, 2003 (Conference Call)

PR&E Model Revision Subcommittee
December 9-11, 2002
January 6-8, 2003
February 19, 2003 (Conference Call)
April 15, 2003 (Conference Call)
June 3, 2003 (Conference Call)

PR&E Foreign Nurse Issues Subcommittee
October 23-24, 2002
February 27-28, 2003

Attachments

A. Current Thinking on Essential Criteria for Nursing Education Programs
B. Distance Learning Survey
C. Quality Components of Education Programs – A Beginning
D. Models of Effective Programs that Transition Students to Practice
E. Model Administrative Nursing Rules Revision Draft
Attachment B
Distance Learning Survey

Of the 61 state boards of nursing, 42 responded to the survey sent out in 2001-2002 and again in February of 2003. Of the respondents, a great majority of the boards approve generic RN and PN programs (88% and 90%, respectively), with fewer approving PN to RN, BSN/MSN, Advanced Practice, and Refresher programs. The number of individual programs within the states varied from one to 114 (basic PN). Distance education courses were reported in all types of programs by a large majority of the respondents. Further, distance learning is being used for the following teaching methods in basic RN, PN/RN, RN/BSN and advanced practice programs (except for advanced practice skills labs): didactic teaching, clinical teaching, computer simulation, skills labs, and preceptorships.

Sixty-two percent of the programs reported being informed of distance education courses being offered either in their states or in other states. Most of the states reported that they were informed of distance programs originating in their states, but not of programs originating outside their states. However, one state reported that it approves out-of-state distance learning programs, and another state said that if out-of-state programs have a presence in the state, they must be approved; presence is operationally defined. When asked about regulation of distance learning, seven boards reported that they approve prelicensure programs only, and 18 boards stated that in-state programs are approved by their regular approval process.

Of the respondents, 57% report that the regulation of virtual universities and distance education programs should be done in the jurisdiction of the origination of the program, while 38% said it should be done in the jurisdiction of the origination of the program and in the jurisdictions of the location of the faculty member and student. There was a divided response as to where nurse faculty members of virtual universities and distance education programs should be licensed. While 43% of the respondents chose the state of the location of the primary program, 14% chose the state of the facility location, 17% chose the state of the student location (the choices were not mutually exclusive), and 38% thought that the nurse faculty member should be licensed in all 3 of the following: state of location of the primary program, state of student residence, and state of faculty residence. While most of the respondents (63%) accept approval of distance education programs/courses rendered by nursing boards in other jurisdictions, 59% said that they would not accept faculty members to teach/communicate with students in their jurisdictions if they were not licensed in that jurisdiction (because of state regulations).

A clear majority of the respondents (55%) favor national standards for distance education nursing programs. While only 14% of the respondents have specific criteria for distance education courses, nine of the 42 respondents desire model standards to use when evaluating distance education courses (each of the nine respondents wrote that as a separate comment, rather than just checking an answer.) Similarly, only 12% of the respondents have specific criteria for distance education programs, and the predominant reason is that all programs, distance or otherwise, must meet the same approval standards.

Almost half (45%) of the states reported that they have programs that offer the majority of the coursework through distance education. Most of the programs cited were postlicensure programs, such as RN/BSN, MSN or postmaster's certification programs. However, three boards reported that a PN or PN/RN program offered the majority of its coursework through distance education.

Please see the attached table for positive and negative experiences that boards have had with distance education programs and virtual universities. The positive experiences relate to distance learning offering opportunities and flexibility that ordinarily wouldn’t be available.
Seven respondents praised the effectiveness and quality of this modality. However, negative responses related to programs arising without being accredited by any agency, lower standards, limited budgets, isolation of students and difficulty in implementing regulations. Opinions on the impact of distance education on patient safety varied from “none” (16 responses) to “unknown” (14 responses), with a few other negative and positive comments. It seems that while boards do not have major concerns about distance learning affecting patient safety, there is a lot unknown about the effect of distance learning programs on student learning and on patient safety. Further, a majority of the respondents (67%) report that the structure of distance education poses additional challenges for regulation. The preponderance of the responses here referred to quality of the curriculum, clinical standards, and jurisdiction issues. Lastly, the respondents were asked what questions they would like answered. See the accompanying report for a complete list of these. There were some interesting questions, such as “should we have national, rather than state, regulation of distance learning courses and programs because of the many jurisdiction issues?” There was also a question asking how education, practice and regulation can work together on distance learning concerns. Three respondents asked for a clear definition of distance education.

In summary, there are many unanswered questions about distance learning courses and programs. Regulators want to know if these programs, in fact, compromise patient safety. Where and how should they be regulated? Jurisdiction issues, especially related to faculty, are major concerns. Several respondents asked for model distance learning standards to use when evaluating these courses and programs. Yet, it should be noted that there were many positive comments about the quality and effectiveness of distance learning programs, as well as their flexibility, especially in rural areas. Students who otherwise might not have the opportunity to study nursing are able to because of distance learning programs. Distance learning programs and courses may assist with the nursing shortage problem, though we need to look further at its impact on public protection. The committee researched many of the questions raised from this study and incorporated best practices of distance learning in nursing programs into the proposed Model Nursing Administrative Rules.
Attachment C

Quality Indicators of Education Programs – A Beginning

June Smith, PhD, RN, and Lynda Crawford, PhD, RN, CAE, recently published the Winter 2002 Practice and Professional Issues study (n=633), which included questions to new nurses asking them if their nursing education program prepared them adequately for particular nursing competencies. The following results indicate a significant relationship between not feeling prepared for certain competencies and being involved with errors and/or having difficulty with their current assignment. These are the preliminary evidence-based indicators of education programs, as this is a long-term project for this committee. This was a reasonable beginning approach for regulators to take since we are looking at protection of the public. Future initiatives for this tactic will include collaborating with other health professions while developing these evidence-based indicators of quality education programs, as recommended by the recent IOM report, and collecting more data from a variety of sources. The committee will collaborate closely with the Research Services Department at NCSBN for this project. The ongoing postentry study will be very helpful to identify competencies of nurses. Once the essential competencies are identified, the PR&E Committee will study how to best teach them.

Clinical Components

Significant relationships are present with both involvement in errors and difficulty with the current assignment. The evidence shows these to be the most critical clinical competencies.

- Know when and how to call a client’s physician.
- Work effectively within a health care team.

The following were significantly related only to involvement in errors:

- Make decisions about client care based on assessment and diagnostic testing data.
- Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.).
- Supervise care provided by others (LPN/VNs or assistive personnel).

The following were significantly related only to difficulty with current assignment:

- Administer medications by common routes (PO, SQ, IM, IV, etc.).
- Document a legally defensible account of care provided.

Classroom Component

Significant relationships are present with involvement in errors and not being adequately prepared for the following classroom components in nursing education programs:

- Understand the pharmacological implications of medications.
- Supervise the care provided by others (LPNs or assistive personnel).

Significant relationships are present with having difficulty with their current assignment and not being adequately prepared for the following classroom components in nursing education programs:

- Understand the pathophysiology underlying clients’ conditions.
- Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients.
- Teach clients.
- Appropriately utilize research findings in providing care.
- Synthesize data from multiple sources in making decisions.
It is important to point out the following five nursing competencies where fewer than 50% of nurses felt adequately prepared. Interestingly, of these five areas, both supervising care and appropriately utilizing research findings were significantly linked to errors (supervising care) or difficulty with current assignment (using research findings).

**Clinical Component: less than 50%**
- Administer medications to large groups of clients (10 or more).
- Provide direct care to six or more clients.
- Supervise care provided by others (LPN/VNs or assistive personnel).

**Classroom Component: less than 50%**
- Meet clients’ spiritual needs.
- Supervise the care provided by others (LPN/VNs or assistive personnel).
- Appropriately utilize research findings in providing care.
Attachment D
Models of Effective Programs that Transition Students to Practice

The Winter 2002 Practice and Professional Issues Survey, conducted by Lynda Crawford, PhD, RN, CAE, and June Smith, PhD, RN, had a usable RN sample of 633 new nurses. This survey included several questions regarding transition programs, and the Director of Education worked with Dr. Smith to identify components of effective transition programs. Multiple chi squares and t-tests were done on all of the variables in order to identify the significant differences in types of transition programs, thus identifying the most pertinent aspects of these programs. The significant data were then categorized and summarized in Tables I-IV.

Knowledge Type: General Versus Specific

While the findings were somewhat mixed relative to general knowledge versus specific knowledge (Table I), there is more evidence that favors providing specialty knowledge in transition programs. This, however, may be related to having the same mentor (see mentor discussion). While more errors were related to nurses who had programs with general knowledge, versus those with specialty knowledge or no general knowledge, there were two aspects of programs with general knowledge that were significantly better than programs with specific knowledge. In transition programs with general knowledge, the nurses felt more prepared to function in a team and to provide teaching. However, nurses with either specialty knowledge or no general knowledge reported being significantly better prepared for completing their current work assignment, caring for six clients, making decisions, calling the physician, and documenting their care. It would seem that a program should be structured with a certain amount of general knowledge, but it should also focus content on the specialty where the nurse will be working. The transition program that focuses on specialty knowledge should include knowledge on patient teaching and health care teamwork.

Placement of the Transition Program

The placement of a transition program also had significant findings (Table II). Three different questions all addressed whether nurses had their programs before or after graduation from their nursing programs. These three questions addressed posthire versus prehire programs; prelicensure versus postlicensure programs; and paid versus unpaid programs. It was assumed that the latter programs were positioned after graduation. As can be seen from Table II, most of the data supported postgraduation programs. There were significantly fewer errors (43% versus 56%; significant at .004) when the program was taken postlicensure. This is critically important to regulators. Furthermore, nurses from posthire transition programs and those from postlicensure programs reported being significantly more prepared to complete their current assignments. Nurses from posthire transition programs reported being significantly more able to make decisions, supervise, call physicians, and document their care than nurses in prehire transition programs. Three of the latter variables were significantly related to nursing errors when new nurses reported being inadequately prepared for them, and those three variables include: making decisions, supervising care, and calling physicians.
Mandatory Transition Program

Interestingly, when a transition program was mandatory (see Table III), new nurses reported being significantly more prepared to administer medications. Yet, in nonmandatory transition programs new nurses reported being involved with significantly fewer nursing errors. It may be that in nonmandatory programs, new nurses were not given the same degree of experience or responsibility as in mandatory programs. On the other hand, it could be that there was more careful supervision of new nurses in nonmandatory programs. This aspect of transition programs bears watching.

Same Mentor in the Transition Program

The most important aspect of a transition program is using the same mentor and, along with this, having the new nurse follow that mentor’s schedule. As can be seen from Table IV, there is a significant difference in new nurse’ confidence levels (a sum score of all 11 questions asking about adequate preparation), as well as 10 of those 11 areas (including, ability to administer medications, decision making, skills, care for two clients, care for six clients, supervising, calling the physician, documenting care, patient teaching, and teamwork). In fact, of the 11 nursing responsibilities, the only one that was not significant for the one-mentor group was “feeling adequately prepared to administer medications to 10 or more clients,” and, in fact, this opportunity most likely would only be available in a long-term care facility. The same study showed the following to be significantly related to involvement in nursing errors: the nurse was adequately prepared for making decisions, providing direct care to two clients, knowing when to call the physician, supervising care, and working effectively within a health care team. Therefore, these latter components of nursing education appear to be critical, and nurses with the same mentor reported being significantly more prepared for all of those functions than nurses without the same mentor.

Conclusion

From this study, two aspects of transition programs seem quite clear. First, they should incorporate one properly educated mentor for each new nurse. The new nurse should follow this preceptor’s schedule. While this study did not address “properly educated preceptors,” the literature supports preceptors who are educated at the same level as, or above, the new nurses’ education. The preceptors should have a clear understanding of the objectives of the transition program, and they should have some formal inservice, or other education program, in teaching strategies and evaluation. Preceptors should have appropriate experience in the specialty where they are precepting students. The second essential aspect of a transition program is that it should include a postlicensure or posthire component. While a nursing education program might have a transition capstone course where the student works closely with a preceptor, there is no doubt that a postlicensure transition program is more valuable.

Specialty knowledge is important in transition programs, though there should be general knowledge in the areas of patient teaching and teamwork. If the transition program is mandatory, as above, it should include one mentor who carefully supervises the new nurse. Voluntary transition programs should allow adequate experiences for nurses, especially in the area of medication administration.

*Tables follow on next page.*
### Table I. Knowledge Type

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<th>Knowledge</th>
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<th>Assignment</th>
<th>6 Clients</th>
<th>Teaching</th>
<th>Team</th>
<th>Decisions</th>
<th>Call MD</th>
<th>Document</th>
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<tr>
<td>General Knowledge</td>
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<td>76%</td>
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<td>.036</td>
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### Table II. Placement of Transition Program

<table>
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<th>Program</th>
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<td>.006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid transition</td>
<td>78%</td>
<td>61%</td>
<td>.000</td>
<td>.006</td>
<td>.006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table III. Mandatory Transition Program

<table>
<thead>
<tr>
<th>Mandatory Program</th>
<th>Errors</th>
<th>Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory transition</td>
<td>54%</td>
<td>90%</td>
</tr>
<tr>
<td>Not mandatory</td>
<td>46%</td>
<td>83%</td>
</tr>
<tr>
<td>*Significant</td>
<td>.044</td>
<td>.027</td>
</tr>
</tbody>
</table>

### Table IV. Same Mentor/Same Schedule

<table>
<thead>
<tr>
<th>Program</th>
<th>Confidence</th>
<th>Meds</th>
<th>Skills</th>
<th>Decisions</th>
<th>2 Clients</th>
<th>6 Clients</th>
<th>Supervise</th>
<th>Call MD</th>
<th>Document</th>
<th>Teach</th>
<th>Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same mentor</td>
<td>M=27</td>
<td>90%</td>
<td>88%</td>
<td>80%</td>
<td>94%</td>
<td>59%</td>
<td>59%</td>
<td>83%</td>
<td>80%</td>
<td>78%</td>
<td>89%</td>
</tr>
<tr>
<td>No same mentor</td>
<td>M=25</td>
<td>84%</td>
<td>78%</td>
<td>69%</td>
<td>88%</td>
<td>45%</td>
<td>45%</td>
<td>70%</td>
<td>64.5%</td>
<td>67%</td>
<td>78%</td>
</tr>
<tr>
<td>*Significant</td>
<td>.000</td>
<td>.048</td>
<td>.007</td>
<td>.007</td>
<td>.02</td>
<td>.006</td>
<td>.005</td>
<td>.000</td>
<td>.000</td>
<td>.006</td>
<td>.001</td>
</tr>
</tbody>
</table>
### Attachment E

#### Model Administrative Nursing Rules Revision Draft

**Model Nursing Practice Act – DRAFT**

<table>
<thead>
<tr>
<th>Article I Title and Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1. Title of Act.</strong> This Act shall be known and may be cited as the &lt;NAME OF STATE&gt; Nursing Practice Act.</td>
</tr>
<tr>
<td><strong>Section 2. Description of Act.</strong> An Act concerning the regulation of the practice of nursing that creates and empowers the State Board of Nursing to regulate the practice and to enforce the provisions of the Act.</td>
</tr>
<tr>
<td><em><strong>The language was changed to concisely describe the Act as concerning the regulation of nursing and creating the board to enforce the Act.</strong></em></td>
</tr>
<tr>
<td><strong>Section 3. Purpose.</strong> The legislature finds that the practice of nursing is directly related to the public welfare of the citizens of the state and is subject to regulations and control in the public interest to assure that practitioners are qualified and competent. It is further declared that the practice of nursing, as defined in the Act, merits and deserves the confidence of the public and that only qualified persons be permitted to engage in the practice of nursing. The legislature recognizes that the practice of nursing is continually evolving and responding to changes within health care patterns and systems.</td>
</tr>
<tr>
<td><em><strong>This purpose recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.</strong></em></td>
</tr>
</tbody>
</table>

---

**Model Nursing Administrative Rules – DRAFT**

<table>
<thead>
<tr>
<th>Chapter One - Title and Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1.1 Title.</strong> This section of the administrative rules shall be known and may be cited as the &lt;NAME OF STATE&gt; Nursing Administrative Rules.</td>
</tr>
<tr>
<td><em><strong>This purpose recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.</strong></em></td>
</tr>
<tr>
<td><em><strong>If a board of nursing has developed a board philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.</strong></em></td>
</tr>
</tbody>
</table>

---

**Article II. Definitions and Scope**

**Section 1. Practice of Nursing.** The practice of nursing means assisting clients or groups to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals, and evaluating responses to nursing care and treatment. Nursing practice includes basic health care that helps both clients and groups of people cope with difficulties in daily living associated with their actual or potential health or illness status, and those nursing activities that require a substantial amount of scientific knowledge or technical skill. Nursing practice includes, but is not limited to:

a. Providing comfort and caring.

b. Providing attentive surveillance to monitor client conditions and needs.

c. Promoting a safe and therapeutic environment.

d. Planning and implementing independent nursing strategies and prescribed treatment in the prevention and management of illness, injury, disability or achievement of a dignified death.

e. Promoting and supporting human functions and responses.

f. Providing health counseling and teaching.

