



HONORING OUR PAST
TO CREATE OUR FUTURE:
CELEBRATING 25 YEARS

The Business Book
2003 NCSBN Annual Meeting

Alexandria, Virginia 🇺🇸 August 5-8, 2003
National Council of State Boards of Nursing, Inc.



NCSBN

Leading in Nursing Regulation



2003 NCSBN ANNUAL MEETING

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MISSION STATEMENT

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

VISION STATEMENT

The National Council of State Boards of Nursing will advance optimal health outcomes by leading in health care regulation worldwide.

PURPOSE AND FUNCTION

The purpose of the National Council of State Boards of Nursing, Inc. (NCSBN) is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

The major functions of NCSBN include developing the NCLEX-RN® and the NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to NCSBN's purpose, and serving as a forum for information exchange for National Council members.





SECTION I

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Business Agenda of the 2003 Delegate Assembly

Special Note

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

Tuesday, August 5, 2003 9 -10 am

Opening Ceremony

- Introductions
- Announcements

Opening Reports

- Credentials Report
- Approval of Standing Rules

Adoption of Agenda

Report of the Committee on Nominations

- Presentation of 2003 Slate of Candidates
- Nominations from Floor
- Approval of the 2003 Slate of Candidates

Thursday, August 7, 2003 2:45 - 4:30 pm

Board of Directors' Report

- Proposed NCSBN Mission Statement

Bylaws Committee Report

- Proposed revisions to the NCSBN Bylaws

Results of Election of Officers and Committee on Nominations

Friday, August 8, 2003 9 -10:15 am

Examination Committee Report

- Proposed changes to the NCLEX-RN® *Test Plan*

Board of Directors' Report

- Request to negotiate contract amendment with Pearson VUE to extend time limit for NCLEX-RN® examination

New Business

- Resolutions Committee and New Business

Friday, August 8, 2003 10:35 - 12:00 pm

Introduction of 2003-2004 Board of Directors and Committee on Nominations

Adjournment





Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.
- B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting cards authorized for that delegate. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.
- C. A registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting card(s) to the Credentials Committee, at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.
- D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

2. Meeting Conduct

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

3. Agenda

- A. Business Agenda
 1. The Business Agenda is prepared by the President in consultation with the Executive Director and approved by the Board of Directors.
- B. Consent Agenda
 1. The Consent Agenda contains agenda items that do not recommend actions.
 2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
 3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
 4. All items remaining on the Consent Agenda will be considered received without discussion or vote.



4. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council of State Boards of Nursing, Inc. (NCSBN).
- B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and nonprocedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.
- C. The Resolutions Committee, according to its Operating Policies and Procedures, shall review motions and resolutions submitted before Wednesday, August 6, 2003, at 12 pm. Resolution- or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
- D. The Resolutions Committee will convene its meeting on Wednesday, August 6, 2003, at 4 pm and schedule a mutually agreeable time during the meeting to meet with each resolution- or motion-maker. The Resolutions Committee shall meet with the resolution- or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the criteria in its operating policies and procedures. The Committee shall submit a summary report to the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee. The Committee report shall precede the resolution or motion by the maker to the Delegate Assembly.
- E. If a member of the Delegate Assembly wishes to introduce a nonprocedural main motion or resolution after the deadline of 4 pm on Wednesday, August 6, 2003, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Nondelegate members and employees of Member Boards including members of the Board of Directors may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.



6. Nominations and Elections

- A. A delegate making a nomination from the floor shall have two minutes to list the qualifications of the nominee. Written consent of the nominee and a written statement of qualifications must be submitted to the Committee on Nominations at the time of the nomination from the floor.
- B. Electioneering for candidates is prohibited except during the candidate forum.
- C. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, August 6, 2003.
- D. Election for officers, directors, and members of the Committee on Nominations shall be held Thursday, August 7, 2003, from 7:45 to 8:45 am.
- E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.

7. Forums

- A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of member Boards have spoken.
- B. Open Forum: Open forum time will be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.





2002 Annual Meeting Schedule

Tuesday, August 5, 2003

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

Donna Dorsey, NCSBN President; Joan Bouchard, Executive Director, Oregon State Board of Nursing; and Julia von Haam, Parliamentarian

Are you representing your state as a delegate? Please join us for a review of the parliamentary procedures required for voting on Delegate Assembly business.

8:00 - 9:00 am – Registration and Continental Breakfast

9:00 am - 4:30 pm – Exhibit Showcase

Stop by the Exhibit Showcase to learn of products and information pertinent to the work of boards of nursing. Exhibitor participation at the NCSBN Annual Meeting does not imply endorsement or approval by NCSBN of any product, service or participant.

9:00 - 9:05 am – Welcome to Virginia!

Presented by representatives from the Virginia Board of Nursing.

9:05 - 9:40 am – Delegate Assembly Opening Ceremony and First Business Meeting

Delegate Assembly business includes adoption of the business agenda, standing rules and credentials report. The Committee on Nominations will also present the Slate of Candidates and call for nominations from the floor.

9:40 - 9:55 am – President's Address

Donna Dorsey, MS, RN, NCSBN President

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

Kathy Apple, MS, RN, NCSBN Executive Director

10:10 - 10:30 am – Report of the Finance Committee

Sandra Evans, MAEd, NCSBN Treasurer, and Robert Clayborne, NCSBN Director of Finance

10:30 - 11:00 am – Break

11:00 - 12:00 pm – NCSBN Board of Directors Forum

The NCSBN Board of Directors will describe proposed revisions to the NCSBN Mission Statement and initiate a strategic planning discussion.

12:00 - 1:30 pm – Lunch

1:30 - 2:00 pm – Examination Committee Forum

Anita Ristau, RN, MS, Chair, NCSBN Examination Committee, and Casey Marks, PhD, NCSBN Director of Testing Services

Discussion of the proposed NCLEX-RN® Test Plan (effective April 2004) and report on the current status of international administration of the NCLEX® examinations.



2:00 - 2:50 pm – Closed Session: Contractual Information Regarding International Administration of the NCLEX

Anita Ristau, RN, MS, Chair, NCSBN Examination Committee, and Casey Marks, PhD, NCSBN Director of Testing Services – OPEN TO NCSBN MEMBERS ONLY

2:50 - 3:10 pm – “The Big Chill” Break

Sponsored ice cream break

3:10 - 4:30 pm – Candidate Forum

Karla Bitz, RN, BSN, MGMT, Chair, Committee on Nominations, and Gino Chisari, MSN, RN, Vice-Chair, Committee on Nominations

Support NCSBN and your fellow NCSBN members: come to the Candidate Forum to hear from the nominees for NCSBN elected office.

4:30 - 5:00 pm – Optional Session: NCSBN Research Services Update

Lynda Crawford, PhD, RN, CAE, NCSBN Director of Research Services, and June Smith, PhD, RN, NCSBN Research Services Manager

NCSBN Research Services will report findings and discuss the NCSBN Post-Entry Competency Study.

4:30 - 5:00 pm – Optional Session: Nursys™ Update

Angela Diaz-Kay, Director of Information Technology

Update on the Nursys™ database and answer questions from the membership.

6:00 - 9:00 pm – Monuments by Moonlight

Join us for the “Monuments by Moonlight” bus tour of the nation’s capital, an event organized by the Virginia Board of Nursing.

Wednesday, August 6, 2003**8:00 - 9:00 am – Registration & Continental Breakfast****9:00 - 4:30 pm – Exhibit Showcase**

Stop by the Exhibit Showcase to learn of products and information pertinent to the work of boards of nursing. Exhibitor participation at the NCSBN Annual Meeting does not imply endorsement or approval by NCSBN of any product, service or participant.

9:00 - 10:15 am – Keynote Presentation**10:15 - 10:35 am – Break****10:35 am - 12:00 pm – Bylaws Committee Forum**

Laura Rhodes, MSN, RN, Chair, NCSBN Bylaws Committee

Discussion will include recommended changes to the elections process and the Committee on Nominations.

12:00 - 2:00 pm – Area Luncheon Meetings: NCSBN Members Only

NCSBN Area Luncheons – OPEN TO NCSBN MEMBERS AND STAFF ONLY

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



12:00 - 1:00 pm – NCSBN Guest Lunch

NCSBN guests are invited to attend this lunch in lieu of the Area Lunches.

2:00 - 2:30 pm – Break**2:30 - 3:30 pm – Practice Regulation and Education (PRE) Model Revision Subcommittee Forum**

Barbara Newman, RN, MS, Chair, Practice, Regulation and Education (PR&E) Model Revision Subcommittee, and Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice & Regulation
Request for feedback from the Practice Regulation and Education (PR&E) Committee regarding proposed revisions to the model administrative rules which reflect current nursing regulation issues.

3:30 - 4:00 pm – Social Security Number Forum

Kristin Hellquist, MS, NCSBN Associate Director, Policy & External Relations
Report on the 2002 Delegate Assembly resolution resolving the Social Security “Catch 22.”

4:00 - 5:00 pm – Resolutions Committee Meeting

Cheryl Koski, MS, RN, CS, Chair, NCSBN Resolutions Committee

5:00 - 7:00 pm – Board & Candidate Reception**Thursday, August 7, 2003****7:45 - 8:45 am – Election of Candidates****8:00 - 9:00 am – Registration & Continental Breakfast****9:00 - 10:00 am – Open Forum & Resolutions**

NCSBN Board of Directors and Cheryl Koski, MSN, RN, CS, Chair, NCSBN Resolutions Committee

10:00 - 10:15 am – Break**10:15 am - 11:45 am – Building Bridges Networking Groups**

Session topic options are listed at right

11:45 am - 12:00 pm – Break**12:00 - 2:30 pm – Awards Luncheon**

Enjoy a celebration of NCSBN milestones in conjunction with the annual Awards Luncheon. As in the past, NCSBN will honor its award recipients, but this year will also honor the four boards of nursing that are celebrating 100 years of nursing regulation. Additional special recognitions will take place.

2:45 - 4:30 pm – Delegate Assembly Second Business Meeting**6:00 - 9:00 pm – NLCA Dinner Meeting**

This is a business meeting of the Nurse Licensure Compact Administrators (NLCA). NCSBN MEMBERS ONLY, PLEASE.

**“Building Bridges”
Session Topics**

Board Presidents
Executive Officers
Board Members
Consumers & Public Members
Education
Practice
Discipline (includes board attorneys)
LPN/VN Issues



Friday, August 8, 2003

8:00 - 9:00 am – Registration & Continental Breakfast

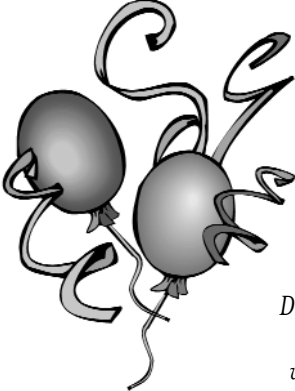
9:00 - 10:15 am – Delegate Assembly Third Business Meeting

10:15 - 10:35 am – Break

10:35 am - 12:00 pm – Delegate Assembly Closing Ceremony

12:00 - 1:00 pm – Boxed Lunch

In anticipation of food and fun at the evening gala, we are happy to provide attendees with a light, boxed lunch.



NCSBN 25TH ANNIVERSARY GALA
6:00 - 10:00 PM
FIRDAY, AUGUST 8, 2003

The celebratory events culminate in a gala at the Women in Military Service for America Memorial. Donna Dorsey, President, NCSBN Board of Directors, will introduce and pay tribute to past NCSBN Presidents while guests enjoy a wonderful dinner planned by the NCSBN 25th Anniversary Panel. Guests may also take in panoramic views of Washington, DC, during cocktails on the rooftop veranda. Cocktail attire is requested. Transportation to the event is provided by NCSBN.

The Memorial is located at the entrance to Arlington National Cemetery and offers scenic views of Washington, DC. Featured displays include permanent World War II and Korean War exhibits, as well as temporary exhibits that rotate throughout the year. Guests will also have the opportunity view the Women in Military presentation on the history of women in the military in the Memorial's 196-seat state-of-the-art theater.



Summary of Recommendations to the 2003 Delegate Assembly with Rationale

This document provides a summary of recommendations that the NCSBN Board of Directors, Committee on Nominations, Examination Committee, and the Bylaws Committee propose to the Delegate Assembly 2003. Additional recommendations may be brought forward during the 2003 Annual Meeting.

Board of Directors

1. Adopt the proposed mission statement for National Council of State Boards of Nursing:
The National Council of State Boards of Nursing provides leadership to member boards and others who influence health care, to advance regulatory excellence for public protection.

Rationale

The current mission statement has been in place for more than six years. The standard practice for nonprofit associations is to review mission statements every five to seven years and the policy of NCSBN is to review the mission statement every six years. Utilizing a consultant, the Board of Directors reviewed and discussed the purpose of a mission statement as a declaration of purpose that drives other elements of the organization. Elements of a mission statement address ownership, customers, outcome, and reputation. A draft mission statement was presented at the 2003 Mid-Year Meeting for feedback and input from the membership. Feedback from the membership was then incorporated in the final draft noted above.

Fiscal Impact

None.

2. Authorize the Board of Directors to negotiate a proposed contract amendment with Pearson VUE to implement a time limit extension for the NCLEX-RN® examination supported by the data and the analysis of the Examination Committee with the negotiated proposed contract reported back to the 2004 Delegate Assembly for approval.

Rationale

The Examination Committee recommends to the Board of Directors an increase in the current five-hour time limit for the NCLEX-RN examination. The recommendation is based on the increasing number of candidates who are running out of time, which is approximately 6% of the total RN candidate population. Further rationale includes the expectation that future NCLEX enhancements, such as alternate item formats, potential increase in passing standard and the addition of more cognitively complex examination items will necessitate more time for examinees to complete the examination. A change to the NCLEX-RN time limit will prevent an increasing number of candidates from running out of time for test administration and allow candidates to have their competency assessed by the optimal NCLEX passing rule (the 95% Confidence Interval Rule).



Fiscal Impact

None for the current fiscal year. Future fiscal impact to be determined by negotiation and brought to the 2004 Delegate Assembly for approval.

Committee on Nominations

3. Adopt the 2003 Slate of Candidates.

Rationale

The Committee on Nominations has prepared the 2003 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information for each candidate follows in the Business Book under the Report of the Committee on Nominations, and each candidate will present himself or herself at the Candidate's Forum on Tuesday, August 5, 2003, from 3:10-4:30 pm.

Fiscal Impact

Incorporated into FY04 budget.

Examination Committee

4. 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*.

Fiscal Impact

Incorporated into FY04 budget.

Bylaws Committee

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

Proposed Revision #1: Article V. Section 5, Election of Officers and Directors**Section 5. Election of Officers and Directors.**

- a) *Time and Place*. Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large*. Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
- c) *Area Directors*. Each Area shall elect its Area Director by majority vote of the delegates from each such Area.
- d) **Run-Off Balloting. If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes. In the case of a tie on the reballoting, the final selection shall be determined by lot.**
- e) *Voting*. Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.



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.

Proposed Revision #2: Article V. Section 8, Vacancies

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.

Rationale

This additional language is intended to clarify when elections shall be held after the appointment of a vacancy.

Proposed Revision #3: Article VII. Section 1, Committee on Nominations**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.
- ~~e)~~ **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.**
- ~~f)~~ **g) 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.



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.



Report of the Committee on Nominations

Recommendation to the Delegate Assembly

Adopt the 2003 Slate of Candidates.

Rationale

The Committee on Nominations has prepared the 2003 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information for each candidate follows. Each candidate will present himself or herself at the Candidate's Forum on Tuesday, August 5, 2003, beginning at 3:10 pm.

Background

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

Highlights

The committee met on December 4 to discuss the purpose of observing the Board of Director's meeting. The bylaws direct the committee to meet with the Board of Directors at its first meeting of the new fiscal year. The committee then attended and observed the daylong meeting of the Board of Directors for NCSBN. The committee ended the day with a discussion with the Board regarding the core competencies, conduct and commitment requirements for each Board position. The Board encouraged the committee to recruit for diversity in position, background, and expertise.

The committee reviewed the evaluation feedback from Delegate Assembly 2002 regarding the role of the Committee on Nominations, the election process, and the concern when there are more than two candidates from one area.

The committee reviewed the video "Building a Successful Team" and discussed recruitment strategies.

The committee reviewed the contents of the reference manual and members suggested that sample solicitation letters be included. They also suggested that a contact list of people who were interested in a committee but not appointed, current committee members, people who ran for elected office but were not elected, and board members who are eligible for re-election, be developed every year for inclusion into the reference manual.

The committee reviewed and revised the Committee on Nominations Form. The consent-to-serve form will include a sentence stating that the applicant has reviewed the NCSBN Board of

Committee Members

Karla Bitz, BSN, MMT, RN, Chair
North Dakota, Area II

Cookie Bible, BSN, RNC, APN
Nevada, Area I

Gino Chisari, MSN, RN
Massachusetts, Area IV

Betty Sims, MSN, RN
Texas-VN, Area III

Staff

Kathy Apple, MS, RN
Executive Director

Christine Ward, Executive Office
Relations/Meetings Manager

Relationship to Strategic Plan

Strategic Initiative 5

Governance & Leadership 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

December 4 & 5, 2002

March 25, 2003

April 24 & 25, 2003

Attachments

A. 2003 Slate of Candidates



Director standards of conduct, core competencies and responsibilities, and is qualified to serve. Other changes were editorial. The committee recommended that Board Policy 3.1, The Role of the Board of Directors, and Board Policy 3.2, Orientation for Newly Elected Board of Directors, be attached to the nomination form.

The committee discussed the pros and cons of a brochure and decided on a flyer that was developed by Amy Bird, Corporate Communications manager, and was distributed to Member Boards and at the 2003 Mid-Year Meeting.

The committee reviewed the preliminary recommendations from the Bylaws Committee.

The committee debated the format of the candidate forum.

The committee discussed its role at the 2003 Mid-Year Meeting and held a candidate reception at that meeting.

Recruitment letters were sent on January 6, 2003.

The committee discussed the merits of last year's Candidate Dial-In session and decided to conduct the session again this year on Tuesday, July 22, 2003, at 1:00 pm CST.

The committee prepared and presented a PowerPoint presentation at the 2003 Mid-Year Meeting. Nomination forms were included in the 2003 Mid-Year Meeting packets.

The deadline for nomination forms this year was April 11, 2003.

The committee reviewed feedback from the 2003 Mid-Year Meeting. Members provided positive comments about the PowerPoint presentation and the flyer. The committee felt the PowerPoint presentation content was excellent but would like to change the background colors and font to be more pleasing to the audience. The committee felt that the presentation should be given at next year's Mid-Year Meeting. The committee was pleased with the flyer and will use it again next year. The flyer should be sent in early January and only to executive officers and presidents for distribution among their board members and board staff. A copy of the flyer should also be included in the registration packet along with copies of the nomination form. The committee thought that future Board of Director meeting dates should be incorporated into the flyer for Mid-Year Meeting so that potential candidates have adequate notice and can plan accordingly.

Given the response to both the PowerPoint presentation and the flyer, the committee does not see the need to repeat the candidate reception at next year's Mid-Year Meeting.

The committee reviewed the Board of Directors policy regarding financial support for committee members' attendance at Delegate Assembly and recommended that the Board reconsider sponsoring the fourth member of the committee. The rationale is that 1) the work of the committee does not end until the election results are announced; 2) the member who, under the current policy, would not be there would therefore not be able to support his or her Area; 3) there is the possibility that a candidate may withdraw at the last minute which may require last minute recruitment activities; 4) all committee members represent the delegates; and 5) if there is a nomination from the floor, the standing rules require written consent and a statement of qualifications that must be submitted to the Committee on Nominations. The financial impact of including the fourth member at Delegate Assembly would be approximately \$1,600.

The committee discussed the electronic submission of nomination forms, and thought this would be helpful and that the need for a signed hard copy is not necessary. The committee would like to explore this further for next year.

The committee approved the minutes from the December 4 & 5, 2002, meeting.

The committee reviewed the letter sent to candidates who have been selected for the slate and made minor changes.



The candidate call-in is scheduled for July 22, 2003, and notice will be included in the letter sent to candidates who have been selected for the slate.

The nomination form needs revision and should be reviewed by next year's committee. The revision should include a cell phone number and clarification of the expiration of terms for board members.

The committee reviewed all nomination forms for determination of eligibility and qualifications. There were a number of candidates who are members of Member Boards whose terms on their state boards expire and are not eligible for reappointment. If elected, these candidates would be unable to complete the term with the Board of Directors since they would have to resign when their state board term expires. Candidates who are members of Member Boards whose term expires but are eligible for reappointment are considered qualified for placement on the slate. The committee discussed at length (Karla Bitz recused herself from this discussion and action) whether or not a candidate meets the qualifications for the slate if the term of the elected office cannot be completed. The committee consulted with legal counsel for NCSBN regarding this issue. The committee moved that in the best interest of the organization, a candidate does not meet the qualifications for elected office if unable to complete the term of the elected office. The candidates who fall in this category will be notified by the committee including the rationale for the decision.

The committee approved the minutes from the April 24 & 25, 2003, meeting.

Future Activities

Gino Chisari will be Chair for the committee in FY04 per the bylaws.



Detailed Information on Candidates

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

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including NCSBN activity
6. Professional organizations
7. Date of term expirations and eligibility for reappointment
8. Personal statement

COMMITTEE ON NOMINATIONS – ATTACHMENT A

2003 Slate of Candidates

The following is the slate of candidates developed and adopted by the Committee on Nominations. Each candidate profile is taken directly from the candidate's nominations form. The Candidate Forum will provide the opportunity for candidates to address the 2003 Delegate Assembly on Tuesday, August 5, from 3:10-4:30 pm.