---

**Chapter Two - Definitions and Standards**

***Article II of the Model Nursing Practice Act (MNPA) and Chapter Two of the Model Nursing Administrative Rules (MNAR) include definitions used throughout both documents. The rules have been reordered to follow the framework provided by the MNPA. Standards for practice for the different levels of licensees have been included in this chapter, so that the scope defined in the MNPA and the standards delineated in the MNAP can be viewed together to facilitate their use.***

**2.1.1 Purpose of Nursing Practice Standards.**

Nurses practice in a manner consistent with standards established by the Board in rule and appropriately utilize client care standards and evidenced-based practice guidelines, developed by recognized authorities, in the provision of client care.

Nursing practice standards serve:

a. To articulate practice expectations for nurses practicing at each level of licensure.

b. To serve as a guide for the Board to evaluate the practice of different levels of licensees to determine if practice is safe and effective.
**Model Nursing Practice Act – DRAFT**

- g. Collaborating with the health care team on the integrated client-centered care plan.
- h. Advocating for the client.

Nursing is both an art and a scientific process founded on a professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment.

Nurses practice within standards established by the board in rule and evidence-based practice guidelines developed by recognized authority. Nursing is a dynamic discipline that is continually evolving to include more sophisticated knowledge, technologies, and client care activities.

***Examples of recognized authorities are the Agency for Healthcare Quality and Research and the American Nurses Association.***

**Section 2. Registered Nurse.** Practice as a registered nurse means the full scope of nursing, with or without compensation or personal profit, that incorporates caring for all clients in all settings; is guided by nursing standards established by the Board and evidence-based practice guidelines developed by recognized authority; and includes, but is not limited to:

- a. Providing comprehensive nursing assessment of the health status of clients, families, groups and communities.
- b. Collaborating with health care team to develop an integrated client-centered plan of health care.
- c. Developing a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses; setting goals to meet identified health care needs; prescribing nursing interventions; and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen.
- d. Delegating and assigning nursing interventions to implement the plan of care.
- e. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
- f. Promoting a safe and therapeutic environment.
- g. Providing health teaching and counseling to promote, attain and maintain the optimum health level of clients, families, groups and communities.
- h. Advocating for clients, families, groups and communities by attaining and maintaining what is in the best interest of the client or group.
- i. Evaluating responses to interventions and the effectiveness of the plan of care.
- j. Communicating and collaborating with other health care professionals in the management of health care and the implementation of the total health care regimen within and across care settings.
- k. Acquiring and applying critical new knowledge and technologies to practice domain.

**Model Nursing Administrative Rules – DRAFT**

- 2.2.1 Standards Related to Registered Nurse Responsibility for Nursing Practice Implementation.

The registered nurse:

- a. Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities.
- b. Detects faulty or missing patient/client information.
- c. Applies nursing knowledge effectively in the synthesis of the biological, psychological and social aspects of the client’s condition.
- d. Uses this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the client’s overall health care plan.
- e. Provides appropriate decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.
- f. Seeks clarification of orders when needed.
- g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.
- h. Demonstrates attentiveness and provides client surveillance and monitoring.
- i. Identifies changes in a client’s health status and comprehends clinical implications of client signs, symptoms and changes, as part of expected client course or in emergent situations.
- j. Evaluates the impact of nursing care, the client’s response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members.
- k. Intervenes on behalf of client when problems are identified and revises care plan as needed.
- l. Recognizes client characteristics that may affect the client’s health status.
- m. Takes preventive measures to protect client, others and self:
  1.) Observes standard infection precautions
  2.) Observes airborne, droplet and contact client infection precautions as appropriate.
  3.) Recognizes equipment or technical failure.
### Model Nursing Practice Act – DRAFT

1. Managing, supervising and evaluating the practice of nursing.
2. Teaching the theory and practice of nursing.
3. Participating in development of policies, procedures, and systems to support the client.
4. Other acts that require education and training as prescribed by the board. Additional nursing services shall be commensurate with the registered nurse’s experience, continuing education and demonstrated competencies.

Each registered nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of nursing care rendered; and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse’s expertise.

### Model Nursing Administrative Rules – DRAFT

#### 2.2.2 Standards Related to Registered Nurse Responsibility to Act as an Advocate for Client.

The registered nurse:

- Respects client’s rights, concerns, decisions and dignity.
- Identifies client needs.
- Attends to client or family concerns or requests.
- Promotes safe client environment.
- Communicates client choices, concerns and special needs with other health team members.
- Maintains appropriate professional boundaries
- Maintains client confidentiality
- Assumes responsibility for nurse’s own decisions and actions.

#### 2.2.3 Standards Related to Registered Nurse Responsibility to Organize, Manage and Supervise the Practice of Nursing.

The registered nurse:

**VERSION A (Original wording for a and b of this section)**

- Assigns to another only those nursing measures that fall within that nurse’s scope of practice, education and experience.
- Delegates to another only those nursing measures which that person has the necessary skills to accomplish safely.

**VERSION B (option for a and b of this section)**

- Assigns to another only those nursing measures that fall within that nurse’s scope of practice, education, experience and competence.
- Delegates to another only those nursing measures which that person has the necessary skills and competence to accomplish safely.

**VERSION C (option for a and b of this section)**

- Assigns to another only those nursing measures for which that person has demonstrated competence.
- Delegates to another only those nursing measure which that person demonstrated competence.
- Matches client needs with personnel qualifications, available resources and appropriate supervision.
- Communicates directions and expectations for completion of the delegated activity.
- Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and assuring documentation of the activity.
- Provides follow-up on problems and intervenes when needed.
- Evaluates the effectiveness of the delegation or assignment.
- Intervenes when problems are identified and revises plan of care as needed.
- Is responsible for decisions and retains professional accountability for nursing care provided.
Model Nursing Practice Act – DRAFT

Model Nursing Administrative Rules – DRAFT

j. Promotes a safe and therapeutic environment by:
   1.) Providing appropriate monitoring and surveillance of the care environment
   2.) Identifying unsafe care situations
   3.) Correcting problems when able
   4.) Referring problems to appropriate management level when needed.

k. Teaches and counsels client and families regarding health care regimen, which may include but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.

2.2.4 Standards Related to Registered Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team.

The registered nurse:

a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing and functions within the legal boundaries of registered nursing practice;

b. Accepts responsibility for individual nursing actions, competence and behavior;

c. Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan.

d. Respects client property, and the property of others; and

e. Protects confidential information unless obligated by law to disclose the information.

2.2.5 Standards Related to the Registered Nurse when Functioning in a Chief Administrative Nurse Role.

The registered nurse as a chief administrative nurse:

a. Assures that organizational policies, procedures and standards of nursing practice are developed, kept current and implemented to promote safe and effective nursing care for clients;

b. Assures that the knowledge, skills and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure level;

c. Assures that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care for clients; and

d. Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.

2.2.6 Standards Related to the Registered Nurse when Functioning in a Nursing Program Educator (Faculty) Role.

The registered nurse as nursing program faculty:

a. Teaches current theory, principles of nursing practice and nursing management;

b. Provides content and clinical experiences for students consistent with the Nursing Practice Act, board promulgated administrative rules, regulations and other relevant state statutes;
### Model Nursing Practice Act – DRAFT

<table>
<thead>
<tr>
<th>Section 3. Licensed Practical/Vocational Nurse. Practice as a licensed practical/vocational nurse means a directed scope of nursing practice, with or without compensation or personal profit, under the supervision of the registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state to delegate health care activities and functions; is guided by nursing standards established by the Board and other recognized authority; and includes, but is not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Collecting data and conducting focused nursing assessments of the health status of clients.</td>
</tr>
<tr>
<td>b. Planning nursing care episode for clients with stable conditions.</td>
</tr>
<tr>
<td>c. Participating in the development and modification of the comprehensive plan of care for all types of clients.</td>
</tr>
<tr>
<td>d. Implementing appropriate aspects of the strategy of care within the LPN/VN scope of practice.</td>
</tr>
<tr>
<td>e. Participating in nursing care management through delegating, assigning and directing nursing interventions that may be performed by others, including other LPN/VNs, that do not conflict with the act.</td>
</tr>
<tr>
<td>f. Maintaining safe and effective nursing care rendered directly or indirectly.</td>
</tr>
<tr>
<td>g. Promoting a safe and therapeutic environment.</td>
</tr>
<tr>
<td>h. Participating in health teaching and counseling to promote, attain and maintain the optimum health level of clients.</td>
</tr>
<tr>
<td>i. Serving as an advocate for the client by communicating and collaborating with other health service personnel.</td>
</tr>
<tr>
<td>j. Participating in the evaluation of client responses to interventions.</td>
</tr>
<tr>
<td>k. Communicating and collaborating with other health care professionals.</td>
</tr>
<tr>
<td>l. Providing input into the development of policies and procedures.</td>
</tr>
<tr>
<td>m. Other acts that require education and training as prescribed by the board. Additional nursing services shall be commensurate with the licensed practical nurse’s experience, continuing education and demonstrated licensed practical/vocational nurse competencies.</td>
</tr>
</tbody>
</table>

Each nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of nursing care rendered; and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse’s expertise.

### Model Nursing Administrative Rules – DRAFT

<table>
<thead>
<tr>
<th>2.3.1 Standards Related to Licensed Practical/Vocational Nurse Responsibilities for Nursing Practice Implementation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conducts a focused nursing assessment, which is an appraisal of the client’s status and situation at hand, that contributes to ongoing data collection.</td>
</tr>
<tr>
<td>b. Plans for the nursing care episode.</td>
</tr>
<tr>
<td>c. Demonstrates attentiveness and provides client surveillance and monitoring.</td>
</tr>
<tr>
<td>d. Assists in identification of client needs.</td>
</tr>
<tr>
<td>e. Seeks clarification of orders when needed.</td>
</tr>
<tr>
<td>f. Demonstrates attentiveness and provides observation for signs, symptoms and changes in client condition.</td>
</tr>
<tr>
<td>g. Assists in the evaluation of the impact of nursing care.</td>
</tr>
<tr>
<td>h. Recognizes client characteristics that may affect the client’s health status.</td>
</tr>
<tr>
<td>i. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care settings.</td>
</tr>
<tr>
<td>j. Implements appropriate aspects of client care.</td>
</tr>
</tbody>
</table>

1. Provides assigned and delegated aspects of client’s health care plan.
2. Implements treatments and procedures in a timely manner.
3. Administers medications accurately and in a timely manner.
4. Documents care provided.
5. Communicates relevant client information with other health team members.

1. Client status and progress.
2. Client response or lack of response to therapies.
3. Significant changes in client condition.
4. Client needs.

m. Participates in nursing care management:

1. Assigns nursing activities to other licensed practical/vocational nurses.
2. Delegates nursing activities for stable clients to assistive personnel.
3. Observes nursing services and provides feedback to nursing manager.
4. Evaluates outcomes of delegated activities.

n. Takes preventive measures to protect client, others and self:

1. Observes standard infection precautions.
2. Observes airborne, droplet and contact precautions for client infection precautions as appropriate.
3. Recognizes equipment or technical failure.

***Additions to the LPN/VN scope of practice are based on analysis of the various elements that make up this scope as evidenced by the...***
### Model Nursing Practice Act – DRAFT

**most recent LPN job analysis. This remains a directed scope of practice.**

***The first step in the nursing process, assessment, is the basis for nursing decisions and interventions. The subcommittee believes that the first step is implemented in much the same way across jurisdictions, but that it is described and discussed very differently. The subcommittee members believe that both LP/VNs and RNs assess but identified a significant difference in the breadth, depth and comprehensiveness of the assessments conducted by the two levels of licensed nurses. These differences are reflected in the term “focused assessment” to describe the LP/VNs role in the first step of the nursing process and the term comprehensive assessment to describe the role of the RN (see definitions in Section __ below).***

***An alternative for boards that have difficulty with the term assessment and comprehensive assessment for these descriptions.***

### Model Nursing Administrative Rules – DRAFT

<table>
<thead>
<tr>
<th>a. Respects client’s rights, concerns, decisions and dignity. <strong>This standard includes respecting the client’s concerns regarding end-of-life care.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>p. Attends to client or family concerns or requests.</td>
</tr>
<tr>
<td>q. Promotes safe client environment.</td>
</tr>
<tr>
<td>r. Maintains appropriate professional boundaries.</td>
</tr>
<tr>
<td>s. Assumes responsibility for nurse’s own decisions and actions.</td>
</tr>
</tbody>
</table>

#### 2.3.2 Standards Related to Licensed Practical/Vocational Nurse Responsibilities as a Member of an Interdisciplinary Health Care Team.

**The Licensed Practical/Vocational Nurse:**

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing and function within the legal boundaries of practical nursing practice;
- b. Accepts responsibility for individual nursing actions, competence and behavior;
- c. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.
- d. Respect client property, and the property of others; and
- e. Protects confidential information unless obligated by law to disclose the information.

### Section 4, Advanced Practice Registered Nurse

Advanced practice registered nurses are expected to practice within standards established by the Board in rule and appropriately utilize client care standards and evidenced based guidelines, developed by recognized authorities. Each advanced practice registered nurse is accountable to clients, the nursing profession and the board for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring clients to other health care providers as appropriate.

**2.4.1 Standards Related to the Advanced Practice Registered Nurse.**

The Advanced Practice Registered Nurse shall comply with the standards for registered nurses as specified in 2.2.1 - 2.2.6 above, to the standards of the national professional associations approved by the board, and to evidence-based practice guidelines appropriate to the advanced practice category, developed by recognized authorities.

Advanced practice registered nurses are expected to practice within standards established by the Board in rule and assure client care is provided according to relevant client care standards and evidenced based practice guidelines, developed by recognized authorities.

***Recognized authorities for advanced practice nursing may include the Agency for Healthcare Quality and Research and the American Nurses Association. Organizations specific to the APRN’s area of specialty may be considered recognized authorities if the nurse holds a specialty-specific advanced practice credential and the organization is instrumental in granting certification deemed necessary for that credential.***

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**The Business Book: 2003 NCSBN Annual Meeting**
### Model Nursing Practice Act – DRAFT

**Section 5. Board.** “Board” means the <NAME OF STATE> Board of Nursing.

**Section 6. Other Board.** “Other Board” means the comparable regulatory agency in any U.S. state, territory or the District of Columbia.

**Section 7. License.** “License” means a current document permitting the practice of nursing as a registered nurse, licensed practice/vocational nurse or advanced practice registered nurse.

**Article III. The Board of Nursing**

**Section 1. Membership; Nominations; Qualifications; Appointment; and Term of Office**

- **a.** The board of nursing shall consist of < > members to be appointed by the Governor < > days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the Governor by any interested individual, association, or any other entity, provided that such nominations be supported by a petition executed by no less than < > qualified voters in this state. These nominations shall not be binding upon the Governor.

- **b.** The membership of the board shall be at least < > members of registered nurses; at least < > members of licensed practical/vocational nurses; at least < > members of advanced practice registered nurses; and at least < > members representing the public.

- **c.** Each registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a registered nurse, and shall have no less than five (5) years of experience as a registered nurse, at least three (3) of which immediately preceded appointment.

- **d.** Each licensed practical/vocational nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a licensed practical/vocational nurse, and shall have no less than five (5) years of experience as a licensed practical/vocational nurse, at least three (3) of which immediately preceded appointment.

- **e.** Each advanced practice registered nurse member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an advanced practice registered nurse, and shall have no less than five (5) years of experience as an advanced practice registered nurse, at least three (3) of which immediately preceded appointment.

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### Model Nursing Administrative Rules – DRAFT

**2.8 Other Definitions.** SECTION STILL UNDER DEVELOPMENT

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### Article III of the MNPA and Chapter Three of the MNAR define the authority of the board of nursing and parameters for how it functions
f. The representatives of the public shall be eligible voting residents of this state who are knowledgeable in consumer health concerns, and shall not be associated with the provision of health care or be enrolled in any health-related education program.

g. Membership shall be restricted to no more than one (1) person who is associated with a particular agency, corporation, other enterprise or subsidiary at one time.

h. Members of the board shall be appointed for a term of < > years.

i. The present members of the board holding office under the provisions of the <NAME OF ACT BEING AMENDED OR REPEALED> shall serve as members for their respective terms.

j. No member shall serve more than two (2) consecutive full terms. The completion of an un-expired portion of a full term shall not constitute a full term for purposes of this section. Any board member initially appointed for less than a full term shall be eligible to serve two (2) additional terms.

k. An appointee to a full term on the board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the board on the first day following the appointment expiration date. Appointees to un-expired terms shall become members of the board on the day following such appointment.

Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the Member shall be extended until a replacement is made.

Section 2. Officers

a. The Board shall elect from its members officers. Officers elected by the Board shall serve a term of < > years, beginning at the day of election and ending upon the election of successors.

"Boards of Nursing have different titles for their elected officers, e.g., president and vice-president; chairman and vice-chairman; or some other combination of officer titles.

b. The first officer shall preside at Board meetings and shall be responsible for the performance of all duties and functions of the Board required or permitted by this Act. In the absence of the first officer, the second officer shall assume these duties.

c. Additional offices shall be established and filled by the Board at its discretion.

Section 3. Meetings. The Board shall conduct meetings within the following guidelines:

a. The Board of Nursing shall meet at least once every [ ] months to transact its business. One meeting shall be designated as the

3.3.1 Quorums.
a. A majority of the Board members, including the first or second officer, shall constitute a quorum for the conducting of a Board meeting.
### Section 4. Vacancies; Removal; Immunity

a. Any vacancy that occurs for any reason in the membership of the board shall be filled by the Governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within < > days after such vacancy occurs. A person appointed to fill a vacancy shall serve for the un-expired portion of the term.

b. The governor may remove any member from the board for neglect of any duty required by law or for incompetence or for unprofessional or dishonorable conduct. The general laws of this state controlling the removal of public officials from office shall be followed in dismissing board members.

c. All members of the board shall have immunity from individual civil liability while acting within the scope of the duties as board members.

In the event that the entire board, an individual member or staff is sued, the Attorney General shall appoint an attorney to represent the involved party.

### Section Five. Powers and Duties

The board shall:

a. Be responsible for the interpretation and enforcement of the provision of this Act. The board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate status.

b. Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect the public health, safety and welfare.

c. Further be authorized to do the following without limiting the foregoing:

1) Related to the competence development duties of the board:
   a.) Develop standards for nursing education.
   b.) Enforce educational standards and rules set by the board.
   c.) Provide consultation; conduct conferences, forums, studies and research on nursing education and practice.
2.) Related to competence assessment duties of the board:
   a.) Maintain membership in national organizations that
develop and regulate the national licensure examinations
and exclusively promote the improvement of the legal
standards of the practice of nursing for the protection of
the public health, safety and welfare.
   b.) Require criminal background checks on applicants and
licensees.

3.) Related to competence maintenance duties of the board:
   a.) Develop standards for maintaining competence of
licensees.
   b.) Develop standards for attaining/maintaining competence
of licensees returning to practice.

4.) Related to the licensing responsibilities of the board:
   a.) Grant temporary permits for licensees as set forth in rule.
   b.) License qualified applicants for RN, LPN/VN and APRN
licensure.

5.) Related to the nursing practice responsibilities of the board:
   a.) Regulate the practice of LPN/VN, RN and APRN practice
   b.) Regulate the clinical support of nursing services by
unlicensed assistive personnel regardless of title
   c.) Develop standards for nursing practice
   d.) Enforce nursing practice standards and rules set forth by
board
   e.) Interpret and apply the Nurse Practice Act and Nursing
Administrative Rules through the issuance of Advisory
Opinions, Interpretive Statements and Declaratory
Statements
   f.) Regulate the manner in which nurses announce their
practice to the public.
   g.) Issue a modified license to practice nursing to an individ-
ual to practice within a limited scope of practice or with
accommodations or both, as specified by the board.

6.) Related to the discipline duties of the board:
   a.) Discipline nurses for violation of any provision of this Act.
   b.) Implement the discipline process.
      i. Issue subpoenas in connection with investigations,
ispections and hearings.
      ii. Obtain access to records as reasonably requested by
the board to assist the board in its investigation; the
board shall maintain any records pursuant to this
paragraph as confidential data.
      iii. Order licensees to submit to physical, mental health
or chemical dependency evaluations for cause
      iv. Cause prosecution of allegations of violations of this
Act.
      v. Conduct hearings, compel attendance of witnesses
and administer oaths to persons giving testimony at
hearings
      vi. Close discipline sessions and hearings to the public.

***States vary widely as to whether and what process is used for
advisory opinions, interpretive statements and declaratory state-
ments. Some states may not have such authority; others find such
documents to be useful tools for the board and the public. The users
of these models are advised to seek legal counsel regarding the
authority and required process in specific states.
vii. Provide alternatives to discipline.
   (a) Establish alternative programs for monitoring of nurses who voluntarily seek treatment of substance abuse disorders, mental health or physical health conditions that could lead to disciplinary action by the board.
   (b) Establish programs for educating and remediating nurses with practice concerns who meet criteria established in rule.

7.) Related to the communication and record-keeping duties of the board:
   a.) Maintain a record of all persons regulated by the board.
   b.) Maintain records of proceedings as required by the laws of this state.
   c.) Inform nurses on an established basis about changes in law and rules regarding nursing practice.
   d.) Collect and analyze data regarding nursing education, nursing practice and nursing resources.
   e.) Submit an annual report to the governor summarizing the board’s proceedings and activities.

8.) Related to other duties of the board:
   a.) Personnel.
      i. Appoint and employ a qualified registered nurse to serve as Executive Officer and approve such additional staff positions as may be necessary, in the opinion of the board, to administer and enforce the provisions of the Act.
         (a) Employ professional and support staff, investigators and legal counsel and other personnel necessary for the board to carry out its functions.
         (b) Delegate to the Executive those activities that expedite the functions of the board.
   b.) Financial.
      i. Determine and collect reasonable fees.
      ii. Require such surety bonds as are deemed necessary.
      iii. Receive and expend funds in addition to appropriations from this state, provided such funds are received and expended for the pursuit of the authorized objectives of the board of nursing; such funds are maintained in a separate account; and periodic reports of the receipt and expenditure of such funds are submitted to the Governor.
   c.) Other
      i. Develop disaster preparedness plans.
      ii. Adopt a seal that shall be in the care of the Executive Officer and shall be affixed only in such a manner as prescribed by the board.

This Act shall not be construed to require the board of nursing to report violations of the provisions of the Act whenever, in the board’s opinion, the public interest will be served adequately by a suitable written notice of warning.
### Section 6. Executive Officer

The Executive Officer shall be responsible for:

a. The performance of administrative responsibilities of the board.

b. Employment of personnel needed to carry out the functions of the board.

c. The performance of any other duties as the board may direct.

### Article IV. Application of Other Statutes

Proceedings and records of the board are subject to the state Administrative Procedures Act and other statutes that govern administrative agencies. Nurses are subject to other statutory provisions throughout state law.

### Article V. Licensure

#### Section 1. Examinations

a. The board shall authorize the administration of the examination to applicants for licensure as registered nurses or licensed practical/vocational nurses.

b. The board may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the board shall restrict access to questions and answers.

c. The board shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.

### Chapter Four – Application of Other Statutes

***There are other state statutes that affect the operation of the Board of Nursing and the practice of nursing. Examples range from state agencies working with the board, to provisions governing work sites to laws addressing the handling of pharmaceuticals and products.

### Chapter Five – Licensure

#### 5.1.1 Information

The Board will make information available to applicants regarding the:

a. Examination

b. Examination registration process

c. Process for licensure by examination

d. Process for licensure by endorsement

e. Application fees.
### Model Nursing Practice Act – DRAFT

#### Section 2. Licensure by Examination

a. An applicant for licensure by examination to practice as a registered nurse or licensed practical/vocational nurse who successfully meets the requirements of this section shall be entitled to licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable.

b. Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse. An applicant shall:
   1. Submit a completed application and fees as established by the board.
   2. Be a graduate of a board-approved nursing education program or a program that meets criteria comparable to those established by the board in its rules.
   3. Be proficient in English language as set forth in the board rules.
   4. Pass an examination authorized by the board.
   5. Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, or, if such acts have been committed and would be grounds for disciplinary action, the board has found after investigation that sufficient restitution has been made.
   6. If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions < > years prior to the date of filing an application pursuant to this article.
   7. Meet other criteria established by the board.

### Model Nursing Administrative Rules – DRAFT

#### 5.2.1 Application for Licensure by Examination as a Registered Nurse or Licensed Practical/Vocational Nurse.

An applicant for licensure as a registered nurse or licensed practice/vocational nurse, whichever is applicable, by examination in this state shall submit to the Board the required fee for licensure by examination, as specified in Chapter 13, and a completed application for licensure by examination that provides the following information:

#### 5.2.2 Information Regarding Competence Development

a. Graduation from or verification of completion and eligibility for graduation from a state-approved registered or practical/vocational nursing program as evidenced by an official transcript or other official documentation directly from a state-approved nursing education program for the level of licensure being sought.

b. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license;

*** PR&E COMMITTEE SUGGESTS REVISITING THIS SECTION REGARDING RN GRADUATES BEING ALLOWED TO SIT FOR PN EXAM. Given the shortage, facilitates students working as LPN/VNs as they finish RN program. Issue: does the program need to demarcate the point in the RN program when student would be prepared?

*** This model does not allow RN students or RN applicants who fail the NCLEX-RN® to sit for the NCLEX-PN® and apply for LPN/VN licensure. Some boards of nursing (according to the 2000 Member Board Profiles, 20 boards consider RN educational program graduates eligible to sit for the NCLEX-PN and 14 boards consider students in an RN educational program who complete a set number of courses eligible to sit for NCLEX-PN).

#### 5.2.3 Information Regarding Competence Assessment

a. In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). The results will be reported to the applicant as pass or fail.

b. In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). The results will be reported to the applicant as pass or fail.

#### 5.2.4 Information Regarding Competence Conduct

a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes
   1. The number and status of the license or credential.
   2. The original state or country of licensure or credentialing.

b. Current employer if employed in health care, including address, telephone number, position and dates of employment;

c. Previous employer in health care, if any, if current employment is less than 12 months;
### Section 3. Licensure by Examination of Applicants Educated Outside of the United States

A foreign educated applicant for licensure by examination shall meet the requirements in Section 2 above and the process for application set forth in rule.