Board of Directors

Area I Director

Gregory Y. Harris, Arizona, Area I (*see page 23*)
Barbara Swehla, Montana, Area I (*see page 24*)

Area II Director

Mary Blubaugh, Kansas, Area II (*see page 25*)
John Brion, Ohio, Area II (*see page 26*)

Area III Director

Sonja Fuqua, Mississippi, Area III (*see page 27*)
Mark W. Majek, Texas, Area III (*see page 28*)

Area IV Director

Myra A. Broadway, Maine, Area IV (*see page 29*)
Cindy Van Wingerden, Virgin Islands, Area IV (*see page 30*)

Director-at-Large (two positions)

Delores Barlow, Mississippi, Area III (*see page 31*)
June Bell, Kentucky, Area III (*see page 32*)
Linda Busch, Minnesota, Area II (*see page 33*)
Deborah Johnson, North Dakota, Area II (*see page 34*)
Polly Johnson, North Carolina, Area III (*see page 35*)
Marjesta Jones, Alabama, Area III (*see page 36*)
Frank T. Maziarski, Washington, Area I (*see page 37*)
Maryjeanette (Jan) Monihan, Delaware, Area IV (*see page 38*)
Emily Pharr, Mississippi, Area III (*see page 39*)
Emmaline T. Woodson, Maryland, Area IV (*see page 40*)

Committee on Nominations

Area I

Shirlie Meyer, Idaho, Area I (*see page 41*)

Area II

Karla Bitz, North Dakota, Area II (*see page 42*)
Karen A. Trettel, Minnesota, Area II (*see page 43*)



Area I Director Candidate

Gregory Y. Harris, JD

Board Member, Arizona State Board of Nursing, Area I

Education

Arizona State University, Political Science, BA, 1980

Arizona State University, Law, JD, 1983

Professional/Regulatory/Community Involvement

Lawyer, Lewis and Roca, LLP

Executive Assistant Director, Arizona Department of Insurance

Assistant Attorney General, Arizona Attorney General

Trial Attorney, Commodity Futures Trading Commission

Since July 2000, I have served as a public member of the Arizona Board of Nursing, and currently serve as the chair of the Arizona Board's legislation and regulation committee.

Last year, the Delegate Assembly elected me to serve as a member of the Board of Directors of NCSBN as a director-at-large. My service has included work as the Board liaison to the Model Rules Subcommittee.

Before my election to the NCSBN Board, I served as a member of the Bylaws Committee from 2000 to 2002, where I assisted in the development of the bylaws amendments presented to the 2001 Delegate Assembly.

In June 2002, with tremendous assistance from the Board, I led an effort to expand the training opportunities provided by NCSBN to include attorney training. The program, which was held in conjunction with the Investigator Summit last year, will be continued in June 2003, to which I have been invited to speak.

Before joining the Arizona Board of Nursing, I worked with the nursing regulatory issues as an Assistant Attorney General for the Board from 1987 to 1989. I continued to represent a number of state and federal agencies until 1994, when I joined the staff of the Arizona Department of Insurance, where I served as an Administrative Law Judge and as the department's Executive Assistant Director until 1998. I am currently a lawyer in private practice in Phoenix.

In addition to my service on the Arizona Board of Nursing, I also serve as a member of the Arizona Board of Athletic Trainers, and currently hold the post of vice-chair of this board.

Date of expiration of term: 06/05

Eligible for reappointment: Yes

Personal Statement

While on the Board of Directors, I have worked to keep the National Council a central voice regarding what nursing is and how nursing impacts and is impacted by other factors. Clearly, NCSBN leaders must open and value knowledge to save the best of the past to shape the future of regulation. My background prepares me for this responsibility to serve the public to foster the NCSBN's position as the institution best suited to analyze and report on the implications of the policy options our society faces.

I remain true to the three themes that I stressed during my campaign and throughout the last year: Ability, Background and Commitment. I look forward to working with all of you as the debate over the 2004 NCSBN strategic plan progresses. I have the ability, background and commitment to be an agent of the regulatory transformation and invite you to join me.



Personal Statement

I believe I have historically given all I can give to any project to which I am assigned or to which I have committed service. I sought involvement at the national level in NCSBN during my first year as the executive director for the Montana State Board of Nursing and did so successfully. I have made many friends and developed relationships with colleagues at NCSBN and believe these relationships and growing knowledge of NCSBN processes will help me serve on the NCSBN Board as an active participant. My Board supports me totally, and I have the support of my organizational leadership as well, to serve at the national level. It would be my honor to serve on the NCSBN Board or any other NCSBN Committee.

Area I Director Candidate**Barbara Swehla, RN, MN**

Executive Director, Montana State Board of Nursing, Area I

Education

University of North Dakota, Nursing, BSN, 1974
Montana State University, Rural Nursing, MN, 1989

Professional/Regulatory/Community Involvement

Executive Director, Montana State Board of Nursing
Quality Services Supervisor; Risk Manager; House Supervisor; Staff Nurse;
Staff Educator, St. Peter's Hospital
Assistant Professor of Nursing, Carroll College
Staff Educator, Montana Deaconess Medical Center
Assistant Professor of Nursing, MSU Northern
Nursing Faculty, Great Falls College of Technology
ICU and OB/Labor & Delivery, Columbus Hospital
Consultant and Educator–Home Services, Great Falls Medical Supply
Pulmonary Nurse Clinician, Great Falls Clinic
Staff Nurse in OB/Labor & Delivery, NICU, ICU, Coronary Care, MT Deaconess
Medical Center
Staff Nurse–Post ICU Unit, United Hospital
Staff Nurse–Medical Unit, Trinity Hospital

I served on the PERC Task Force for two years. Prior to this, I have served on the American Lung Association of Montana Board of Directors for nine years, served on committees for the Montana Nurses' Association, and have developed relationships with peers both nationally and in the state of Montana. I was also an active member of the Business and Professional Women's Organization for nine years.

Date of expiration of term: NA

Eligible for reappointment: NA



Area II Director Candidate

Mary Blubaugh, MSN, RN

Executive Administrator, Kansas State Board of Nursing, Area II

Education

North Central Kansas Area Vo-Tech School, LPN, June 1980
 Fort Hays State University, Nursing, ADN, May 1983
 Fort Hays State University, Nursing, BSN, May 1991
 Fort Hays State University, Master of Science in Nursing Administration, 1998
 Kansas University Public Management Center, Certified Public Managers, December 2002

Professional/Regulatory/Community Involvement

Executive Administrator, Kansas State Board of Nursing
 Instructor, Barton County Community College
 Practice Manager, Health Care Associates
 Performance Improvement/Education Coordinator, Hays Medical Center
 Regional Supervisor, MedStaff Home Health
 Nurse Manager, MedStaff Home Health
 Health Facility Surveyor, Kansas Department of Health and Environment

Fort Hays State University Nursing Honor Society, May 1991-Present
 Sigma Theta Tau International Nursing Society, April 1993-Present
 Lenora B. Stroup Master's Award, Fort Hays State University, December 1998
 Kansas Small State Agency Administrators Council, 2000-Present
 Health Resource Partnership, 2000-Present
 Recruitment/Retention Strategies Workforce Council Team for HealthCare
 and Direct Care Classes, August 2001-Present
 PERC Committee, 2000-2002
 PR&E Committee, 2002-Present
 Kansas Nursing Work Force Partnership, 2002-Present
 Kansas Society of Public Managers, 2002-Present
 Kansas Organization of Nurse Leaders, February 2002-present

Date of expiration of term: NA

Eligible for reappointment: NA

Personal Statement

I have the honor of being the Executive Administrator of the Kansas State Board of Nursing. Upon joining the Board, my vision was and continues to be a commitment to bring the agency into the 21st century. A commitment to the development of technology has achieved that goal. I would continue this level of commitment and dedication as Area II Director.

I enjoy challenging work and using my strong problem-solving abilities to improve any situation that I face. While I value current strategies that are "getting the job done," I am not afraid of change. I continually question the "why" and "how."

I work efficiently with people and encourage others to use out-of-box thinking. I value open communication and honesty – qualities I feel are important in every partnership. I possess passion, optimism and desire to serve as an effective voice for member boards in meeting the NCSBN mission.



Personal Statement

I think if you were to ask my coworkers at the Ohio Board of Nursing about what I have brought to my position as Executive Director, they would groan a bit and say "change." I think most would also, however, agree that the changes have resulted in a more productive, cooperative, cohesive work environment. I have an ability to find new and creative ways of getting things done in a more efficient way that does not sacrifice quality or customer service. I am a very fair and honest person who is genuinely interested in the viewpoints of others; however, I am very willing to make a decision based on what needs to be done. I am also a team player and an "out of the box" thinker. These are some of the qualities I am prepared to offer the members of National Council.

Area II Director Candidate**John Brion, RN, MS**

Executive Director, Ohio Board of Nursing, Area II

Education

Clarion University of Pennsylvania, BA, 1985
Ohio State University, BSN, BA, 1989, 1990
Ohio State University, MS, (PhD candidate) 1993, TBD

Professional/Regulatory/Community Involvement

Executive Director, Ohio Board of Nursing
Administrator HIV Drug & Insurance Programs, State of Ohio Department of Health

Date of expiration of term: NA

Eligible for reappointment: NA



Area III Director Candidate

Sonja R. Fuqua, RNC, MSN

Board Member, Mississippi State Board of Nursing, Area III

Education

Millsaps College, Biology, BS, 1979

University of Mississippi School of Nursing, Nursing, BSN, MSN, 1982, 1996

Cambridge State University, African American Studies, PhD, Expected Completion June 2004

Professional/Regulatory/Community Involvement

Jackson Heart Study (UMMC), Director of Recruitment and Retention

University of Mississippi Medical Center, Clinical Nurse Educator

Charter member Theta Beta Chapter of Sigma Theta Tau, 198-Present

Served in various capacities, presently Finance Committee Chair

Eliza Pillars RN Association, 1987-Present

Presently State President, served in numerous positions on District and State levels

ANA/MNA, 1983-Present

Currently 1st Vice-President of District 13

Leadership Jackson Participant and Alumnus, 2000-Present

Community Health Awareness Coalition, Executive Board, 2000-Present

Sponsors and participates in grass-root activities in the community

Date of expiration of term: 06/04

Eligible for reappointment: Yes

Personal Statement

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

I come to NCSBN with degrees in nursing and biology, expectation of completing a doctoral program in African American Studies next year and several years experience as an educator of nurses, other health care providers and health care consumers. This diverse educational background along with my professional and personal activities in the community give me a broad perspective. I have the ability to look at issues from multiple sides and impart my findings in ways that are generally well received and easily understood. I know the importance of research-based decisions using the scientific process and the absolute necessity of keeping the human condition in mind. I truly believe that quality nursing care is invaluable and am excited about the future of nursing and the prospect of moving to another level of leadership in the field of nursing regulation.



Personal Statement

It has been a privilege and honor to serve as Area III Director for the past two years. During my tenure, I have valued the communication between and the facilitating of issues with member boards, board members and NCSBN staff. If elected, I will continue the practice of promoting cohesion between Board Presidents, Board Members, Executive Officers, staff and interested stakeholders. As I indicated two years ago, listening will be the cornerstone of my directorship. I have utilized this skill continuously by being prepared for Board meetings, Mid-Year Meetings, and Delegate Assembly.

I have not been tentative in making decisions on board issues and if re-elected, will continue to utilize the diversity of my professional background in human resources, finance, information technology and licensing to add to board deliberations and effectively promote the Council's mission and vision.

Area III Director Candidate**Mark W. Majek, MA, PHR**

Director of Operations, Texas Board of Nurse Examiners, Area III

Education

The University of Texas at Austin, Political Science, BA, 1979
Southwest Texas State University, Paralegal Certification, 1979
Corpus Christi State University, Business and Communications, MA, 1981

Professional/Regulatory/Community Involvement

Director of Operations, Texas Board of Nurse Examiners

National Council of State Boards of Nursing:

Area III Director, 2002-2003
Nursys™ Advisory Panel, 2000-2001
Phase II User Group Nursys, 1999-2000
Information System Users Group, 1998-1999
Licensure Verification Task Force, Chair, 1996-1997
Licensure Verification Task Force, 1995-1997
Special Services Division Forms Group, 1994
Delegate Assembly Page, 1995-2000

State of Texas:

Texas State Human Resource Association, Past Chair
Small State Agency Task Force, Past Chair
Texas State Business Administrators Association
Texas State Compensation Task Force
Society for Human Resource Management, 1991-Present

Date of expiration of term: NA

Eligible for reappointment: NA



Area IV Director Candidate

Myra A. Broadway, JD, MS, RN

Executive Director, Maine State Board of Nursing, Area IV

Education

Franklin Pierce Law Center, JD (Law) 1990

University of Colorado, MS (Community Health Nursing) 1973

Hunter College, BSN 1967

Professional/Regulatory/Community Involvement

Executive Director, Maine State Board of Nursing

NCSBN:

Commitment to Ongoing Regulatory Excellence, 2002-2003

Director-at-Large, 2000-2002

Board Liaison to Commitment to Excellence, 2000-2002

Model Rules Subcommittee Liaison, 2001-2002

Bylaws Committee Liaison, 2001-2002

Awards Advisory Panel Liaison, 2000-2001

Delegate Assembly Advisory Group Liaison, 2000-2001

Commitment to Excellence Advisory Group, 1999-2000

Resolutions Committee, 1999

Mutual Recognition Member Board Operations Analysis Tool Working Group 1998

Nurse Licensure Compact Administrators, Executive Committee

United States Air Force Reserves:

9019th Air Reserves Squadron, 1976-1998

Colorado Air National Guard, 1972-1975

Active Duty, 1968-1971

Date of expiration of term: NA

Eligible for reappointment: NA

Personal Statement

I am firmly committed to the mission we have as state boards of nursing and to the collective mission represented by NCSBN. I am appreciative of the variety of structure of boards in our area. It is this richness in distinction that makes us unique.

While different in format, we serve the same function. The problems and issues that face one of us face us all. It is important to dialogue and deliberate to best achieve that which will meet our needs in regulation. The integrity of the examination, continuation of relevant research, and implementation of agreed upon strategic initiatives is top priority. My style and approach is to be open and objective. It is my philosophy that the best decisions are those made after all sides of an issue are heard, addressed and deliberated. I would consider it a great privilege to serve as your Area IV Director.



Personal Statement

I have been an RN for 30 years, practicing during that time in acute care nursing, nursing administration, nursing education of LPN's, and nursing regulation. I hold a BSN and an MS Education Admin. and I am currently pursuing an MSN/FNP.

While serving with the Virgin Island Board of Nurse Licensure, I have worked in the areas of education (LPN, CNA, HHA, Med Aides) and the discipline processes of the Board. Since 1990, I have served with NCSBN in a variety of capacities including Board of Directors and committees NP&E, Foreign Nurse Credentialing, Multistate Licensure, Bylaws, and currently serve on the Model Rules Revision Subcommittee. My experiences with VIBNL and NCSBN have been some of the most professionally enriching of my career. I would be privileged and delighted to serve as Area IV Director should you so choose.

Area IV Director Candidate**Cynthia Van Wingerden, RN, BSN, MS Ed Admin**

Board Member, Virgin Islands Board of Nursing, Area IV

Education

University of Miami, Education, MS Ed Admin, 1989
Boston University, Nursing, BSN, 1973
Bethel College: Currently enrolled in MSN/FNP program

Professional/Regulatory/Community Involvement

Nurse Consultant, 1995-present
Coordinator and Nurse Faculty, Practical Nursing Program,
St. Croix Skill Center (1986-1995)/St. Croix Voc Sc. (1995-2001)
Clinical Care Coordinator, Virgin Islands Medical Institute (Medicare State Agency), 2001-2002
Nurse Consultant, Discipline and Education, Virgin Islands Board of Nurse Licensure, 1996-2002

Appointment to the Virgin Islands Board of Nurse Licensure, 1989-1996, 2002-2005
VIBNL: Vice-Chair, Chair-Education Committee, Member-Discipline Review Advisory

Committee, 2003-present
Chair–Nursing Shortage Task Force, VIBNL, 2001-2002
Chair–Legislative Review Task Force, VIBNL, 2001
Chair–Task Force on Impaired Nurse Alternative Program, VIBNL, 2000-2001
Chair/Member–Education Committee, Discipline Committee, 1989-1996
National Council of State Boards of Nursing, 1990-present
Served two terms on the NCSBN Board of Directors
Member–Model Act and Rules Revision Subcommittee
Member–Bylaws Committee
Chair–Foreign Education Nurse Credential Committee
Member–Nursing Practice & Education Committee
Member–Multistate Licensure Task Force

Date of expiration of term: 10/05

Eligible for reappointment: Yes



Director-at-Large Candidate

Delores Barlow, RN, MSN

Board Member, Mississippi State Board of Nursing, Area III

Education

University of Mississippi SON, Nursing, BSN, 1961

Case Western Reserve, Med/Surg, Administration, MSN, 1965

Professional/Regulatory/Community Involvement

University of Mississippi SON, Association Professor, July 1976- May 2003

Veterans Administration Hospital, Associate Chair of Nurse Med. Service, June 2003

University of Southern Mississippi, Upward Mobility Program Coordinator, 1972-1973

No regulatory other than Board of Nursing appointment.

Active in ANA since 1961.

Active participant at SON in accreditation activities.

Date of expiration of term: 06/04

Eligible for reappointment: Yes

Personal Statement

I am a very organized, committed, and active professional. My years serving as an Associate Professor of Nursing benefit me in my understanding of the mission of NCSBN. Helping shape policy and procedures for future nurses at a national level would be an honor and privilege. Coming with experience in educating our future professionals, I have the background to best guide decisions impacting our future health care. I will come and work, as expected, with a clear, open mind, and I will dedicate myself to the business at hand. In prior job performance evaluations, I have been complimented on my assets of organizational skills, timely work completion, creativity, and ability to maintain focus on activity at hand.



Personal Statement

I want to be your Director-at-Large from Area III. I have been actively involved in NCSBN for six years – serving as delegate for five years. I served on Nominating Committee two terms, with one as chair. I was also privileged to serve on the Executive Director Search Committee. Each opportunity has provided more insight as to how National Council functions and how each of us can contribute to the mission of the Council. I have a sincere desire to serve the nursing population at a time that is so critical on a national, state and local level. I have the support of my state board of nursing and my employer, which will assure my opportunity to serve actively. As regulators, we are on the cutting edge of our profession and I want to be a part of the mission that will keep us moving forward nationally and internationally.

Director-at-Large Candidate**June D. Bell, BSN, RN, BC**

Board Member, Kentucky Board of Nursing, Area III

Education

Murray State University, Nursing, RN, 1960

Western Kentucky University, Nursing, BSN, 1993

Professional/Regulatory/Community Involvement

Executive Director, St. Joseph's Peace Mission for Children

Clinical Nurse Manager-Clinic Nurse, River Valley Behavioral Health

Kentucky Board of Nursing, two terms, 1996 to present

1. President-Kentucky Board of Nursing, 1999-2000

2. Currently Vice President

Delegate to NCSBN-Five years, sixth year to attend

Committee on Nominations-elected to two terms (Area III), served as chair one year

Executive Director Search Committee

Citizens Foster Care Review Board

Board Member-Safe Place

Citizens Healthcare Advocacy

Sigma Theta Tau

Kentucky Nurses Association, District #8, Immediate Past President

ANCC Expert Panel for Psych-Mental Health Certification Exam

Date of expiration of term: 06/04

Eligible for reappointment: Yes



Director-at-Large Candidate

Linda Busch, LPN

Board Member, Minnesota Board of Nursing, Area II

Education

Willmar Area Vocational Technical College

Professional/Regulatory/Community Involvement

CRNA, Appleton Municipal Nursing Home

CRNA, Madison Lutheran Home

LPN, Chippewa County Montevideo Hospital

LPN, Luther Haven Nursing Home

Resolutions Committee, NCSBN, 2002-Present

Page, NCSBN annual meeting, 2002

Honorary Lifetime Member North Dakota PTA, 1976

Volunteer of the Month, Family Services, Ellsworth Air Force Base

Minnesota Nursing Association Union Steward 1994-1998

Primary Nursing Implementation Committee–Present

Facilitator, Team Leader and Weekend Coordinator for Beginning

Experience Support Group, 1999-Present

Date of expiration of term: 01/03

Eligible for reappointment: Yes

Personal Statement

I am a very concerned, punctual, flexible Licensed Practical Nurse.

I graduated from nursing school with honors 30 years after graduating from high school. Much of my education was made easier by the many real life experiences I had encountered up to that stage in my life.

Since being on the Minnesota Board of Nursing I have attended three NCSBN Annual Meetings as well as two Mid-Year Meetings. The collegiality I have experienced by being a member of the board has allowed me to become acquainted with nurses across the nation. I have lived and worked in three of the Area II states and have traveled to the others.

I have a tendency to give 100% plus to any job I tackle. Most of the projects I have been involved in have been in a leadership position.



Personal Statement

As National Council and its member boards advance into the 21st century, we face challenges and opportunities on many fronts. Both will require strong leadership to help our organization navigate the turbulent waters which may lie ahead. As a current Board of Directors member and current state board member, I have the experience and vision necessary to serve on the Board of Directors as Director-At-Large. These characteristics permit me to expand and implement the knowledge I have gained in further service to our profession. A skilled bridge-builder, I have a strong belief in the necessity of nursing regulation. I support the mission of National Council and our member boards. If we as member boards and National Council continue our leadership roles in nursing regulation, I am convinced we also meet our responsibilities to provide public protection and enhance healthcare for the public.