<table>
<thead>
<tr>
<th>Model Nursing Practice Act – DRAFT</th>
<th>Model Nursing Administrative Rules – DRAFT</th>
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<tbody>
<tr>
<td>d. The date the applicant previously applied for a license in &lt;NAME OF STATE&gt;, if applicable;</td>
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</tr>
<tr>
<td>e. Responses to questions related to the applicant’s background in the following areas:</td>
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</tr>
<tr>
<td>1.) Pending disciplinary action or investigation regarding any professional license or credential;</td>
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<tr>
<td>2.) Felony conviction or conviction of an undesignated offense;</td>
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<tr>
<td>3.) Any physical or mental disability, and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any;</td>
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</tr>
<tr>
<td>4.) Any current substance abuse disorder</td>
<td>4.) Any current substance abuse disorder</td>
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<tr>
<td>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;</td>
<td>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;</td>
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<tr>
<td>g. Submission of state and national criminal background checks completed within the last &lt;___&gt; months.</td>
<td>g. Submission of state and national criminal background checks completed within the last &lt;___&gt; months.</td>
</tr>
<tr>
<td>*** Details of this procedure will be state specific, depending on requirements of state criminal agencies. In the near future, expect electronic processes to be perfected for accomplishing these background checks.</td>
<td>h. State and federal criminal history results, if applicable.</td>
</tr>
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</tr>
<tr>
<td>*** While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.</td>
<td>*** While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.</td>
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</table>

#### 5.3.1 Application for Licensure by an Applicant Educated Outside of the United States – An applicant who was educated outside of the United States, for licensure by examination in this state shall submit to the Board required fee for licensure by examination, as specified in <STATUTE>, and a completed application for licensure by examination that provides the following information:

<table>
<thead>
<tr>
<th>Section 3. Licensure by Examination of Applicants Educated Outside of the United States</th>
<th>5.3.1 Application for Licensure by an Applicant Educated Outside of the United States – An applicant who was educated outside of the United States, for licensure by examination in this state shall submit to the Board required fee for licensure by examination, as specified in &lt;STATUTE&gt;, and a completed application for licensure by examination that provides the following information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Graduation from a nursing program as documented in an official transcript directly from the foreign nursing education program or an equivalent program as documented by a credentials evaluation, for the level of licensure being sought.</td>
<td>a. Graduation from a nursing program as documented in an official transcript directly from the foreign nursing education program or an equivalent program as documented by a credentials evaluation, for the level of licensure being sought.</td>
</tr>
<tr>
<td>*** “Comparable” is the term used by many academic evaluation services for describing programs similar in content and process to U.S. nursing education programs. See the NCSBN Resource Manual for Licensure of Nurses Educated Outside of the United States for more detailed information regarding credentials review, immigration and other issues regarding foreign educated nurses.</td>
<td>b. Acceptable documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of</td>
</tr>
<tr>
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</table>
nursing education in this State. A transcript in English or a certified translation is required prior to the issuance of a permanent license;

c. Credentials reviewed internally or by an external agency specializing in foreign academic credentials review and verifying the comparability of the foreign nursing education program;

5.3.3 Information Regarding Competence Assessment.

*** Language proficiency is a critical variable in the practice of safe nursing care. Nurses must be able not only to understand, but also to speak English in order to practice safely in the United States.

a. Documentation of English proficiency by:
   1.) Graduation from an approved school of nursing in the United States; or
   2.) Graduation from a school of nursing outside of the United States in which:
      a.) All classroom instruction was in English
      b.) All nursing textbooks were in English; and
      c.) The preponderance of clinical experience was in English; or
   3.) Documentation of nursing practice, in English, at the level of license sought, in another state in the United States, for at least 960 hours in the two years proceeding application for licensure; or
   4.) Demonstration of English proficiency by:
      a.) CGFNS Certificate; or
      b.) Passing designated English proficiency examination with <Board set standard>.

***An example of an English proficiency examination and Board set standard would be the Test of English as a Foreign Language (TOEFL), with a minimum score of 560 for the paper version or a minimum score of 220 for the computer version. Please note that the focus of the English proficiency examinations has been on reading and listening skills. Spoken communication is not well assessed and scoring is difficult and expensive.

The Test of Spoken English (TSE) was designed to assess proficiency in oral communications. However, vocabulary related to health related terminology needed for the health care environment is not assessed because there are currently no English proficiency examinations that measure an individual’s knowledge and understanding of medical terminology.

5.) Evidence of licensure or eligibility for licensure from the original country of nursing education. This documentation shall be in English or a certified translation.

***Many boards require CGFNS certification for foreign applicants and this includes credentials review and English proficiency evaluation. Other boards use other private agencies established for credential review.
## Model Nursing Practice Act – DRAFT

| **a.** In order to be licensed in this state, all Registered Nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The results will be reported to the applicant as pass or fail. |
| **b.** In order to be licensed in this state, all Practical/Vocational Nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN). The results will be reported to the applicant as pass or fail. |

## Model Nursing Administrative Rules – DRAFT

| **5.3.4 Information Regarding Competence Conduct.** |
| **a.** Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes: |
| 1.) The license number and status of the license or credential; |
| 2.) The original state or country of licensure or credentialing; |
| 3.) Current employer if employed in health care, including address, telephone number, position and dates of employment; |
| 4.) Previous employer in health care, if any, if current employment is less than 12 months; |
| 5.) The date the applicant previously applied for a license in <NAME OF STATE>, if applicable; |
| 6.) Responses to questions related to the applicant’s background in the following areas: |
| a.) Pending disciplinary action or investigation regarding any health profession license, certification or registration; |
| b.) Felony conviction or conviction of an undesignated offense; |
| c.) Any physical, emotional or mental disability and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any; and |
| d.) Any current substance abuse disorder. |
| 7.) Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background; |
| 8.) Submission of state and national criminal backgrounds checks completed within the last < >; and |

***While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction) but also leaves the opportunity for an individual to still apply for licensure after a criminal conviction.*** |

9.) State and federal criminal history results, if applicable. |

***The 2000 Member Board Profiles reported that 40 Boards of Nursing required a Social Security Number (SS#) required applicants to obtain an SS# before a state-nursing license would be issued. Today, 29 states report having this requirement. Foreign-educated nurses seeking employment in the United States sometimes find it difficult to obtain SS#s for those jurisdictions that require it for licensure. How foreign nurses actually obtain SS#s...***
or other means to secure a nursing license is impacted by the intersection of the rules from the Department of Labor (DOL), INS, SSA and the state boards nursing laws and rules. See the NCSNB Resource Manual for Licensure of Nurses Educated Outside of the United States.

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<th>Model Nursing Practice Act – DRAFT</th>
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THE FOLLOWING SECTION WAS SUGGESTED AS AN APPROACH IN THE RESOURCE MANUAL FOR LICENSURE OF NURSES EDUCATED OUTSIDE OF THE UNITED STATES (from Oregon Rules)

5.3.5 Facilitating Education Experiences for International Nurses.

a. Licensure requirements for nurses from other countries who enroll for graduate study in this jurisdiction

1.) Required licensure

   a.) When the nature of the graduate program includes no clinical component or a clinical component that requires no direct client care, the international nurse is required to hold either a limited or full RN license.

   b.) When the nature of the graduate program includes a clinical component with direct patient care experience (e.g., nurse practitioner programs, an RN license is required prior to clinical programs.

2.) Completed application using forms and instructions provided by the board and payment of appropriate fees as specified in Chapter 13.

   a.) Graduation from an education program that is equivalent to nursing education in the United States documented by a board approved credentials evaluation service.

   b.) Competence in oral and written English as demonstrated by any of the following:

      i. Passing the Test of English as a Foreign Language (TOEFL).

      ii. Documentation of holding a CGFNS certificate.

      iii. Graduation from a school of nursing outside of the United States in which all classroom instruction was in English; all nursing textbooks were in English; and the preponderance of clinical experience was in English.

      iv. Documentation of practice as a Register Nurse, in English, in another state in the United States, for at least < > hours, in the two years preceding application for licensure.

   3.) A passing score on the licensing examination on the CGFNS examination.

b. Limited licenses issued under this section shall be valid for a period of two years from the date of issuance. After that period, the limited license may be extended annually for a one-year period upon application by licensee, payment of the appropriate fee and demonstration of continued enrollment in the graduate program.

c. The limited license issued under this section is to be used only study in the Graduate Program.
### Section 4. Initial Licensure for Advanced Practice Registered Nurse.

An applicant for initial licensure as an advanced practice registered nurse shall:

- Be licensed as a registered nurse (unencumbered).
- Be a graduate from or have completed a graduate level APRN program accredited by a national accrediting body.
- Be currently certified by a national certifying body in the APRN specialty appropriate to educational preparation.
- Submit a completed written application and appropriate fees as established by the board.
- Provide other evidence as required by the board in its rules.
- Have committed no acts or omissions that are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for discipline under Article IX, Section 2, of this Act. The board may conclude after investigation that sufficient restitution and/or compliance with board conditions have resolved any previous disciplinary action.

### 5.4.1 Application for Initial Licensure as an Advanced Practice Registered Nurse.

An applicant for licensure as an advanced practice registered nurse in this state shall submit to the Board the required fee as specified in Chapter 13, verification of eligibility for licensure as a registered nurse in this jurisdiction, and a completed application that provides the following information:

- An individual new to a state can apply for an RN and an APRN license at the same time.

### 5.4.2 Information Regarding Competence Development.

- Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation directly from a graduate program accredited by a national accrediting body.
- This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license.

### 5.4.3 Information Regarding Competence Assessment.

- Current certification by a national certifying body in the APRN specialty appropriate to educational preparation.
- For applicants for whom there is no appropriate certifying examination available, states may develop alternate mechanisms to assure initial competence [until 2005].

### 5.4.4 Information Regarding Competence Conduct.

- Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
  1. The license number and status of the license; and
  2. The original state of licensure.
- Current employer if employed in health care, including address, telephone number, position and dates of employment.
- Previous employer in health care, if any, if current employment is less than 12 months.
- The date the applicant previously applied for a license in <NAME OF STATE>, if applicable.
- Responses to questions related to the applicant’s background in the following areas:
  1. Pending disciplinary action or investigation regarding any health profession license, certification or registration;
  2. Felony conviction or conviction of an undesignated offense;
  3. Any physical or mental disability, and a description of the accommodations and/or practice limitations needed for the applicant to practice safely, if any; and
  4. Any current substance abuse disorder.
- Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background;
- A completed fingerprint card if the applicant has not submitted a fingerprint card to the Board within the last <__> months; and
- State and federal criminal history results, if applicable.
### Model Nursing Practice Act – DRAFT

<table>
<thead>
<tr>
<th>5.4.5 Criteria for Evaluating APRN Certification Programs.</th>
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<tbody>
<tr>
<td>The Board shall determine whether a certification program can be</td>
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<tr>
<td>used as a requirement for licensure of advanced practice registered</td>
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<tr>
<td>nurses based upon the following standards:</td>
</tr>
<tr>
<td>a. The program is national in the scope of its credentialing.</td>
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<td>b. Conditions for taking the certification examination are consistent</td>
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<td>with standards of the testing community.</td>
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<tr>
<td>c. Educational requirements are consistent with the requirements of</td>
</tr>
<tr>
<td>the advanced practice specialty.</td>
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<tr>
<td>d. The standards methodologies used are acceptable to the testing</td>
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<td>community such as incumbent job analysis study and logical job</td>
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<tr>
<td>analysis studies.</td>
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<tr>
<td>e. The examination represents entry-level practice in the advanced</td>
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<tr>
<td>nursing practice category.</td>
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<td>f. The examination represents the knowledge, skills and abilities</td>
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<td>essential for the delivery of safe and effective advanced nursing</td>
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<tr>
<td>care to clients.</td>
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<tr>
<td>g. Examination items are reviewed for content validity, cultural bias</td>
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<tr>
<td>and correct scoring using an established mechanism, both</td>
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<tr>
<td>before use and periodically.</td>
</tr>
<tr>
<td>h. Examinations are evaluated for psychometric performance.</td>
</tr>
</tbody>
</table>
| i. The passing standard is established using acceptable psychom-
| metric methods and is re-evaluated periodically. |
| j. Examination security is maintained through established proce-
| dures. |
| k. Certification is issued based upon passing the examination and |
| meeting all other certification requirements. |
| l. A retake policy is in place. |
| m. Certification maintenance program, which includes review of |
| qualifications and continued competence, is in place. |
| n. Mechanisms are in place for communication to boards of nursing |
| for timely verification of an individual’s certification status, |
| changes in certification status, and changes in the certification |
| program, including qualifications, test plan and scope of practice. |
| o. An evaluation process is in place to provide quality assurance in |
| its certification program. |

| 5.4.6 Board Review. Each program shall be subject to periodic |
| review by the Board to determine whether criteria for approval are |
| being maintained. |

<p>| 5.4.7 Application of a Advanced Practice Registered Nurse Educated |</p>
<table>
<thead>
<tr>
<th>Outside of the United States.</th>
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</table>
| An applicant for licensure in this state as an advanced practice reg-
| istered nurse by a foreign educated APRN shall |
| a. Meet all initial criteria required of applicants educated in the |
| United States. |
| b. The APRN educational program must meet criteria for accredita-
| tion equivalent to that of a national accrediting body approved by |
| the board. |

***There has not been significant numbers of nurses prepared as |
Advanced Practice Registered Nurses immigrating to the United
**Model Nursing Practice Act – DRAFT**

## Section 5. Licensure by Endorsement.

An applicant for licensure by endorsement to practice as a registered nurse or licensed practical/vocational nurse shall:

a. Submit a completed application and fees as established by the board.

b. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, the board has found after investigation that sufficient restitution has been made.

c. Be a graduate of a board-approved nursing education program which meets criteria comparable to those established by this board and which prepares for the level of licensure being sought.

d. Pass an examination authorized by the board.

e. Be proficient in English language as set forth in the board rules.

f. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination, Nursys™ (or the Coordinated Licensure Information System).

g. Meet continued competency requirements as stated in Article V, Section 3(b) and as set forth in board rules.

h. If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application pursuant to this chapter.

i. Meet other criteria established by the Board in rule.

---

**Model Nursing Administrative Rules – DRAFT**

### 5.5.1 Application for Licensure by Endorsement as a Registered Nurse or Licensed Practical/Vocational Nurse.

An applicant for licensure by endorsement in this state shall submit to the Board the required fee for licensure by endorsement, as specified in Chapter 13, and a completed application for licensure by endorsement that provides the following information:

- **5.5.2 Information Regarding Competence Development.**

  a. An official transcript or other official documentation directly from a Board-approved nursing education program for the level of licensure being sought.

- **5.5.3 Information Regarding Competence Assessment.**

  a. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.

  b. Evidence of continued competence as defined in _____.

  """*** A refresher course may be required if an individual has not maintained active licensure and practice in the last < > years.

  """

- **5.5.4 Information Regarding Competence Conduct.**

  a. Identification of any state, territory or country in which the applicant holds a professional license or credentials, if applicable. Required information includes:

    1.) The license number and status of the license or credential.
    2.) The original state or country of licensure or credentialing.

  b. Verification of initial licensure by examination;

  c. Verification and documentation of licensure status from jurisdiction of most recent employment;

  d. Current employer if employed in health care, including address, telephone number, position and dates of employment;

  e. Previous employer in health care, if any, if current employment is less than 12 months;

  f. The date the applicant previously applied for a license in <NAME OF STATE>

  g. Responses to questions related to the applicant’s background in the following areas:

    1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration;
    2.) Felony conviction or conviction of an undesignated offense;
    3.) Any physical or mental disability or condition that requires accommodations and/or practice limitations, and a description of accommodations and/or practice limitations needed...
### Section 6. Endorsement of Advanced Practice Registered Nurses.

The board may issue a license by endorsement to practice as an advanced practice registered nurse under the laws of another state if in the opinion of the board the applicant meets the qualifications for licensure in this jurisdiction. An applicant for licensure by endorsement to practice as an advanced practice registered nurse shall:

- Submit a completed application and fees as established by the board.
- Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, the board has found after investigation that sufficient restitution has been made.
- Meet continued competency requirements as stated in Article V, Section 3(b) and as set forth in board rules.
- If convicted or pled nolo contendre to one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application pursuant to this chapter.
- Meet other criteria established by the board in rule.

### 5.8.1 Application for Licensure by Endorsement Requirements as an Advanced Practice Registered Nurse.

An applicant for licensure by endorsement as an advanced practice registered nurse in this state shall submit to the Board the required fee as specified in Chapter 13, verification of an unencumbered license as a registered nurse in this jurisdiction, and a completed application that provides the following information:

### 5.8.2 Information Regarding Competence Development.

- Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation directly from a graduate program accredited by a national accrediting body. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license; or
- Demonstrates successful completion of approved APRN certificate program prior to 2003.