Director-at-Large Candidate

Deborah Johnson, PhD, RN, CNS

Past President, North Dakota Board of Nursing, Area II
President, North Dakota Board of Nursing

Education

Kennedy Western University, Psychology, PhD, 2003
Texas Woman's University, Nursing/Psychology, MS, 1988
Texas Woman's University, Nursing/Psychology/Sociology, BS, 1973

Professional/Regulatory/Community Involvement

President, Center for Mind/Body Wellness
Partner and Provider, Darveaux, Eaton, Johnson and Associates

NCSBN:

APRN Task Force, 1999-2001
Executive Director Search Committee, 2001
Area II Director, 2001-2003
IT Task Force, 2003

North Dakota Board of Nursing:

Chair, Prescriptive Authority Committee, 1999-Present
Multistate Licensure Task Force President, 2000-2002
Chair, Nurse Practice Committee, 2002-Present
Medication Exemption Task Force

Other:

- Presenter at many professional meetings for topics on depression in women, post-partum depression, anxiety and depression in children, eating disorders in women.
- Participated in large multicenter research project for trial of antidepressant.
- Member, multiagency committee for wellness in youth in Minot (Police, Schools, others)
- Past board member for Minot Commission on the Status of Women, Women's Resource Center, Minot State University and the Domestic Violence Center Board
- NDNA Advance Practice Nurse of the Year nominee 2000 and recipient 2001
- Member, Omicron Tau chapter and Beta Beta chapter, Sigma Theta Tau Honor Society for Nursing
- Member of the American Association of Marriage and Family Therapists
- Member, American Psychological Association
- Corporate Recruitment Chair, American Heart Association, Minot Chapter
- Participant as research site for EXCEED Study, Forest Pharmaceuticals

Date of expiration of term: 07/31/04

Eligible for reappointment: No



Director-at-Large Candidate

Polly Johnson, RN, MSN

Executive Director, North Carolina Board of Nursing, Area III

Education

Ohio State University, Nursing, BSN, 1962
Ohio State University, Special Education, Certificate, 1967
Duke University, Nursing, MSN, 1980

Professional/Regulatory/Community Involvement

North Carolina Board of Nursing–Executive Director
North Carolina Board of Nursing–Assoc. Dir./Practice (1996-1997)
North Carolina Board of Nursing–Practice Consultant (1988-1996)

Selected Current Statewide Activities:

NC Center for Nursing Advisory Council (1997-Present)
NC Center for Nursing Workforce Planning Committee (2003)
Chaired NC Nursing Centennial Celebration Committee (1998-2003)
Office of Emergency Services Hospital Bioterrorism Preparedness Task Force
(2002-Present; Appointed 2003)
NCNA Professional Practice Advocacy Coalition (2000-Present)
NC Institute of Medicine–Nursing Workforce Taskforce (2002-Present)
Member: NCNA, NC Association of Nurse Leaders

National Activities:

Nurse Licensure Compact Administrators (2000-Present)
Institute of Medicine’s Committee on Health Professions Education Summit (January 2002-
May 2003)
NCSBN Board of Directors–Delegate-at-Large (2002-2003)

NCSBN Committees:

UAP Task Force (1996-1999), Chair (1998-1999)
Resolutions Committee (2000, 2001, 2002)
Advisory Panel–Commitment to Excellence in Regulation (2000-Present)
Area III Program Planning Committee Chair (1998)
Pilot State Participant: Nursys™ and Commitment to Excellence Programs

Citizens Advocacy Center:

Pilot State Participant and Member of Advisory Panel for Practitioner
Remediation and Enhancement Partnership (PREP) Project (2001-Present)

International Activities:

Participant: Fifth International Conference on Regulation of Nursing and Midwifery (2001)
Presenter: International Congress of Nurses (2001)
Invited Presenter: Sixth International Conference on Regulation of Nursing and
Midwifery (2003)

Date of expiration of term: NA

Eligible for reappointment: NA

Personal Statement

I would bring enthusiasm along with the following attributes in service to the National Council:

- Current knowledge of and commitment to the work of the NCSBN Board of Directors
- Visionary skills: ability to consider issues from a global perspective; to think strategically and visualize new possibilities
- Analytical skills: courage to ask ‘tough’ questions and consider all angles of an issue
- Interpersonal skills: commitment to function in a collaborative, consensus-building manner that values diversity of opinions; ability to listen carefully as well as clearly articulate ideas and perspectives.
- Commitment to achieving excellence in health care regulation; providing member boards with the necessary support to enhance their leadership in assuring the delivery of safe, effective health care within and among their respective jurisdictions.

It would be a great privilege for me to continue to serve a second term as Director-at-Large.



Personal Statement

If selected for nomination for a position on the National Council of State Boards of Nursing ballot, I pledge to uphold the goals and objectives of the organization to the best of my ability. Having the opportunity to serve on the Alabama Board of Nursing for the last four years has given me the chance to see regulation in ways I never thought possible. I have learned the true meaning of public protection and I now realize the role I play on this team. Being able to gather various views and ideas from other areas and then bring those views to others to better define our roles as public protectors is a gigantic task, but one that I would take on proudly if elected.

Director-at-Large Candidate**Marjesta Jones, LPN**

Board Member, Alabama Board of Nursing, Area III

Education

Wallace State Community College, Practical Nursing, Certificate-LPN, 1979

Professional/Regulatory/Community Involvement

Staff Nurse, Vaughn Reg. Med. Center

School Nurse, Selma City Schools

Alabama Board of Nursing, Member
Alabama School Nurses Association, Associate Member
Alabama Federation of LPN's Incorporated, Director
Alabama Education Association, Member
National Education Association, Member

Date of expiration of term: 12/31/06

Eligible for reappointment: No



Director-at-Large Candidate

Frank T. Maziarski, BSN, MS, CRNA

Board Member, Washington State Board of Nursing, Area I
Self-Employed, Allied Anesthesia Associates

Education

University of Nebraska at Omaha, BSN, 1960, MS, 1968
Albany Medical Center, CRNA, 1954
Creedmoor State Hospital, RN, 1952

Professional/Regulatory/Community Involvement

Program Director–Anesthesia, US Army Nurse Corp.
School Director–Anesthesia, Bryan Memorial Hospital
Anesthesia Department, University of Washington

NCSBN APRN Compact Committee 2003
Washington State Nursing Care Quality Assurance Commission 1996-2005
WSNA 1990-present
WANA 1987-present
ARNP United of Washington 1990-present
AANA 1954-present
AANA Board of Directors 1998-2000
AANA Vice President 2000-2002
AANA Foundation 2002-present
National Quality Assurance Forum (NOE) 2000-present
WANA Legislative Committee 1995-1996
President WANA 1993-1995
President-elect 1992-1993
Vice President 1991-1992
Board of Directors 1989-1991
WSNA Nursing Foundation 1999-2001
National Patient Safety Foundation (NPSE) 1996-present

Date of expiration of term: 6/30/05

Eligible for reappointment: No

Personal Statement

NCSBN continually seeks individuals with strong leadership qualities with the ability to focus on problem solving and team building. I believe I possess the qualities described above. Having spent 21 years as an officer in the US Army Nurse Corps.

The last 12 years as Program Director of Phase I and Phase II of the Academy of Health Sciences Schools of Nurse Anesthesia. This position required strong leadership abilities, problem-solving and team building. After retiring from the Army Nurse Corp I was Director of the Bryan Memorial Hospital/Drake University School of Nurse Anesthesia, which again required strong leadership, research and problem solving. In my current capacity as Clinical Anesthesia and Legal Nurse Consulting firm I continue to develop my leadership and problem solving skills. If elected I could apply my skills to assist NCSBN.



Personal Statement

I have a broad background in education and clinical nursing starting as a Certified School Nurse, instructor at Beebe School of Nursing and Wesley College.

When I wasn't an educator, I was practicing my expertise in the emergency room or critical care unit.

My nursing expertise has allowed me to teach EMTs at Delaware Fire School and CPR to the public.

Being appointed to the Delaware Board of Nursing, I am Chairman of the Practice Committee and this allows me to work on expanding the scope of practice of the RN and LPN.

A member of the Delaware Board of Nursing Education Committee allows me to participate in the standards of education for nurses.

A member of the ALSAM – a committee designed to develop criteria to protect the public in the administration of medications in unstructured facilities and possibly by unlicensed personnel.

Director-at-Large Candidate**Maryjeanette (Jan) Monihan, RN, MEd**

Board Member, Delaware Board of Nursing Area IV
Retired

Education

Salisbury University, MEd, 1985
Wilmington College, BA–Psychology, 1977
Wilmington General Hospital School of Nursing, RN, 1957

Professional/Regulatory/Community Involvement

Board of Nursing Chairman Practice Committee 1997
Education Committee 2000
ALSAM (medication by untrained personnel) 2000

Date of expiration of term: 08/05/04

Eligible for reappointment: No



Director-at-Large Candidate

Emily Pharr, LPN

Board Member, Mississippi State Board of Nursing, Area III

Education

Hinds Community College, LPN

Professional/Regulatory/Community Involvement

Staff LPN, South Mississippi Regional Center

Staff LPN, Capital Home Health

Staff LPN, Healthy Solutions

Member of State and National LPN Association

Held office on state level as Director, 2nd Vice President and as of April 22-25

Have attended all state and national conventions for last five years

Member, Mississippi State Board of Nursing, Area 111

Date of expiration of term: 06/05

Eligible for reappointment: Yes

Personal Statement

An LPN for 35 years having worked in doctors offices, home health, hospital setting, and now mental health. Worked for OB-GYN and General Practice for a number of years. Have three years of hospital experience on Med-Surg and Stepdown units. Extended training in Medicare/Medicaid rules, regulation, coding and payment for home health. Last five and a half years worked in mental health. Working on a campus setting for young children/young adults/ and teenager. Having learned how to deal with behavior problems, which can and is a challenge just to get them to take their medicine. I have worked very close with the psychiatric. Due to the encouragement of the psychiatric I have become involved in Special Olympics, working with them in them in their training. Sometimes very close to my heart is working with abuse children on all levels. I would be honored to serve on NCSBN as a Director-at-Large.



Personal Statement

Involvement with the Council has given me personal knowledge of its mission and vision. If elected, I would bring 34 years of nursing experience, which includes 13 years of regulatory experience in Maryland and the knowledge and sensitivity of current regulatory issues that affect the nation. This includes the nursing shortage and the economic crisis facing most states, all of which affect health care. As the legislative liaison for the Maryland Board, I provide an important resource and leadership for the state legislators. My ability to communicate clearly and concisely has been an important and necessary asset in my role as Director for Discipline and as Coordinator for Advanced Practice. As a Director-at-Large, my communication and organizational skills and my ability to look at things objectively will serve this office well. Most of all I would bring a real passion for nursing and the work of the Council.

Director-at-Large Candidate

Emmaline T. Woodson, BN, MS

Deputy Director, Maryland Board of Nursing, Area IV

Education

Tuskegee Institute, Nursing, BSN, 1969
University of Maryland, Nursing, MS, 1973

Professional/Regulatory/Community Involvement

Deputy Director, Maryland Board of Nursing
Clinical Director, Liberty Medical Center
Disciplinary Resource Task Force, 2001-Present
Commitment to Excellence Workgroup, 1999
Multi-State Regulation Task Force, 1998
Cast in the video “Breaking the Habit: When your Colleague is Chemically Dependent,” 2001
Chemically Impaired Nurse Issues Task Force, 1996
Literature Review Focus Group, 1994
Various Offices of the Maryland Nurses Association-Chair
Nominating Committee, 2001-2003

Date of expiration of term: NA

Eligible for reappointment: NA



Committee on Nominations – Area I Candidate

Shirley Meyer, RN

Board Member, Idaho Board of Nursing, Area I

Education

College of the Desert, Nursing, ADN, 1972

Boise State University, Nursing, 1985-1988

Professional/Regulatory/Community Involvement

Meyer Manor, Self-Employed

Valley View Health Care, Supervisor

Ada County Board Guardians, Ada County, Idaho

Committee Member, Idaho State Board Occupational Licensing Residential Care
Board of Examiners

Meridian Chamber Commerce, Meridian, Idaho

Past President, Idaho Assisted Living Association

Member, Elder Care Council Health and Welfare Department Idaho

Board Member, Idaho State Board of Nursing

Member of the Committee of Residential Care Assisted Living of the National Association of
Boards of Examiners of the Long-Term Care Administrators

Date of expiration of term: 01/04

Eligible for reappointment: Yes

Personal Statement

I strongly believe in the goals and values of the National Council.

Many challenges loom on the horizon that will require strong leadership to maintain quality in those goals and values. I believe I have the knowledge and background to meet those challenges.

I have been in nursing for 40 years and have seen the many changes in nursing, and have participated in many of those in a variety of nursing specialties as direct care staff as well as in management.

I am very involved in my position as a Board Member on my state Board of Nursing as well as being active on my state Board of Occupational Licensing, our county Board of Guardians, and other rule-making entities.

I have enjoyed having my successful business in the residential care/assisted living industry for the last 12 years and have been active in maintaining quality care for my industry, including quality nursing care for our consumers. I feel public safety is at risk in this arena and a challenge that must be dealt with.

I feel I am qualified, and certainly anxious, to meet the challenges as a member of the committee on nominations.



Personal Statement

Participation in National Council is a privilege, honor, and pleasure and is an excellent way to demonstrate your personal commitment to nursing excellence and to the profession. Serving on various NCSBN committees, including the Commitment to Excellence project, Practice Breakdown Research Task Force, and Nominating Committee, I have had the opportunity to get to know colleagues throughout the jurisdictions. My experience with NCSBN has been extremely positive and empowering. I believe that being active in National Council is how we stay connected, motivated, and inspired.

Being on the Committee on Nominations has allowed me the opportunity to participate and help shape the future of the nursing profession. If re-elected to the Committee on Nominations for Area II, I will continue to draw on the ongoing experience to identify strong, qualified candidates for National Council positions. I will work toward strengthening the linkages to provide appropriate leadership for National Council as we bring the future of nursing in to the present. What an exciting time to be a nurse and to be part of NCSBN!

Committee on Nominations – Area II Candidate**Karla Bitz, RN, PhD (c)**

Board Staff, North Dakota Board of Nursing, Area II
Associate Director, North Dakota Board of Nursing

Education

Mary College, Nursing, BSN, 1981
University of Mary, Management, MGMT, 1998
Kennedy Western University, Public Administration, PhD (c)

Professional/Regulatory/Community Involvement

North Dakota Board of Nursing, Associate Director
North Dakota Nurses Association, Continuing Education Director

NCSBN

Commitment to Excellence Regulatory Project, 1999-2001
Practice Breakdown Research Study/TERCAP, 2002-Present
Committee on Nominations, 2002–Vice Chair, 2003-Chair

North Dakota Board of Nursing

Nurse Practice Committee
Nurse Advocacy Program Committee

American Nurses Association

North Dakota Nurses Association
American Nurses Credentialing Center, Site Visitor

Sigma Theta Tau, Kappa Upsilon Chapter
National Organization of Alternative Programs (NOAP)
International Nurses Society on Addictions (IntNSA)

Date of expiration of term: NA

Eligible for reappointment: NA



Committee on Nominations – Area II Candidate

Karen A. Trettel, LPN

Board Member, Minnesota, Area II

Education

Minnesota/ Hennepin Technical Center–Practical Nursing 1972

Professional/Regulatory/Community Involvement

North Memorial Health Care–LPN-ACMS

Advisor to Hennepin Technical Practical Nursing Program 1998-2003

LPN–Union Steward Local 113 1983-2003, still contract negotiator

Date of expiration of term: 1/11/2006

Eligible for reappointment: Yes

Personal Statement

LPN Job Analysis Panel of Experts

When I became an LPN in the early 70s, I had children in school.

Nursing felt like a “good fit.” I have worked 30 years in the medical-surgical area. When I started, there were 150 beds; now there are over 400 beds of Level One Trauma.

LPNs have chosen me to be their contract negotiator for 15 years.

This led me to work on the advisory council of Practical Nursing at the Technical School. I am a new member of the Minnesota Board of Nursing. I currently am working on the Scope of Practice Committee.

I would like to be involved in a panel that influences our LPN nursing field at a larger national level.





Report of the Board of Directors

Each year, the Board of Directors adopts a certain focus, and this year, the Board had a recurring theme of review of governance philosophy and structure at NCSBN with the goal of establishing a model and policies that will guide the organization long-term. Along with this, discussion of the organization's mission and values occurred at meetings throughout the year, resulting in a proposed new mission statement that is before the delegates this year. The Board held a retreat in February dedicated to governance issues, where members reviewed governance models, committee structure, mission and vision, and the Balanced Scorecard strategic management approach. Many of the Board's motions throughout the year were in response to discussions about governance, including decisions that created clarity on the distinction between the governance and operational management of NCSBN.

Collaboration with External Organizations

Collaboration with other organizations is necessary for NCSBN to accomplish its mission and to stay involved in projects and activities that also influence the practice of nursing. To this end, the following collaborative efforts occurred during the year.

- The Board approved appointment of Debra Brady, executive director of the New Mexico Board of Nursing, to be NCSBN's representative to the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP).
- The Board directed NCSBN Executive Director Kathy Apple to discuss possible collaborative projects with the American Association of Colleges of Nursing (AACN), including directing the research staffs of each organization to develop possible research questions for mutually agreed upon joint projects.
- The Board approved support of the project "Nursing's Agenda for the Future" and encouraged resolution of the funding issue that members of the project's steering committee expressed. At a later Board meeting, the Board committed NCSBN to donating \$5,000 to this project to fund a proposal for meta-analysis of the cost of inadequate nursing supply.
- The Board supported meeting with Colleagues in Caring (CIC) to clarify that group's interest in giving nine participating boards of nursing the ability to collect and submit workforce data and any overlap with or interest in Nursys™ data.
- Jim Bentley, senior vice president for Strategic Policy Planning at the American Hospital Association, attended a meeting with the NCSBN Board of Directors to discuss areas of mutual concern, including how to provide flexibility between disciplines and scopes of practice; inconsistency between scopes of practice from state to state; board of nursing requirements for faculty qualifications and student-faculty ratios; and data collection regarding accurate number of licensed, practicing nurses in this country.
- The Board approved sending a letter of education to bill sponsors in response to the Patient Safety and Quality Improvement Act of 2003. The Board's concern centered on how the lack of designating boards of nursing as exempt agencies may impact discipline reporting requirements in the future.
- Discussion with various organizations expressing concern about the introduction of alternate test items on the NCLEX® examinations resulted in responses from NCSBN, most notably a fact sheet sent to Member Boards and available on the NCSBN Web site that was routinely updated as more questions about the new formats were gathered.
- The Board was apprised of AACN's Reaction Panel discussion on its draft Clinical Nurse Leader role, which is based on the essentials of a BSN-prepared nurse. The Board was told that

Board of Directors

August 2002 – August 2003

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

Marcia Hobbs, DSN, RN, Vice
President, Kentucky, Area III

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

Paula Meyer, MSN, RN, Area I
Director, Washington

Deborah K. Johnson, PhD, RN
Area II Director, North Dakota

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

Iva Boardman, MSN, RN, Area IV
Director, Delaware

Gregory Y. Harris, JD, Director-at-
Large, Arizona, Area I

Polly Johnson, MSN, RN, Director-
at-Large, North Carolina, Area III

Staff

Kathy Apple, MS, RN
Executive Director

Christine Ward, Executive Office
Relations/Meetings Manager

Legal Counsel

Thomas Abram



Meeting Dates of the FY03 Board of Directors

August 17, 2002, Long Beach , CA
 September 4-5, 2002, Chicago, IL
 December 2-4, 2002, Chicago, IL
 February 19-21, 2003, Chicago, IL
 March 24, 2003, Savannah, GA
 April 30-May 2, 2003, Chicago, IL
 July 10-11, 2003, Chicago, IL
 August 4, 2003, Alexandria, VA

Attachments to this Report

- A. Annual Progress Report on
NCSBN Strategic Initiatives
- B. PERC Action Plan Progress
Report
- C. Social Security Issue Update

AACN is soliciting feedback on this role description from a variety of stakeholders as well as its own membership.

- At the Alliance for Nursing Accreditation meeting, the NCSBN APRN Task Force “Criteria for APRN Certification Programs” was discussed. NCSBN presented the document and stressed the importance of Commission on Collegiate Nursing Education (CCNE) accepting this criteria; CCNE agreed to obtain feedback on the document.
- The Board stressed the need to stay involved with the work of the Institute of Medicine (IOM) and directed that updates on activity be reported in the *Council Connector* newsletter. This directive was in response to the IOM Health Professions Summit, which was attended by NCSBN representatives.