### 5.8.3 Information Regarding Competence Assessment.

- Current certification by a national certifying body in the APRN specialty appropriate to educational preparation; or
- Authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification exam is available until 2005.

### 5.8.4 Information Regarding Competence Conduct.

- Identification of any state, territory or country in which the applicant holds a health profession license; the license number and status of the license, including original state of licensure, if applicable;  
- Current employer if employed in health care, including address, telephone number, position and dates of employment;  
- Previous employer in health care, if any, if current employment is less than 12 months;  
- The date the applicant previously applied for a license in <NAME OF STATE>, if applicable;  
- Responses to questions related to the applicant's background in the following areas:
  1) Pending disciplinary action or investigation regarding any health profession license, certification or registration;  
  2) Felony conviction or conviction of an undesignated offense;
### Model Nursing Practice Act – DRAFT

<table>
<thead>
<tr>
<th>Section 7. Temporary Permits</th>
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</thead>
<tbody>
<tr>
<td>The Board may issue temporary permits in the following circumstances:</td>
</tr>
<tr>
<td>a. Applicants for Licensure by Examination. The board may issue, upon the request of an applicant, a temporary permit for practicing under the direct supervision of a Registered Nurse. This permit is not renewable and expires upon receipt of licensure examination results or ___ months, whichever comes first.</td>
</tr>
<tr>
<td>b. Applicants for Endorsement. The board may issue, upon the request of an applicant, a temporary permit to practice nursing at the same level of licensure to an individual currently licensed in another jurisdiction of the United States who submits an application in accord with the rules of the board.</td>
</tr>
<tr>
<td>c. Individuals Previously Licensed to Practice Nursing Enrolled in Refresher Courses. The board may issue a temporary permit to provide direct client care as part of a nursing refresher course, as permitted in board rules.</td>
</tr>
<tr>
<td>d. APRN Temporary Permits. The board may issue, upon request of the applicant, a temporary permit to practice advanced practice nursing to an applicant authorized to practice at that level in a U.S. jurisdiction who submits an application in accord with the rules of the board.</td>
</tr>
</tbody>
</table>

### Model Nursing Administrative Rules – DRAFT

<table>
<thead>
<tr>
<th>5.7 Temporary Permits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7.1 Types of Temporary Permits.</td>
</tr>
<tr>
<td>a. The Board may issue a temporary permit to practice nursing to the following:</td>
</tr>
<tr>
<td>1.) Applicants for licensure by examination may be issued a temporary permit to work under the direct supervision of a Registered Nurse.</td>
</tr>
<tr>
<td>2.) Applicants for endorsement who can verify licensure in another jurisdiction of the United States may be issued a temporary permit to practice nursing at the level of licensure being sought;</td>
</tr>
<tr>
<td>3.) A temporary permit may be issued to nursing refresher course students who are completing continued competency requirements for seeking reinstatement of license or application for licensure by endorsement.</td>
</tr>
<tr>
<td>4.) A temporary permit may be issued to a new graduate advanced practice registered nurse to work under supervision of another APRN or physician.</td>
</tr>
</tbody>
</table>

**Endorsement challenges would be non-existent if all boards adopted the elements of the Uniform Core Licensure Requirements.**

- Any physical or mental disability and a description of accommodations and/or practice limitations needed for the applicant to practice safely, if any; and
- Any current substance abuse disorder.
- Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background;
- Submission of state and national criminal background checks completed within the last ___ months; and
- State and federal criminal history results, if applicable.

5.7.2 Duration of Temporary Permits. Temporary permits may be issued for a time period not to exceed ___ months.

5.7.3 Procedure for Issuing Temporary Permits.

a. Applicants for licensure by examination shall:
   1.) Request a temporary permit when making application for licensure and to sit for the licensing examination.
   2.) Meet all other requirements for licensure.
### Section 8. Renewal of RN/LPN/VN Licenses.

Registered Nurse/Licensed Practical Nurse/Vocational Nurse licenses issued under this Act shall be renewed every \(< \) years according to a schedule established by the board.

- An applicant for licensure renewal shall submit a verified statement that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.
- A renewal license shall be issued to a registered nurse or licensed practical/vocational nurse who remits the required fee and satisfactorily completes any other requirements established by the board as set forth in rules.
- No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence.
- Failure to renew the license shall result in forfeiture of the right to practice nursing in this state.

### 5.8.1 Renewal of Licenses.

The renewal of licensure must be accomplished by \(< \) date determined by the Board>. Failure to renew the license on or before the date of expiration appearing on the license shall result in the forfeiture of the right to practice nursing in this state.

Notification to Renew. At least \(< \) days before the expiration date of a license, the Board shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application.

***Many boards are exploring new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.***
An applicant for licensure renewal shall submit to the Board the required fee for licensure renewal, as specified in Chapter 13, and a completed application for licensure renewal that provides the following information:

a. Evidence of completion of the continued competence requirements specified in 5.8.3 below;

b. Responses to questions related to the applicant’s background in the following areas:
   1. Pending disciplinary action or investigation regarding any health profession license, certification or registration;
   2. Felony conviction or conviction of an undesignated offense;
   3. Any physical or mental disability and a description of accommodations or practice limitations needed for the applicant to practice safely, if any; and
   4. Any current substance abuse disorder.

c. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.

### 5.8.3 Continued Competence Requirement for Registered Nurses and Licensed Practical/Vocational Nurses.

***This section contains most of the content that was included in the previous MNAR revision. Given the emphasis on client safety and the need for assuring competence of health care providers, a recommendation has been made to the NCSBN Board of Directors for them to appoint a group to focus on this topic in FY2004. Part of the proposed charge for this group would be to provide updated content for this portion of the MNAR.

The Registered Nurse or Licensed Practical/Vocational Nurse shows evidence of continued competence.

a. Purpose. The purpose of continued competence requirements is to assure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles and concepts in the practice of registered or practical/vocational nursing.

b. Continued Competence Requirements. A registered Nurse or Licensed Practical/Vocational Nurse shall provide as part of an application for license renewal, license reinstatement or licensure by endorsement, documentation that activities promoting continued competence from either Group A or Group B have been completed. Activities shall have been completed within the last renewal period for applicants renewing their licenses, and within the last < > years for applicants for reinstatement and licensure by endorsement.

c. Continued Competence Activities, Group A. Individuals choosing Group A activities shall complete at least two of the following:
   1. Continuing Education. Continuing education credit shall be given by the Board upon documentation of < > contact hours.
2.) Continuing education shall be selected in one or more of the following topics:
   a.) Nursing education and practice;
   b.) Special health care problems;
   c.) Biological, physical, or behavioral sciences;
   d.) Legal or ethical aspects of health care;
   e.) Nursing management or administration of nursing personnel and client care; and
   f.) Health education, including client wellness, disease prevention and safety.

3.) The Board will give continuing education credit for hours which are part of a mediated learning system such as educational television, audio or video cassettes and for contact hours which are a part of an independent study program, if the system or program is accredited by an agency on a list of recognized accrediting agencies maintained by the Board in its offices. One contact hour, for purposes of this section, is a minimum of 50 minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:
   a.) One quarter academic credit equals 10 contact hours; and
   b.) One semester hour academic credit equals 15 contact hours.

4.) Professional Activities. Continuing competence credit shall be given by the Board upon documentation of at least ( ) hours of participation in at least one of the following areas:
   a.) Authoring or contributing to an article, book or publication related to health care.
   b.) Development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
   c.) Design and conduct of a research study relating to nursing and health care; or
   d.) Other professional activities approved by the Board and included on a list maintained in its offices.

5.) Nursing Practice. Continuing competence credit shall be given by the Board upon documentation of at least ( ) hours of satisfactory nursing practice per renewal cycle. Hours of practice shall be documented on a renewal survey from provided by the Board, including the name of the individual's employer or nursing supervisor.

   d. Continued Competence Activities, Group B. Individuals choosing Group B activities shall document completion of at least one of the following:
   1.) Completed a nursing refresher course approved by the Board; or
   2.) Attained a degree or professional certification in nursing, or made progress toward post-basic education by completing at least ( ) required courses; or
### Section 9. APRN License Renewal

A renewal license shall be issued to an advanced practice registered nurse who maintains national certification in the appropriate APRN specialty through an ongoing certification maintenance program of a nationally recognized certifying body, [or for applicants for whom no recognized certification is available must participate in a competence maintenance program] remits the required fee, and satisfactorily completes any other requirements established by the board as set forth in rules.

### 5.9 Application for Renewal of License as an Advanced Practice Registered Nurse.

#### 5.9.1 Application for APRN Renewal.

An applicant for licensure renewal as an advanced practice registered nurse shall submit to the Board the required fee for licensure renewal, as specified in Chapter 13, and a completed license renewal application that provides the following information:

- **Application Questions.** Responses to questions related to the applicant’s background in the following areas:
  1.) Pending disciplinary action or investigation regarding any health profession license, certification or registration;
  2.) Felony conviction or conviction of an undesignated offense;
  3.) Any physical or mental disability, and a description of accommodations or practice limitations needed for the applicant to practice safely, if any; and
  4.) Any current substance abuse disorder.
- **Additional Information.** Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background;
- **Evidence of completion of Continued Competence Requirements**
  1.) Evidence of certification or re-certification by a national professional certification organization that meets the requirements of section _______; or
  2.) Satisfactory completion of < > hours of pharmacotherapeutics in the advanced practice area.

***A different approach has been used with the continued competence requirements for APRNs because the majority of boards require national certification. Most certification programs require significant amounts of continuing education or other activities that can be utilized to meet the licensure continued competence requirements.***
### Model Nursing Practice Act – DRAFT

**Section 10. Reinstatement of Licenses.**

a. A licensee whose license has lapsed by failure to renew may apply for reinstatement according to the rules established by the board. Upon satisfaction of the requirements for reinstatement, the board shall issue a renewal of license.
b. A licensee whose license has been suspended, revoked or otherwise removed shall, at time of application for reinstatement, comply with all licensure requirements as well as any specific requirements set forth in the board’s discipline order.

### Model Nursing Administrative Rules – DRAFT

**5.8.2 Documentation.**

a. Satisfaction of continued competence requirements shall be documented on a renewal form provided by the Board and must be submitted prior to license renewal.
b. All information concerning continued competence submitted with a renewal application or licensure by endorsement application is subject to audit at the discretion of the Board.

**5.8.3 Audit.**

The Board may conduct a random audit of nurses to review continued competence requirements. Upon request of the Board, licensees shall submit complete documentation of the continued competence activities.

**5.8.4 Issuance of License.**

The Board shall issue a current license to each APRN renewal applicant who complies with all the above requirements.

### Section 11. Duties of Licensees.

a. The nurse shall comply with the provisions of this act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of the state.
b. Board Inquiries
   1) In response to board inquiries, provide relevant and truthful personal, professional or demographic information requested by the board to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.
   2) Failure to provide the requested information may result in non-renewal of the license to practice nursing and/or licensure disciplinary action.
c. Board Ordered Evaluations
   1) Submit to a physical or mental evaluation by a designated < > when directed in writing by the board for cause.
   2) If requested by the licensee, the licensee may also designate a < > for an independent medical examination.
3.) Refusal or failure of a licensee to complete such examinations shall constitute an admission of any allegations relating to such condition.

4.) All objections shall be waived as to the admissibility of the examining < > testimony or examination reports on the grounds that they constitute privileged communication.

5.) The medical testimony or examinations reports shall not be used against a registered nurse, licensed practical nurse or advanced practice registered nurse in another proceeding and shall be confidential.

6.) At reasonable intervals, a registered nurse, licensed practical nurse or advanced practice registered nurse shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to clients.

**Article VI. Titles and Abbreviations**

**Section 1. Titles and Abbreviations for Licensed Nurses.** Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:

a. Title: “Registered Nurse” and the abbreviation “RN.”

b. Title: “Licensed Practical/Vocational Nurse” and the abbreviation “LPN/VN.”

c. Title: “Advanced Practice Registered Nurse” and the abbreviation “APRN.”

It shall be unlawful for any person to use the title “Nurse,” “Registered Nurse,” “Licensed Practical/Vocational Nurse,” “Advanced Practice Registered Nurse,” or their authorized abbreviations unless permitted by this Act.

**Section 2. Titles and abbreviations for Temporary Permits.** Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall the right to use the titles < > and abbreviations < > designated by the state.

**Article VII. Approval of Nursing Education Programs**

**Section 1. Approval Standards.** The board shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences and approve such programs that meet the requirements of the Act and the board administrative rules.

**Chapter Seven – Nursing Education**

**7.1 Nursing Education Standards.**

**7.1.1 Purpose of Standards.**

a. To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

b. To provide criteria for the development, evaluation and improvement of new and established nursing education programs.

c. To assure candidates are educationally prepared for licensure and recognition at the appropriate level.
### 7.1.2 Nursing Education Standards.

- **a.** The purpose and outcomes of the nursing program shall be consistent with the Nursing Practice Act and board-promulgated administrative rules, regulations, and other relevant state statutes.
- **b.** The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.
- **c.** The input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program.
- **d.** The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.
- **e.** The curriculum shall provide diverse learning experiences consistent with program outcomes.
- **f.** Faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement.
- **g.** The nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program.
- **h.** Professionally and academically qualified nurse faculty is sufficient in number and expertise to accomplish program outcomes and quality improvement.
- **i.** The fiscal, human, physical and learning resources are adequate to support program processes and outcomes.
- **j.** Program information communicated by the nursing program shall be fair, accurate, inclusive, consistent, and readily available to the public.

### 7.1.3 Required Criteria for Nursing Education Programs.

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of an accredited, governing academic institution. The following minimal criteria serve to support implementation of the Nursing Education Standards (7.1.2).