Meeting Attendance by NCSBN Representatives (Board Members and/or NCSBN Staff)

- Annual Conference of the Council on Licensure, Enforcement and Regulation (CLEAR), Las Vegas, NV, September 2002
- National League for Nursing (NLN) Education Summit, Anaheim, CA, September 2002
- Friends of the National Institutes of Nursing Research (FNINR) Annual Gala, Washington, DC, September 2002
- National Coordination Council for Medication Error and Reporting (NCC MERP) Meeting, Washington, DC, September 2002
- National Federation of Licensed Practical Nurses (NFLPN) 53rd Annual Convention, Springfield, IL, October 2002
- American Association of Colleges of Nursing (AACN) Fall Semiannual Meeting, Washington, DC, October 2002
- Institute of Medicine (IOM) Annual Meeting, Washington, DC, October 2002
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Symposium on “Homeland Defense: Blueprints for Emergency Management Responses,” Washington, DC, October 2002
- Federation of Associations of Regulatory Boards (FARB) Attorney Certification Course, Colorado Springs, CO, October-November 2002
- National Organization for Associate Degree Nursing (NOADN) Convention, Washington, DC, November 2002
- Citizen Advocacy Center (CAC) Annual Meeting, San Francisco, CA, November 2002
- American Association of Colleges of Nursing (AACN) Baccalaureate Education Conference, Lake Buena Vista, FL, November 2002
- National Leadership Forum, Washington, DC, November 2002
- National Conference of State Legislatures (NCSL) Health Policy Conference Meeting, New Orleans, LA, November 2002
- The Alliance (Nursing Organizations Alliance) Annual Meeting, Indianapolis, IN, November 2002
- National Practitioner Databank (NPDB) Executive Committee, Arlington, VA, November 2002
- National Credentialing Databank (public-private partnership), Washington, DC, November 2002
- Council of State Governments (CSG) Annual Meeting, Richmond, VA, December 2002
- American Medical Association (AMA) House of Delegates Interim Meeting, Chicago, IL, December 2002 and June 2003
- Nurse Practitioner Database Planning Committee, Washington, DC, January 2003
- Division of Nursing meeting on discussion of Nurse Reinvestment Act, Washington, DC, January 2003
- American National Standards Institute (ANSI) Annual Meeting session “Breaking Down Borders: Business, Standards and Trade,” Washington, DC, January 2003
- National Governors Association (NGA) Winter 2003 Meeting, Washington, DC, January and July 2003



- Federation of Associations of Regulatory Boards (FARB) Annual Forum, Austin, TX, February 2003
- NCC MERP Meeting, Rockville, MD, February 2003
- American Association of Colleges of Nursing (AACN) Spring Annual Meeting, Washington, DC, March 2003
- American Organization of Nurse Executives (AONE) Annual Meeting, New Orleans, LA, March 2003
- 5th Annual National Patient Safety Foundation (NPSF) Safety Congress, Washington, DC, March 2003
- Alliance for Nursing Accreditation meeting, Washington, DC, March 2003
- National Nursing Research Roundtable, Bethesda, MD, March 2003
- Federation of State Medical Boards (FSMB) Annual Meeting, Chicago, IL, April 2003
- National Student Nurses' Association (NSNA) Annual Convention, Phoenix, AZ, April 2003
- American Telemedicine Association Annual Meeting, Orlando, FL, April 2003
- American Telemedicine Association, Orlando, FL, April 2003
- National Association of Boards of Pharmacy (NABP) Annual Meeting, Philadelphia, PA, May 2003
- Association of State and Territorial Directors of Nursing (ASTDN) Meeting, Salt Lake City, UT, May 2003
- National Association for Practical Nurse Education and Service (NAPNES) Annual Meeting, New Orleans, LA, May 2003
- National Association of Boards of Pharmacy, Philadelphia, PA, May 2003
- JCAHO Liaison Forum, Oakbrook, IL, May 2003
- PreP for Patient Safety, Washington, DC, May 2003
- American Nurses Association (ANA) House of Delegates, June 2003
- Telehealth Leadership Council, Washington, DC, June 2003
- American Medical Association, Chicago, IL, June 2003
- American Nurses Association, Washington, DC, June 2003
- National Conference of State Legislators, San Francisco, CA, July 2003
- American Association of Nurse Anesthetists, Boston, MA, August 2003

Motions of the Board of Directors

The following is a list of motions passed by the Board of Directors from September 2002 through May 2003.

APRN

- An APRN comment paper to assist Member Boards in determining regulatory sufficiency of advanced practice certification examinations was approved.
- The Board approved an additional meeting, an additional committee member and a consultant to assist the APRN Task Force in dialogue with certifying bodies regarding criteria setting.
- The APRN Task Force will continue into FY04.

Celebrations and Member Recognition

- The Board created an Awards Panel that includes a representative from each area and if possible, members who were former award recipients. This panel is responsible for the awards nomination and selection process.
- The Board was routinely apprised of fund raising progress and other plans in preparation for the 25th Anniversary Gala to be held during the 2003 Annual Meeting.



Foreign-Educated Nurse Issues

- Direction was given to prepare a final report for the 2003 Business Book on the Social Security Number resolution passed by the Delegate Assembly in August 2002. The Board and membership were apprised of progress and status through the year.
- The Board approved a response to a notice for public comment regarding the proposed regulations for the Immigration and Naturalization Service (INS) Certificates for Certain Health Care Workers, and directed that the response by NCSBN include the support of psychometrically sound tests of spoken and written English, acceptance of the NCLEX® in lieu of the Commission on Graduates of Foreign Nursing Schools (CGFNS) predictor exam and encouragement of an expeditious certification process that is consistent with industry standards.

Governance

- The Board approved the proposed budget for the fiscal year 2002-2003 (FY03) beginning on October 1, 2002, and ending on September 30, 2003. The Board approved the audited financial statements for FY02, and the financial statements each quarter throughout FY03.
- The Board approved the strategic outcomes for FY03 proposed to accomplish the strategic initiatives, and provided oversight of the tactics by review of the tactical progress reports during the year.
- The Board approved a new logo for NCSBN.
- The Board approved revision of Policy 8.5, Investments, as recommended by legal counsel.
- The Board approved the accounting firm Thomas Havey LLP to conduct audit services through September 30, 2005.
- The *Board Policy Manual* was approved with changes, and the Board requested that appropriate committees continue a periodic review of relevant sections of the policy manual and make recommendations to the Board. In addition, the Board approved revisions to the personnel policies for NCSBN.
- The decision was made that the Board will attend the BoardSource Leadership Forum in odd years and utilize a consultant in the interim. Direction was also given to include team-building exercises during Board orientation.
- The annual report text was reviewed and approved.
- The draft mission statement developed at the February retreat session was shared with Member Boards at the Mid-Year Meeting to gain feedback. At a later Board meeting, the Board approved a revised version of the mission that will be presented for discussion and adoption by the Delegate Assembly.
- In response to concerns raised about the need to disseminate research information quickly, a motion was passed to evaluate the resources necessary to improve external communications, their scope and timeliness, for all NCSBN services, with a report back to the Board.
- The Board accepted the Finance Committee's recommendation not to raise the annual membership fee. The Board directed NCSBN staff to explore options to underwrite and support member attendance at NCSBN activities and report back to the Board.
- A motion was approved to remove Article 2 (Directors) and Article 6 (Terms of Office) from the Bylaws Committee recommendations, with the remaining recommendations being forwarded to the Delegate Assembly.
- The Board conducted a self-assessment of its performance utilizing the consulting services of BoardSource.

Information Technology and Nursys™

- A motion was made to proactively comply with the Federal Credit Reporting Act (FCRA) by including appropriate scripting on the Nursys™ screens and procedures as outlined by legal counsel, and that the changes to the database should not exceed \$8,000, and direct public access should not be launched until the changes are tested and complete.



- An IT Strategic Task Force was approved for the purpose of developing an IT strategic plan. Three Board members were assigned to the task force, as well as NCSBN staff and outside consultants.
- An NCSBN IT vision statement was approved.
- The Board agreed that the Nursys Advisory Panel is an internal organizational committee and not a committee of the Board, but the Board expects to receive routine updates. Continuance of the panel on an ad-hoc basis is an NCSBN internal decision.

Member Board Leadership and Resources

- The Board reviewed information gathered from the Member Board Needs Assessment Survey and meetings evaluation feedback to construct session topics for the 2003 Mid-Year Meeting.
- The Board appointed liaisons to specific committees following the current policy and directed that liaisons gather evaluative data throughout the year to further clarify the intent and value of the liaison role.
- The Board discussed opening a dialogue with Member Boards and the Board of Directors via conference call during a reserved hour of Board meetings. This was presented at the Mid-Year Meeting and the first dialogue was held during the April 30-May 2 Board meeting.
- The following were approved by the Board after conversation with the Member Board Leadership Advisory Group: deliverables developed from the charges of the group; changing the scheduled time for the regulatory seminar; charging the group with planning the seminar; and selecting Mary Kay Sturbois, president of the Ohio Board of Nursing, as the key contact person for the Member Board Presidents in FY03.
- With Board approval, books on credentialing and governance were purchased for the Member Board Leadership Development Advisory Panel, and for executive officers and Member Board Presidents prior to the Mid-Year Meeting Leadership Forum.
- The Executive Officer Network Group Leadership Development Seminar was approved and planned for April 29, 2003.
- The Board identified the need to revise Board Policy IV.1, Annual Committee and Member Selection Process, to include term limits for committee chairs.
- The Board approved continuance of the Member Board Leadership Development Task Force for FY04.

NCSBN Meetings

- The Board approved Mid-Year Meeting and Annual Meeting fees.
- The Board approved the U.S. Grant Hotel in San Diego, CA, for the 2005 Mid-Year Meeting the week of March 20, 2005.
- Board Policy 5.1, NCSBN Major Meetings, was revised with Board approval.
- The Board approved Salt Lake City as the convention hotel for the 2006 Annual Meeting, and directed that in the future, the Board would select the cities for both Annual Meeting and Mid-Year Meeting, but would no longer approve meeting dates or hotels.
- An open house will be held at the NCSBN offices at the 2004 Mid-Year Meeting in Chicago in lieu of a Board Reception.
- The Standing Rules for Delegate Assembly were approved and it was requested that these be part of the meeting script to ensure that the entire document is read aloud to the delegates.
- Revisions to NCSBN Policy 5.8, Committee on Nominations, was approved, to allow committee members to attend the Annual Meeting in order to process nominations from the floor.
- The Board considered a request from the Disciplinary Resources Task Force to plan a discipline education day at the 2004 Mid-Year Meeting.



Nursing Practice

- The Board approved a position statement on alternative licensure models.
- The Board approved development of a practical nurse online review course similar to the already available RN review course as recommended by the Finance Committee.
- The Board accepted the proposed PERC Plan timeline and requested a review at the end of the year. At a later meeting, the Board requested that the Puerto Rican examination be included as an action item, and that focus be put on leading in patient safety with external organizations. The Board also requested the PERC Action Plan poster to be showcased at the Annual Meeting.
- Continuation of the PR&E Model Rules Subcommittee for fiscal year FY04 was approved, in order to allow more time for feedback on the administrative rules and to begin work on continued competence and delegation rules.
- The charge of the PR&E Committee was amended to add a standing direction that the committee review all actions taken at Delegate Assembly in order to assess any need for subsequent changes to model act and model rules.
- The PR&E Committee recommendation to create an Unlicensed Assistive Personnel (UAP) subcommittee was approved as well as continuance of the Foreign Nurse Subcommittee for one year.
- The Disciplinary Resources Task Force will be continued in FY04 and the proposed action plan will be transferred into the committee's charge. In addition, the Bylaws Committee is directed to explore the pros and cons of changing the status of the Disciplinary Resources Task Force to become a standing committee.

Research in Regulation

- The Board directed that a one-page executive summary be drafted for members that captures the breadth of the Nurse Aide Practice Analysis and that focuses on policy decisions pertaining to long-term care and the expansion of unlicensed assistive personnel (UAP) practice to ensure patient safety.
- The Commitment to Ongoing Regulatory Excellence (CORE) Advisory Group was approved to continue in FY04.