- **a.** Evaluation – A comprehensive nursing education program evaluation shall be performed annually and shall include, but not be limited to:
  1. Students’ achievement of program outcomes.
  2. Adequate program resources, including the availability of clinical sites and the viability of those sites to meet the objectives of the curriculum.
  3. Multiple measures of student success after graduation (e.g., a student or employer survey).
  4. NCLEX pass rate.
- **b.** Curriculum
  1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:
<table>
<thead>
<tr>
<th>Model Nursing Practice Act – DRAFT</th>
<th>Model Nursing Administrative Rules – DRAFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.) Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;</td>
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</tr>
<tr>
<td>b.) Experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and leadership of the profession.</td>
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</tr>
<tr>
<td>c.) Learning experiences and methods of instruction consistent with the written curriculum plan; and</td>
<td>c.) Learning experiences and methods of instruction consistent with the written curriculum plan; and</td>
</tr>
<tr>
<td>d.) Coursework including, but not limited to:</td>
<td>d.) Coursework including, but not limited to:</td>
</tr>
<tr>
<td>i.) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;</td>
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</tr>
<tr>
<td>ii.) Didactic content and clinical experience in the promotion, prevention, restoration and maintenance of health in clients across the life span and in a variety of clinical settings, to include:</td>
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</tr>
<tr>
<td>(01)Utilizing informatics to communicate, manage knowledge, mitigate error and support decision-making using information technology.</td>
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</tr>
<tr>
<td>(02)Providing client-centered care</td>
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</tr>
<tr>
<td>(a) Respecting client differences, values, preferences and expressed needs.</td>
<td>(a) Respecting client differences, values, preferences and expressed needs.</td>
</tr>
<tr>
<td>(b) Involving clients in decision-making and care management.</td>
<td>(b) Involving clients in decision-making and care management.</td>
</tr>
<tr>
<td>(c) Coordinating and managing continuous client care and</td>
<td>(c) Coordinating and managing continuous client care and</td>
</tr>
<tr>
<td>(d) Promoting healthy lifestyles for clients and populations</td>
<td>(d) Promoting healthy lifestyles for clients and populations</td>
</tr>
<tr>
<td>(03)Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.</td>
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</tr>
<tr>
<td>(04)Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care.</td>
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</tr>
<tr>
<td>(05)Applying quality improvement processes.</td>
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</tr>
<tr>
<td>(a) Measuring quality in terms of structure, process and client outcomes</td>
<td>(a) Measuring quality in terms of structure, process and client outcomes</td>
</tr>
<tr>
<td>(b) Identifying hazards and errors</td>
<td>(b) Identifying hazards and errors</td>
</tr>
<tr>
<td>(c) Participating in developing changes in processes and systems of care, with the objective of improving quality.</td>
<td>(c) Participating in developing changes in processes and systems of care, with the objective of improving quality.</td>
</tr>
<tr>
<td>iii.) The development of clinical judgment (the nursing process); and</td>
<td>iii.) The development of clinical judgment (the nursing process); and</td>
</tr>
<tr>
<td>iv.) Supervised clinical practice to include management and care of groups of clients, and delegation and supervision of other health care providers.</td>
<td>iv.) Supervised clinical practice to include management and care of groups of clients, and delegation and supervision of other health care providers.</td>
</tr>
<tr>
<td>e.) Clinical experience shall be comprised of sufficient hours to meet these standards and ensure students’ ability to practice at an entry level and shall be supervised by qualified faculty.</td>
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</tr>
</tbody>
</table>
f.) Delivery of instruction by distance education methods must be congruent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the board.

i.) The distance learning educational program shall establish a means for assessing individual student outcomes, program outcomes, and it must establish a process for program evaluation.

ii.) Regulation of the distance learning programs shall be done in the jurisdiction of origination.

iii.) Faculty shall be licensed in the state of the origination of the distance-learning program.

iv.) Clinical faculty shall be licensed in the state of the student location. The distance learning educational program should provide students with adequate supervised experience so that the program objectives are met.

v.) The distance learning program shall assure students and faculty adequate technical support and assistance and allow students adequate access to resources and faculty.

vi.) The institution shall assure security of the students’ personal information in conducting assessments, evaluations and in dissemination of results of distance learning courses, and it shall seek to assure the integrity of student work.

vii.) Adequate provision shall be made for the placement of students if a distance learning program closes before students complete the program.

c. Students

1.) Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice.

2.) All policies relevant to applicants and students shall be available in writing.

3.) Students shall be required to meet the health standards and criminal background checks as required in the state.

d. Administrator Qualifications

1.) The administrator of the nursing education program shall be a registered nurse, licensed or privileged to practice in this state, with the additional education and experience necessary to direct a program preparing graduates for the safe and effective practice of nursing. The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program.

2.) Administrator qualifications in a program preparing for practical/vocational nurse licensure:

a.) Minimum of a bachelor’s degree in nursing and master’s in nursing or related field;
### Model Nursing Practice Act – DRAFT

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<tbody>
<tr>
<td>b.)</td>
<td>Educational preparation or experience in teaching, curriculum development and administration, including at least two years of clinical experience; and</td>
</tr>
<tr>
<td>c.)</td>
<td>A current knowledge of nursing practice at the practical/vocational level.</td>
</tr>
</tbody>
</table>

***It is preferable that the program administrator hold an earned doctorate related to nursing program administration.***

<table>
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<tr>
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<tbody>
<tr>
<td>3.) Administrator qualifications in a program preparing for registered nurse licensure:</td>
<td></td>
</tr>
<tr>
<td>a.)</td>
<td>A doctoral degree in nursing or a master’s degree with a major in nursing and a doctoral degree;</td>
</tr>
<tr>
<td>b.)</td>
<td>Educational preparation or experience in teaching, curriculum development and administration, including at least two years of clinical experience; and</td>
</tr>
<tr>
<td>c.)</td>
<td>A current knowledge of professional nursing practice.</td>
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<tbody>
<tr>
<td>4.) Faculty</td>
<td>a.) There shall be sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program.</td>
</tr>
<tr>
<td>b.) Qualifications for nursing faculty who teach in a program leading to licensure as a practical/vocational nurse:</td>
<td></td>
</tr>
<tr>
<td>i.)</td>
<td>Be currently licensed or privileged to practice as a registered nurse in this state;</td>
</tr>
<tr>
<td>ii.)</td>
<td>Have a minimum of a baccalaureate degree with a major in nursing; and</td>
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<tr>
<td>iii.)</td>
<td>Have &lt;&gt; years of clinical experience.</td>
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<tr>
<td>iv.)</td>
<td>Have preparation in teaching and learning principles for adult education, including curriculum development and implementation.</td>
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</tbody>
</table>

***It is preferable that the nursing program faculty be masters prepared.***

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<td>5.) Qualifications for nursing faculty who teach in programs leading to licensure as a registered nurse shall:</td>
<td></td>
</tr>
<tr>
<td>a.)</td>
<td>Be currently licensed or privileged to practice as a registered nurse in this state;</td>
</tr>
<tr>
<td>b.)</td>
<td>Have a minimum of a master’s degree in nursing with a major in nursing; and</td>
</tr>
<tr>
<td>c.)</td>
<td>Have &lt;&gt; years of clinical experience.</td>
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<td>d.)</td>
<td>Have preparation in teaching and learning principles for adult education, including curriculum development and implementation.</td>
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<tr>
<td>6.) Adjunct Clinical Faculty employed solely to supervise clinical nursing experiences of students shall meet all the qualifications above.</td>
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<tbody>
<tr>
<td>7.) Interdisciplinary Faculty who teach non-clinical nursing courses, e.g., issues and trends, nursing law and ethics, pharmacology, nutrition, research, management and statistics, shall have advanced preparation appropriate to these areas of content.</td>
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</tr>
</tbody>
</table>
### Section 2. Initial Approval Required

An educational institution that seeks to provide a diploma, degree or certificate in nursing to students in this jurisdiction shall apply to the board and submit evidence that its nursing program(s) meets or will meet the standards established by the board. If, upon review, the board determines that the program(s) meets established standards, it shall grant approval.

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### Section 3. Provisional or Interim Approval of New Programs

Provisional approval of new programs may be granted contingent upon conditions set forth by the board in administrative rules.

---

### Section 4. Continuing Approval of Nursing Programs

The board shall periodically review educational nursing programs and require nursing education programs to submit evidence of compliance with standards and administrative rules. If upon review of such evidence the board determines that the program(s) meets the established standards, it shall grant continuing approval. The board will publish a list of approved programs.

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### Model Nursing Practice Act – DRAFT

- **The purpose of adjunct clinical faculty is to supplement and complement the nursing faculty, not to substitute for nursing faculty. A team approach, having adjunct faculty work closely with the nursing faculty will facilitate the clinical application of the specialized content in nursing practice.**

### Model Nursing Administrative Rules – DRAFT

- **8.) Preceptors – Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role-model and educator to the student. Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction in all basic areas, for that course or specific learning experience. Clinical preceptors should be licensed at or above the level for which the student is preparing.**

---

### 7.2.1 Models for Determining Compliance with Standards.

The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state approval and/or through accreditation by a recognized national, regional, or state accreditation body.

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### 7.3 Nursing Education Approval Process.

#### 7.3.1 Initial Approval of Nursing Education Programs.

Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the Standards for nursing education (section 7.1.2).

#### 7.3.2 Provisional Approval of New Nursing Education Programs.

The board may grant provisional approval until graduation of the first class.

---

### 7.4.1 Ongoing Approval of Nursing Education Programs.

All nursing education programs shall be reevaluated every < > years, upon request of the nursing education program, or at the discretion of the board, to ensure continuing compliance with the Standards for Nursing Education (Section 7.1.2 above). All nursing programs shall be evaluated by methods determined by the board.
### Section 5. Denial or Withdrawal of Approval

The board may deny or withdraw approval or take such action as deemed necessary when nursing education programs fail to meet the standards established by the board, provided that all such actions shall be in accordance with this state’s Administrative Procedures Act and/or the Administrative Rules of the board. A process of appeal and reinstatement shall be delineated in board rules.

### Section 6. Reinstatement of Approval

The board shall reinstate approval of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the board.

### 7.4.2 Conditional Approval of Nursing Education Programs.

- **a.** If the board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

  The Board may grant conditional approval when it determines that a program is not fully meeting approval standards.

### 7.5.1 Denial or Withdrawal of Approval.

- **a.** The board may deny provisional (initial) approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.

- **b.** The board may withdraw approval if:

  1. It determines that a nursing education program fails substantially to meet the standards for nursing education; or

  2. A nursing education program fails to correct the identified deficiencies within the time specified.

### 7.5.2 Appeal.

A program denied approval or given less than full approval may appeal that decision within a < > month period. All such actions shall be effected in accordance with due process rights and the <NAME OF STATE> Administrative Procedures Act and/or Administrative Rules of the Board.

### 7.6.1 Reinstatement of Approval.

The board may reinstate approval if the program submits evidence of compliance with plan within the specified time frame.

### 7.6.2 Closure of Nursing Education Program and Storage of Records.

A nursing education program may close voluntarily or may be closed due to withdrawal of board approval. Provision must be made for maintenance of the standards for nursing education during the transition to closure; placement for students who have not completed the nursing program; and for the storage of academic records and transcripts.

### 7.6.3 Required Components of Graduate Education Programs Preparing Advanced Practice Registered Nurses.

Education program offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice specialty; or post-masters certificate programs offered by an accredited college or university shall include the following components:
This chapter describes the remedies available to the Board when there is a violation of the Nursing Practice Act or Nursing Administrative Rules by a person who is not a licensee or a candidate for licensure, thus not directly subject to the jurisdiction of the Board.

Section 1. Violations. Every employer of a licensed nurse and every person acting as an agent for such a nurse in obtaining employment shall verify the current status of the licensee's authorization to practice within the provisions of this chapter. As used in this section, the term "agent" includes, but is not limited to, a nurses registry.

a. No person shall:

1.) Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act.

2.) Practice nursing under cover of any diploma, license or record illegally or fraudulently obtained, signed or issued unlawfully or under fraudulent representation.

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<th>Section 3. Criminal Prosecution</th>
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<td>4.) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a registered nurse, licensed practical nurse or advanced practice registered nurse unless such person is duly licensed so to practice under the provisions of this Act.</td>
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<td>5.) Fraudulently obtain or furnish a license by or for money or any other thing of value.</td>
<td>7.) Knowingly employ unlicensed persons in the practice of nursing.</td>
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Model Nursing Practice Act – DRAFT

f. Reprimand or otherwise discipline a licensee.
g. Impose a civil penalty not exceeding $10,000 for each separate violation.
h. Impose fines of up to ($).

Take any other action justified by the facts in the case.

***The rationale for the option of large civil penalties is to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of counsel, investigation and proceeding, and to discourage repeated violations. The “other action” provision gives to the board flexibility to be creative with remedy provisions.

Section 2. Grounds for Discipline. The board may discipline a licensee or applicant for any or a combination of the following grounds [as defined by regulations adopted by the board]:
   a. Failure to Meet Requirements – the failure to demonstrate the qualifications or satisfy the requirements for licensure contained in Article V. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements.
   b. Criminal Convictions – convictions by a court or entry of a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing, to the ability to practice nursing.
   c. Fraud and/or Deceit – employment of fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing client records, in signing any report or records in the nurse’s capacity as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse or in submitting any information or record to the board.
   d. Unethical conduct, including but not limited to conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.
   e. Action in Another Jurisdiction – a nurse’s license to practice nursing or a multi-state practice privilege or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.
   f. Unsafe Practice/Unprofessional Practice – actions or conduct including, but are not limited to:
      1.) Failure or inability to perform registered nursing, practical nursing or advanced practice nursing, as defined in Article II and chapter two, with reasonable skill and safety.
      2.) Unprofessional conduct, including a departure from or failure to conform to nursing standards established by the Board and evidence-based practice guidelines developed by recognized authority;

Model Nursing Administrative Rules – DRAFT

Probation – Through this discipline remedy, the board requires additional requirements for the nurse to meet in order to continue practicing. Probation is called a conditional license by some boards.

Limited License – Boards authorized to limit or restrict a license use this remedy to take some aspect of practice away. Examples of limitations are working only under direct supervision, no access to controlled substances or no working in a particular setting or shift.

***The current Model Act includes a very detailed list of discipline grounds. The subcommittee that worked on this revision identified two approaches to discipline grounds in Nursing Practice Acts:

APPROACH ONE – BROAD GROUNDS CATEGORIES IN NPA
Details would be promulgated in rules/regulations.

APPROACH TWO – DETAILED GROUNDS IN NPA
The detailed language is included as part of the Nursing Practice Act, precluding the need for additional rules.

***There are advantages to both approaches. Having broad ground category with detail in rules/regulations provides more flexibility for the board to add to the rules as needed. Having the detail in the Act provides clear notice to nurses as to the types of conduct that the board sees as problematic.

***This document presents the grounds in a format that will meet both needs: boards using the broad category approach can use the heading language for each group of grounds in their act, the details in their rules. The boards using the detailed grounds can use all or selected parts of the detailed language in their law. Throughout this chapter, editorial notes are provided to identify how detailed language from the Act might be used to develop rules by those Boards using broader language in the NPA and specifics in the rules.

***Unsafe practice addresses situations when the client is harmed or placed at risk of harm by the actions or inactions of the nurse. Many of the actions or conduct listed reflect omissions, a lack of knowledge, skills and abilities, and/or inappropriate professional judgment. It may be useful for Boards using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.
<table>
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<td>3.) Failure to supervise the performance of acts by any individual working at the nurse’s direction, including failure of a chief administrative nurse to provide oversight of the nursing organization and nursing services of a health care delivery system.</td>
<td></td>
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<tr>
<td>4.) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a modified license or any stipulated agreement with the board.</td>
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<tr>
<td>5.) Conduct or any nursing practice that may create unnecessary danger to a client’s life, health or safety. Actual injury to a client need not be established.</td>
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<tr>
<td>6.) Inability to Practice Safely – demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical conditions.</td>
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<td>7.) Unethical Conduct – behavior likely to deceive, defraud, or harm the public, or demonstration of a willful or careless disregard for the health, welfare, or safety of a client. Actual injury need not be established.</td>
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<tr>
<td>g. Misconduct – actions or conduct that include, but are not limited to:</td>
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<td>1.) Failure to cooperate with a lawful investigation conducted by the board.</td>
<td>III<strong>Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for Boards using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.</strong></td>
</tr>
<tr>
<td>2.) Violation of an Order of the board;</td>
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<tr>
<td>3.) Failure to maintain professional boundaries with clients and/or client family members.</td>
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<tr>
<td>4.) Use of excessive force upon or mistreatment or abuse of any client. “Excessive force” means force clearly greater than what would normally be applied in similar clinical situations.</td>
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<tr>
<td>5.) Engagement in sexual conduct with a client, or conduct that may reasonably be interpreted by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client.</td>
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<tr>
<td>h. Drug Diversion – diversion or attempts to divert drugs or controlled substances</td>
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<tr>
<td>i. Failure to Comply with Alternative Program Requirements – failure of a participant of an alternative (to discipline) program to comply with terms of his /her alternative program agreement.</td>
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<tr>
<td>j. Other Drug Related – actions or conduct that include, but are not limited to:</td>
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</tr>
<tr>
<td>1.) Intemperate use or abuse of alcohol or drugs that the board determines endangers or could endanger a client.</td>
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<tr>
<td>2.) Use of any controlled substance or any dangerous drug or dangerous device or alcoholic beverages, to an extent or in a way that would endanger a client.</td>
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</tbody>
</table>

***Promotes specific ground for failure to comply with terms of program agreement with Alternatives to Discipline Program. By adding this ground, the problem of investigation if a nurse has been in a program for some time, relapses and is referred to the board for possible disciplinary action, is addressed."
### Model Nursing Practice Act – DRAFT

| **manner dangerous or injurious to himself or herself, any other** |  |
| **person, or the public or to the extent that such use impairs** |  |
| **his or her ability to conduct with safety to the public the** |  |
| **practice authorized by his or her license.** |  |
| 3.) Falsify or make incorrect, inconsistent or unintelligible entries |  |
| **in any hospital, client or other record pertaining to controlled** |  |
| **substances.** |  |

**k. Unlawful Practice – actions or conduct that include, but are not**

**limited to:**

1.) Has knowingly aided, assisted, advised, or allowed an
unlicensed person to engage in the unlawful practice of
registered or practical nursing.

2.) Has violated a rule adopted by the board, an order of the
board, or a state or federal law relating to the practice of
registered or practical nursing, or a state or federal narcotics
or controlled substance law.

3.) Has practiced beyond the scope of practice as stated in
this Act.

### Model Nursing Administrative Rules – DRAFT

| ***Makes not completing or otherwise complying with a Board**
| **Order a ground for discipline in itself. Also addresses failure to**
| **comply with other laws and rules/regulations.** | **Section 4. Procedure.** The board shall establish a disciplinary pro-
| **cess based on the Administrative Procedure Act of the State of**
| <NAME OF STATE >. | **9.4. Disciplinary Process.**

#### 9.4.1 Complaint Investigation.

- a. The Board shall investigate alleged acts or omissions that the
  Board reasonably believes constitute cause for complaint.
- b. Investigation reports shall be used by board staff and attorneys
to support the resolution of complaints.

#### 9.4.2 Complaint Resolution.

- a. Board staff and attorney may explore settlement of complaints
  through informal negotiations with the subject nurse and/or
  subject nurse’s attorney.
- b. If a complaint cannot be resolved through informal negotiations,
  the board attorney may refer the case for formal administrative
  hearings.
- c. The board shall review negotiated settlements to determine that
  any proposed remedy is appropriate for the facts as admitted or
  stipulated.
- d. The board shall review the evidence and record produced at
  administrative hearings, and recommendations of the administra-
  tive law judge to determine whether the burden of proof has
  been met showing that the licensee has violated one or more
  grounds for disciplinary action.
- e. The board is responsible for making complaint resolution
  decisions, that include:
  1. Take action to dismiss
  2. Request further investigation
  3. Take any action authorized in Article IX of the Model
  Practice Act
  4. Ratify a temporary suspension as the result of an emergency
  action taken pursuant to Article X of the Model Nursing
  Practice Act, or
  5. Reinstate a previously sanctioned license.
## Section 5. Immunity

Any member of the board or staff and any person reporting to the board of nursing under oath and in good faith information relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing shall not be subject to a civil action for damages as a result of report such information. The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the board to act pursuant to this section.

## Section 8. Notification

The board shall communicate disciplinary actions taken as set forth in rule.

### 9.6.1 Notification.

a. The individual who reported the initial complaint to the Board shall be notified in writing of the case resolution.
b. The Board may use written or electronic methods to notify the public of the actions of the Board.

## Section 7. Alternative Program

### 9.7 Alternative to Discipline Monitoring Programs.

#### 9.7.1 Purpose.

Alternative to Discipline Monitoring Programs promote public health and safety by providing a non-punitive and non-public process for monitoring participants' recovery from substance abuse as well as their ability to provide safe nursing services.

#### 9.7.2 Objectives.

a. To promote early identification and close monitoring of nurses who are impaired due to substance abuse.
b. To decrease the time between the nurse’s acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program.
c. To assure that recovering nurses are compliant with treatment, recovery and work plans.
d. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.
e. To reach nurses who may be affected by substance abuse.

#### 9.7.3 Program Structure.

a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program.
b. The program services shall include:
   1.) Intake services.
   2.) Development of nurse-program agreements tailored to the participant's needs and situation.
   3.) Processes for monitoring participant nursing practice.
   4.) Processes for monitoring participant recovery.
   5.) Documentation of program compliance, including results of drug testing.
   6.) Procedure for timely reporting of non-compliance to the board.
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<td>d. The program shall make aggregate data regarding operations and outcomes available to the board and interested others.</td>
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<td>a. The program shall develop admission criteria for review and approval by the Board.</td>
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<td>1.) The applicant is not eligible for licensure in the jurisdiction.</td>
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<td>2.) The nurse has a history of prior substance abuse treatment.</td>
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<td>3.) The nurse has a history of prior licensure disciplinary action.</td>
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<td>4.) The nurse has pending criminal action or past criminal conviction.</td>
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<td>5.) The applicant has diverted controlled substances.</td>
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<td>6.) The applicant's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, the treatment provider or the nurse.</td>
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<td>b. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.</td>
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<td>a. A participant successfully completes the program when:</td>
</tr>
<tr>
<td>1. The participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement.</td>
<td>1. The participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement.</td>
</tr>
<tr>
<td>2. The participant is notified in writing of successful program completion.</td>
<td>2. The participant is notified in writing of successful program completion.</td>
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### Model Nursing Practice Act – DRAFT

#### Article X. Emergency Relief

**Section 1. Summary Suspension.**

a. Authority. The board is authorized to temporarily suspend the license of a nurse without a hearing if:
   1.) The board finds that there is probable cause to believe that the nurse has violated a statute or rule that the board is empowered to enforce.
   2.) Continued practice by the nurse would create imminent and serious risk of harm to others.

b. Duration. The suspension shall remain in effect until the board issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the board and licensee.

c. Hearing. The board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after the issuance of the summary suspension order. The licensee shall receive at least < > days notice of the hearing.

### Model Nursing Administrative Rules – DRAFT

#### 9.7.7 Causes for Termination from Program.

Participation may be terminated for any of the following reasons:

a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter;

b. The participant fails to comply with any provision of the participant’s agreement;

c. The participant is unable to practice according to acceptable and prevailing standards of safe care due to substance abuse;

d. The program receives information that, after investigation, indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter; or

e. The participant receives a felony conviction.

### Article X of the MNPA and chapter ten of the MNAR provide a process for the board to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.

### Chapter Ten – Emergency Relief

***Article X of the MNPA and chapter ten of the MNAR provide a process for the board to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.***

***The specificity of Article X in the Model Nursing Practice Act precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.***

*** This section allows a board to act on a previous court action without additional proceedings.

Example: a nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.

Another option is to consider automatic suspension for specified, very serious criminal convictions.
Section 3. Injunctive Relief.

a. Authority. The board or any prosecuting officer upon a proper showing of the facts is authorized to petition a court of competent jurisdiction for an order to enjoin (injunctive relief):

1.) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under Article XII.
2.) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XII.
3.) Any person, firm, corporation, institution or association from operating a school of nursing without approval.
4.) Any person whose license has been suspended or revoked for practicing as an RN, LPN/VN or APRN.

Such acts are declared to be a public nuisance and pose a risk of harm to the public health and safety.

b. The court may without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this section, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.

Section 4. Preservation of Other Remedies. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article XI. Reporting

Section 1. Mandatory Reporting by Licensed Nurses

a. A licensed nurse shall report to the Board in the manner prescribed by rule if the nurse has reasonable cause to suspect that:

1.) A nurse has unnecessarily exposed a client or other person to a risk of harm;
2.) A nurse has exhibited unprofessional conduct;
3.) A nurse has failed to adequately care for a client;
4.) A nurse has failed to conform to the minimum standards of acceptable nursing practice; or
5.) A nurse is impaired or the nurse’s ability to practice is likely impaired by reason of substance abuse or mental or physical impairment.

Section 2. Duty to Report

a. Hospitals, nursing homes and other employers of registered nurses, licensed practical/vocational nurses or advanced practice registered nurses shall report to the board the names of those licensees whose employment has been terminated or who has resigned in order to avoid termination for any reasons stipulated in Article IX, Section 2.
b. A nursing education program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires.

c. A professional association of nurses or an organization that conducts a certification or accreditation program for nurses and that expels, decertifies, or takes any other substantive disciplinary action, as defined by the Board, against a nurse as a result of the nurse’s failure to conform to the minimum standards of acceptable nursing practice shall report in writing to the Board the identity of the nurse and any additional information the Board requires.

d. A state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies regarding the quality of nursing care provided by the facility or agency shall report in writing the identity of a licensed nurse.

e. Each insurer that provides to a licensed nurse professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report any payment made on behalf of a nurse in of a claim or lawsuit made on behalf of a nurse.

f. The attorney representing the state shall:
1.) Cause the clerk of the court of record in which the conviction, adjudication, or finding is entered, withheld, or appealed under the laws of this state shall prepare and forward to the Board a certified true and correct abstract of the court record of the case not later than the 30th day after the date a person known to be a licensed nurse who is licensed, otherwise lawfully practicing in this state, or applying to be licensed to practice is convicted of:
   a.) A misdemeanor involving moral turpitude;
   b.) A violation of a state or federal narcotics or controlled substance law; or
   c.) An offense involving fraud or abuse under the Medicare or Medicaid program; or
   d.) If a court finds that a nurse is mentally ill or mentally incompetent.

g. The abstract of the case shall include the name and address of the nurse or applicant; a description of the nature of the offense committed, if any; the sentence, if any; and the judgment of the court.

h. A person who is required to report a nurse under this section because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the Board.
Section 3. Failure to Report.

a. A person is not liable in a civil action for failure to file a report required by this subchapter.
b. The appropriate state-licensing agency may take action against a person regulated by the agency for a failure to report as required by this subchapter.


a. In this section, “minor incident” means conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to a client or other person.
b. The Board shall adopt rules governing reporting required under this section to minimize:
   1.) unnecessary duplicative reporting; and
   2.) the reporting of a minor incident.
c. If the Board determines that a report submitted under this section is without merit, the board shall expunge the report from the nurse’s file.
d. The Board shall inform, in the manner the board determines appropriate, nurses, facilities, agencies, and other persons of their duty to report under this section.

11.4.1 Minor Incidents.

a. The Board believes the reporting of every minor violation of the Nursing Practice Act does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse’s employment setting to take corrective action, monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board.
b. A minor incident is conduct in violation of the Nursing Practice Act, which, after a thorough evaluation of factors enumerated under this chapter, indicates that the nurse’s continuing to practice professional nursing does not pose a risk of harm to a client or other person and, therefore, does not need to be reported to the Board.
c. A nurse involved in an incident which is determined to be minor need not be reported to the board if all of the following factors exist:
   1.) The potential risk of physical, emotional or financial harm to the client due to the incident is minimal;
   2.) The incident is a singular event with no pattern of poor practice by the nurse;
   3.) The nurse exhibits a conscientious approach to and accountability for his/her practice; and
   4.) The nurse, in other aspects, has the knowledge and skill to practice safely.
d. Other conditions which may be considered in determining that mandatory reporting is not required are:
   1.) The significance of the event in the particular practice setting;
   2.) The situation in which the event occurred; and
   3.) The presence of contributing or mitigating circumstances in the nursing care delivery system.
e. When a decision is made that an incident meets the conditions outlined above, the following steps are required:
   1.) An incident/variance report shall be completed according to the employing facility’s policy;
   2.) The nurse’s manager shall maintain a record of each minor incident involving those nurses under his/her supervision;
   3.) The nurse’s manager shall assure that the incident/variance report contains a complete description of the incident, client record number, witnesses, nurse involved and the action taken to correct or remediate the problem;
<table>
<thead>
<tr>
<th>Section 2. Court Order</th>
<th>Section 3. Penalty</th>
<th>Section 4. Immunity</th>
<th>Article XII. Exemptions</th>
<th>Chapter Twelve – Exemptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The board may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated in Section 1 of this Article if one is not forthcoming voluntarily.</td>
<td>The board may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 of this Article.</td>
<td>Any organization or person reporting, in good faith, information to the board under this Article shall be immune from civil action as provided in Article IX, Section 5. A physician or other licensed health care professional who, at the request of the board, examines a nurse, shall be immune from suit for damages by the nurse examined if the examining physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.</td>
<td><strong>Section 1. No provisions of this Act shall be construed to prohibit:</strong> a. The practice of nursing that is an integral part of a program by nursing students enrolled in board approved nursing education programs. b. An individual engaged in an internship, residency or other supervised study/practice opportunity as defined by rules of the boards. c. The rendering of assistance by any nurse in the case of an emergency or disaster. d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster. e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.</td>
<td><strong>Article XII of the MNPA identifies exceptional situations when an individual may practice nursing without first being granted a license by the jurisdiction.</strong> <strong>Article XII, A of the MNPA provides an exemption for nursing students enrolled in board approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).</strong> <strong>International nurses here in the United States to enroll in graduate education programs shall follow the provisions in Chapter Five to obtain a limited license for non-clinical aspects of the nursing education program.</strong> <strong>The transition opportunities addressed in 12.1.1 relate to programs taken after the completion of nursing education programs and initial licensure as a nurse. Pre-graduation transition programs would be covered in Article XII, Section 1.a, the exemption for practice of nursing by nursing students.</strong></td>
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</tbody>
</table>
f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing.

g. The practice of any nurse, currently licensed in another state who is employed by any bureau, division or agency of the United States government while in the discharge of official governmental duties.

h. The practice of nurse who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting clients into, out of or through this state. Such exemptions shall be limited to a period not to exceed < > hours for each transport.

i. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis for a period not to exceed < > days to:
   1.) Provide care to a client being transported into, out of, or through this state.
   2.) Provide professional nursing consulting services.
   3.) Attend or present a continuing nursing education program.
   4.) Provide other short-term non-clinical nursing services.

j. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.

12.1.1 Internships, Residencies and Supervised Study/Practice Opportunities.

a. Internships and residencies are formal programs offered by a recognized entity (e.g., school of nursing, hospital, other agency or a collaboration between entities) to provide a structured transition from student to novice nurse.

b. Supervised study opportunities shall meet the following requirements:
   1.) Identification of the professional responsible for planning and implementing the study/practice opportunity.
   2.) Definition of clinical objectives and purpose.
   3.) Articulation of a clinical practice plan.
   4.) Identification of the individual or individuals who will be responsible for providing supervision and consultation.
   5.) Specific timeframe for completing the study.
   6.) Definition of expected outcomes for study completion.
   7.) Evaluation of outcomes of the study/practice opportunity.

c. An individual who participates in a supervised study/practice opportunity shall:
   1.) Hold an active, unencumbered nursing license to practice at the level required for the study/practice opportunity in another jurisdiction in the United States (or another country);
   2.) Participate with the professional responsible for planning and implementing the study/practice opportunity in identification of objectives, purpose and practice plan;
   3.) Identify the professional responsible for supervision of the study/practice opportunity; and
   4.) Limit practice to the clinical experience required to complete the study/practice opportunity objectives and practice plan.

12.1.2 Exemption for Graduate Nursing Students.

Article XII, B of the MNPA, includes the clinical practice by graduate nursing students in fulfillment of program requirements. This exemption is applicable to: students enrolled in graduate nursing education programs who meet the following criteria:

a. The student holds an active, unencumbered RN license in another jurisdiction (either in the United States or in another country);

b. The Board approves the graduate study experience.

c. The graduate program advises the student of expectations regarding student practice and required supervision.

d. The graduate program provides direct supervision of the clinical experience, and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption.

e. The student limits practice to what is required for completion of the graduate program requirements.

***If a graduate student intends to work as a nurse while in graduate school, the student is expected to apply for licensure. Most graduate nursing education programs in the United States require students to be licensed as RNs in the state the school is located. There are some exceptions, e.g., some programs waive this requirement for students from foreign countries who come to the United States solely for the education, intending to return to their native country and never intending to practice in this country.
In the previous version of the rules, practice by graduate students in schools where RN licensure was not required was covered by a category of permit for “post-basic” students that was included in MNPA, Article V, to provide for those situations when a graduate nurse wishes to practice to meet the clinical requirements of a graduate program but does not intend to otherwise practice in a jurisdiction. There was concern that the term “post-basic” was confusing, so this type of permit was deleted. Instead, Article XII, B provides an exemption that is intended to include graduate students.

See exemptions in Article XII for provision to allow practice by graduate student.

Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter 5.

12.1.3 Practice Expectations.
The practice of any nurse currently licensed in another state who is in this jurisdiction on a time-limited, non-routine basis for the activities identified in Article XII, I, shall comply with the scope of practice and standards of this jurisdiction.

Article XIII. Revenue, Fees

Section 1. Revenue. The board is authorized to establish, appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the board determines necessary.

Chapter Thirteen – Revenue and Fees

13.1 Collection of Fees.
a. The Board shall collect the following fees:
   1.) $<> for application for licensure by examination as a Registered Nurse or as a Licensed Practical/Vocational Nurse. If a Modified License is issued, there is no additional fee.
   2.) $<> for a temporary permit for an applicant for initial licensure as a Registered Nurse or as a Licensed Practical/Vocational Nurse.
   3.) $<> for application for licensure by endorsement as a Registered Nurse or a Licensed Practical/Vocational Nurse. This fee shall include the temporary permit. If a Modified License is issued, there will be no additional fee.
   4.) $<> for a temporary permit for an applicant for licensure by endorsement as a Registered Nurse or as a Licensed Practical/Vocational Nurse.
   5.) $<> for application for initial licensure as an advanced practice registered nurse. If a modified license is issued, there will be no additional fee.
   6.) $<> for a temporary permit for an applicant for initial licensure as an advanced practice registered nurse.
   7.) $<> for application for licensure by endorsement as an advanced practice registered nurse. This fee shall include the temporary permit. If a modified license is issued, there will be no additional fee.
   8.) $<> for a temporary permit for an applicant for licensure by endorsement as an advanced practice registered nurse.
   9.) $<> for a temporary permit to practice as for the clinical portion of a nursing refresher course.
**Model Nursing Practice Act – DRAFT**

10.) $< > for renewal of licensure as a Registered Nurse or as a Licensed Practical/Vocational Nurse.
11.) $< > for renewal of licensure as an advanced practice registered nurse.
12.) $< > for late renewal or reinstatement of licensure as a Nurse.
13.) $< > for certified statement that a nurse is licensed in this state.
14.) $< > for a duplicate or reissued license to practice as a nurse.
15.) $< > for a check returned for any reason.
16.) $< > per year for each level of nursing educational program approved by the Board.

b. **Cost of Service.** Fees collected by the Board shall reflect the cost of service provided.
c. **Refund of Fees.** All fees collected by the board are non-refundable.

| Section 2. Disposition of Fees. All fees collected by the board shall be administered according to the established fiscal policies of this state in such manner as to implement adequately the provisions of this Act. |
| Section 3. Disposition of Fines. All fines collected shall be used by and at the discretion of the board for designated projects as established in the fiscal policy of this state. |

**Article XIV. Implementation**

**Section 1. Effective Date.** This Act shall take effect <DATE >.

**Section 2. Persons Licensed Under a Previous Law.**
a. Any person holding a license to practice nursing as a registered nurse in this state that is valid on (effective date) shall be deemed to be licensed as a registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
b. Any person holding a license to practice nursing as a licensed practical/vocational nurse in this state that is valid on (effective date) shall be deemed to be licensed as a licensed practical/vocational nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
c. Any person holding a license to practice nursing as advanced practice registered nurse in this state that is valid on (effective date) shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
d. Any person eligible for reinstatement of a license as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse respectively, under provisions, conditions and standards prescribed in this Act.

**Chapter Fourteen – Implementation**

**14.1.1 APRN Implementation.**
a. A nurse practicing at an advanced level during a < > period preceding the effective date of this jurisdiction’s licensure legislation may, within < > of effective date, apply for licensure as an Advanced Practice Registered Nurse.
1.) The graduate degree requirement is waived before January 1, 2003. The waiver of the graduate education requirement continues to apply at the time of license renewal or reinstatement of a lapsed license.
2.) The applicant shall have completed an educational program designed to prepare the person to function in the advanced nursing practice category. The applicant shall comply with all other requirements of Section ____.
standards prescribed in the Act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within < > months of the effective date of this Act.

e. Any person holding a lapsed license to practice nursing as a registered nurse, licensed practical/vocational nurse or advanced practice registered nurse in this state on (effective date), because of failure to renew, may become licensed as a registered nurse, a licensed practical/vocational nurse, or an advanced practice registered nurse respectively, under the provisions of this Act by applying for reinstatement according to rules established by the board of nursing. Application for such reinstatement must be made within < > months of the effective date of this Act.

f. Those so licensed under the provisions of Article XIV, Section 2 (a) through (e) above, shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.

| Section 3. Severability. The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect. |
| Section 4. Repeal. The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE, THE CURRENT NURSING PRACTICE ACT OR APPROPRIATE SECTIONS>. |
Report of the Resolutions Committee

Recommendations to the Delegate Assembly
None. This report is for information only.

Background of the Resolution Committee
The Resolutions Committee is a Standing Committee and is responsible to review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by the delegates of Member Boards. The committee is also charged to review the resolutions process and make recommendations for process improvement.

Highlights of FY03 Activities
The Resolutions Committee reviewed the resolutions process that was revised and implemented in FY02 and determined that further review of the resolution process and documents this year would clarify the process for the membership.

Resolutions Committee Operating Policies and Procedures
The Committee requested the parliamentarian review the Resolutions Committee Operating Policies and Procedures regarding clarification of an informal meeting and/or conference call with members wanting to make a motion/resolution at Delegate Assembly. The parliamentarian recommended the following new language:

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.

Tom Abrams, NCSBN legal counsel, recommended additional revisions to the Operating Policies and Procedures. The new language is outlined below:

The Resolutions Committee is a standing committee of the Delegate Assembly established under Article X (1)(e) of the National Council Bylaws to review, evaluate and report on all motions and resolutions submitted to the Committee by a delegate.

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 be reviewed and analyzed by the Resolutions Committee.

The deadline for submitting motions and resolutions to the Resolution Committee shall appear in the Standing Rules for the Delegate Assembly.

Motions and resolutions must be submitted to the Resolutions Committee by the deadlines published in the National Council 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.

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

Members
Cheryl Koski, MN, RN, CS, Chair
Wyoming, Area I
Charles Alexandre, MSN, RN
Rhode Island, Area IV
Julie George, RN, MSN
North Carolina, Area III
Linda Busch, LPN
Minnesota, Area II

Staff
Alicia Byrd, BSN, RN
Member Relations Manager

Relationship to Strategic Plan
Strategic Initiative 5
NCSBN will support the education and development of Member Board staff, Board Members and Board of Directors to lead in nursing regulation.

Outcome B
Sound organizational governance advances the NCSBN mission and vision.

Meeting Dates
December 16, 2002 (Conference Call)
February 24, 2003 (Conference Call)
April 7, 2003 (Conference Call)

Attachments
A. Resolutions Committee Operating Policies and Procedures
B. Motions/Resolutions Submission Form
C. Fiscal Impact Statement FY2003
D. Solicitation Memo
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.

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 National Council 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.

**Motions/Resolutions Forms**

The terms motion and resolution have been used interchangeably by the membership in the resolution process. The committee requested the parliamentarian provide input concerning the appropriate use of these terms and a recommendation concerning the use of separate motion and resolution forms. The parliamentarian recommended to the committee that one form be used for the submission of business to be considered at Delegate Assembly. Furthermore, the wording “I move that” is appropriate language where “Whereas” clauses are usually used in more formal resolutions.

**FY03 Fiscal Form**

The fiscal form was reviewed by the Director of Finance to determine the appropriateness for use in FY03. The date was revised to reflect the current fiscal year was the only recommended change.

**Resolutions/Motions Solicitation Memo**

This letter was refined to provide clarification concerning the resolution process and to provide a date for the membership to teleconference with the Resolutions Committee to receive support regarding the resolution process.

The following documents were sent on March 12, 2003 to Member Board Executive Officers and Presidents:

- Motions/Resolutions Solicitation Memo
- Resolutions Committee Operating Policies and Procedures
- Motions/Resolutions Form
- FY03 Fiscal Form

**Future Activities**

The following meetings are scheduled at Annual Meeting:

- August 5, 2003, at 4:30 - 5:00 pm (informal)
- August 6, 2003, at 4:00 pm (formal)
Attachment A

Resolutions 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 National Council 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 National Council 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 National Council 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 National Council 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 National Council 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
February 2003
May 2003
Attachment B

Motions/Resolutions Submission Form

National Council of State Boards of Nursing
Motions/Resolutions Submission Form

PLEASE TYPE OR PRINT CLEARLY

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 C
Fiscal Impact Statement

National Council of State Boards of Nursing
Fiscal Impact Statement – FY2003

PLEASE TYPE OR PRINT CLEARLY

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).
March 4, 2003

TO: Executive Officers
    Member Board Presidents

FROM: The Resolutions Committee

Chairperson
Cheryl Koski, MN, RN, CS, Executive Officer, Wyoming State Board of Nursing,
Area I

Committee Members
Charles Alexandre MSN, RN, Director, Rhode Island Board of Nurse Registration &
Nursing Education, Area IV
Linda Busch LPN, Board Member, Minnesota Board of Nursing, Area II
Sandy Evans MA.Ed, RN, Executive Director, Idaho Board of Nursing, Finance
Committee, Area II
Julia George RN, MSN, North Carolina Board of Nursing, Area III

RE: Call for Motions/Resolutions to the 2003 Delegate Assembly

The Resolutions Committee is seeking motions/resolutions for consideration by the Delegate
Assembly at the 2003 National Council Annual Meeting, August 5-8. The Resolutions
Committee is a standing committee of NCSBN and must review, evaluate, and report to the
Delegate Assembly on all motions/resolutions submitted by Member Boards. The Committee
therefore encourages your early participation in the process.

Enclosed are documents and reference materials to assist you and your Member Board
delegetes in the timely submission of resolutions/motions for review and analysis by the
Committee. Use of the documents will enable makers to develop motions/resolutions that
conform to the National Council Bylaws, 2003 Standing Rules (pending delegate approval),
and the Resolutions Committee Operating Policies and Procedures. These documents
include:
■ Resolutions Committee Operating Policies and Procedures (Attachment A)
■ Motions/Resolutions Submission Form (Attachment B)
■ Fiscal Impact Statement (Attachment C)
■ Click on the links below to review reference documents:
   ■ National Council Bylaws
   ■ National Council Mission
   ■ National Council Strategic Initiatives and Outcomes FY03-04

Please carefully review the Resolutions Committee Operating Policies and Procedures and
other documents before preparing motions/resolutions. This will expedite the Committee
review of your submission. Further, we ask that motions/resolutions be submitted using the
form provided and include the Fiscal Impact Statement. These forms will also be available in
a printable version on the NCSBN Web site.
The Committee wishes to advise you of the advantages of submitting motions/resolutions early in the process. By presenting motions/resolutions to the Committee in a timely way, we will be able to assist you by providing a comprehensive review and evaluation in accordance with the necessary criteria. Further, those motions/resolutions having major potential impact will be accompanied by the necessary rationale and supporting information. If additional analysis is needed, the Committee will have ample opportunity to provide for the necessary evaluation. This will make your presentation of the recommendations to the Delegate Assembly and the Committee’s report to be given in a manner that facilitates informed discussion and decision-making.

The Committee would like to invite participation of representatives of Member Boards (those that have submitted motions/resolutions and those still considering) in a conference call on April 7, 2003, at 2:00 pm (CST). This call is being held to give members a chance to interact with the Committee members and ask questions or raise issues regarding the submission process or their particular motions/resolutions. This will also provide the Committee an opportunity to understand the nature and intent of motions/resolutions being submitted or considered.

Motions/resolutions may be submitted at any time up to and through Delegate Assembly. Makers of all motions/resolutions must meet with the Committee on August 6, 2003, at 4:00 pm during Delegate Assembly. The maker should be prepared to speak to the motion/resolution, including rationale and fiscal impact. The meeting provides an opportunity for the Resolutions Committee to work with submitters should editing, rewriting, or combining of motions/resolutions be necessary.

As a reminder, only delegates, the National Council’s Board of Directors, and the Examination Committee (for approval of test plans) may make motions/resolutions at the Delegate Assembly. Therefore, those of you who are not delegates will not be able to make the motion/resolution on behalf of your board or delegates at the Annual Meeting.

We encourage you to share this information with your board members and staff to solicit their input. NCSBN is very enthusiastic about the motions/resolutions process and is looking forward to another productive and successful Annual Meeting.

Please contact Alicia E. Byrd if you have any questions by phone at (312) 525-3666 or by e-mail at 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, Executive Director