Testing Services

- The Board directed that a "Lessons Learned" document be prepared for use by NCSBN in the future regarding the recent test service transition.
- The NCSBN-Pearson VUE NCLEX® contract was approved with amendments.
- The Board remained informed about progress on the proposed updates and feedback process for the *NCLEX-RN® Test Plan*. At the May meeting, the Board approved forwarding the recommendations for changes to the test plan to the Delegate Assembly.
- To fulfill the 2002 Delegate Assembly resolution about international testing, the Board accepted the proposed criteria for selection of countries and approved providing a detailed report on international testing at the 2003 Delegate Assembly.
- The Board approved sending to the Delegate Assembly a recommendation from the Examination Committee to explore the extension of the NCLEX-RN® examination maximum time limit.
- Adoption of Revisions to the testing policies and procedures was passed.



BOARD OF DIRECTORS – ATTACHMENT A

Annual Progress Report, October 2002–May 2003

Background

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

I. Strategic Initiative: Nursing Competence

NCSBN will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcome A. NCLEX® is state-of-the-art entry-level nurse licensure assessment.

Tactic 1. Continuously improve development and administration of the NCLEX examination.

Examination Committee continues to monitor item development, psychometrics and examination administration of the NCLEX® examinations through standing and unique reports produced by NCSBN staff and test service. 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*.

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 test plan.

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).

Tactic 2. Implement new item types for the NCLEX Examinations.

The introduction of alternative item formats, beginning 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 operational items pools beginning as soon as October 2003.



Tactic 3. Continue to improve practice analysis methodologies to support the NCLEX examinations.

Recent changes in nurse aide practice methodologies are now being analyzed for their effectiveness.

Tactic 4. Investigate reasons for nonlicensure 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 developed 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 registered 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. Committee expects this tactic to continue in FY04 with an additional data collection component based on a refined survey tool and data sampling framework. Assuming productive data collection in FY04, the Examination Committee will present the findings from the study at the 2004 Annual Meeting.

Tactic 5. 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. 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.

Tactic 6. 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 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 an 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 their 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.

Tactic 7. Compare equivalency of NCLEX-RN with Spanish language Puerto Rican Nurse Licensure Examination.

Examination Committee is compiling a matrix to investigate similarities between the NCLEX-RN with Spanish language Puerto Rican Nurse Licensure Examination. Information requested from Puerto Rico is not complete at this time. Committee will provide an update on progress at the 2003 Annual Meeting; however, the tactic will not be completed in FY03.

Outcome B. NCLEX is administered at international sites for purposes of domestic licensure.

Tactic 1. Initiate implementation of the international testing plan for the NCLEX examinations including components of the 2002 Delegate Assembly resolution.

Examination Committee has collected information to fulfill the resolution passed at the 2002 Annual Meeting and will report out at the 2003 Delegate Assembly.

Tactic 2. Set performance benchmarks for existing English proficiency examinations.

Examination Committee met with representatives with from ETS to plan a standard-setting exercise for the TOEFL/TOEIC examinations. Committee will provide an update on progress at the 2003 Annual Meeting; however, due to the time needed to establish a standard-setting panel, results may not be available for the year's business book.

Outcome C. International testing exams are explored for foreign nurse licensure.

Tactic 1. Complete data collection on foreign nurse licensure examinations.

Testing Services staff continues to collect data.

Tactic 2. Determine the use of NCLEX by interested countries for purposes of nurse regulation outside of current Member Board jurisdictions.

Testing Services staff continues to collect data.

Outcome D. Nurse aide competence is assessed.

Tactic 1. Continuously improve development and administration of the NNAAP™ examination.

Testing Services staff continues to monitor the item development and psychometric activities of our test service through standing and unique reports.

Outcome E. Inform stakeholders about the NCLEX examination program and related products/services.

Tactic 1. Continuously improve quality of NCLEX programs and related products/services.

NCSBN Testing Services staff conducted more than 15 NCLEX informational presentations. 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 video was distributed, free of charge, to more than 3,100 groups including Member Boards, nursing education programs and other nursing organizations.



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

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, MA, at the Wyndham Tremont Hotel.

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.

Testing Services staff began development of a curriculum for an advanced Assessment Strategies online course.

Tactic 2. Continuously improve utilization of NCLEX programs and related products/services.

Testing Services staff continues to market NCLEX-related products and services at speaking engagements and exhibiting opportunities. More than 14,000 candidates used NCLEX Quick Results service between October 2002 and March 2003. Currently, 37 state boards of nursing participate in the NCLEX Quick Results service, the highest level of Member Board participation since the onset of the program.

Outcome F. Research demonstrates relationships of various regulatory approaches to validate continued competence.

Tactic 1. Analyze data obtained during year one of the Post-Entry Competence Study for emerging patterns and changes in nursing practice.

More than 12,000 nurses are participating in the Post-Entry Competence Study. Data collection for the cross-sectional cohorts is complete and are being analyzed. The longitudinal cohorts have received five surveys. The Subject Matter Expert and Post-Entry Advisory Panels met during the year and advised on data analysis.

Tactic 2. Report results of continuing education study.

Results of Continuing Education Study were presented to Board in December and were then posted on Web site for members only. Printed as Research Brief 6, this is available for purchase. This study has been presented to statewide groups of nursing educators and boards of nursing.

Tactic 3. Continue to monitor entry-level practice and related issues.

Two Practice and Professional Issues surveys were conducted FY03 and their findings made available to members and the public. Two large practice analysis studies, the 2002 RN Practice Analysis and Nurse Aide Practice Analysis were conducted.



II. Strategic Initiative: Regulatory Effectiveness

NCSBN will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcome A. Advanced regulatory strategies promote public protection and effective nursing practice.

Tactic 1. Implement a system of ongoing performance measurement as related to identification of “best practices.”

Data were collected for the year FY02 and analyzed. Reports to Member Boards will be completed in Fall 2003. Best practices were identified from FY00 data and disseminated to members. Data from both years will continue to be analyzed and information related to regulatory outcomes and best practices identified. Next data collection efforts will be FY05.

Tactic 2. Develop methods and resources to promote uniform scope-of-practice.

The PR&E Committee began the year using the development and promotion of the NCSBN Model NPA and Rules as an approach to promoting uniform scope-of-practice. The committee also discussed other possible approaches and identified several areas needing additional information before undertaking additional activities, including:

- Post-entry competency study results.
- Epidemiology of Nursing Error study results.
- Identification of competencies through evidence-based indicator of quality education studies.

The committee recommended that the NCSBN Board of Directors to remove this tactic from the strategic plan at this time. The issue could be revisited once the above data is available and has been analyzed.

Tactic 3. Develop a common discipline lexicon for incorporation into the model rules.

Draft lexicon incorporated into model act/rules revision work.

Tactic 4. Continue to support PREP for Member Boards to utilize as a resource.

Conducted quarterly conference calls for Prep-4-Patient Safety participating boards and other interested boards. Convened in-person PreP meetings at NCSBN Mid-Year and Delegate Assembly Meetings for education and promotion of PreP. Conducted survey of boards on remediation resources available to boards of nursing for the HRSA/CAC subgrant. North Carolina and West Virginia-PN have active PreP cases, and 5-10 other boards have expressed interest and are in varying degrees of the project.

Tactic 5. Review and revise as necessary the Model Nursing Administrative Rules for consideration by the 2003 Delegate Assembly.

Models Revision Subcommittee met in December and January to draft the revisions. The subcommittee has developed a comprehensive models document, using a two-column approach with the model act on one side, the model rules on the other and editorial notes throughout the document providing comment and rationale. With the language side-by-side, some discrepancies were noted that required some modification of the model act language adopted last year. The Board of Directors directed the subcommittee to use this year to collect feedback regarding these documents and plan to bring them to the 2004 Delegate Assembly for adoption. This approach will also provide opportunity to work on two additional topic areas for the models, continued competence and assistive personnel. The draft models will be presented for discussion at an informational forum at the 2003 Annual Meeting. External feedback will also be solicited.



Outcome B. Models for system and individual accountability address practice issues.

Tactic 1. Analyze the use of TERCAP as a tool to help regulators to distinguish individual from system error.

TERCAP was used in the development of the models revision. TERCAP was also used for data collection for the Epidemiology of Nursing Error study and is intended to assist in reviewing cases to analyze the source, causes and contributions to error. In addition, TERCAP has been used to develop investigator checklists regarding specific types of error.

Outcome C. Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education and practice.

Tactic 1. Develop criteria for Member Boards using national accrediting agencies for the accreditation of nursing education programs.

Boards of nursing and the national accrediting agencies were surveyed, as well as reviewed the literature and the past work done in this area by NCSBN. Criteria was then developed based on current thoughts and practices.

Tactic 2. Analyze data obtained from member distance education survey which reflects the entire continuum of nursing practice.

Data has been analyzed and presented to the PR&E Committee and the Board. From these results and the literature, best practices were developed for distance education, and these were incorporated into the Model Education Rules.

Tactic 3. Identify evidence-based indicators of quality nursing education programs.

NCSBN collaborated with various professional disciplines, read the current literature, and reviewed the recent IOM report. Findings from the 2002 PPI (Crawford & Smith, 2002) were reviewed, looking at statistically significant relationships between components of nursing education and increased nursing errors or decreased ability to carry out current nursing assignments. These findings will be a beginning for future work with this tactic.

Tactic 4. Implement the PERC Action Plan by developing and monitoring a schedule of activities, related tactics, and timelines for review by the Board of Directors.

FY03 PERC Action Plan report included in 2003 Business Book.

Tactic 5. Determine the effectiveness of models for nurses transition from education to practice.

PR&E developed effective components for transition programs, and the outcomes of these programs will be studied next year.

Tactic 6. Conduct a second employer survey to monitor trends and enhance data obtained from the 2001 study.

A 2003 Employer Survey was conducted May through August 2003.

Tactic 7. Provide resource materials to Member Boards on the education, immigration and endorsement of foreign nurses.

A resource manual for nurse regulators about foreign-educated nurses was developed. It has been reviewed by the PR&E Committee and presented at the NCSBN Mid-Year Meeting. It can be accessed on the member-only side of the NCSBN Web site.

Tactic 8. Address barriers for foreign-educated nurse applicants in obtaining Social Security numbers.

Conducted research and information regarding this tactic, which arose from a Delegate Assembly 2002 resolution. Worked specifically with boards, INS, DOL, legal counsel and related entities



and one solution resulted after NCSBN and other interested parties commented to INS-proposed regulations and INS-issued new policy. (This issue will be highlighted in detail at Delegate Assembly 2003.)

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

Tactic 1. Assist and facilitate in the communication between boards of nursing and APRN Certification agencies.

The APRN Task Force met with representatives from the National Association of Clinical Nurse Specialists, American Nurses Credentialing Center, American Academy of Nurse Practitioners Certification Program, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the National Certification Corporation for the Obstetric Gynecologic, and Neonatal Nursing Specialties.

Tactic 2. Evaluate the regulatory sufficiency of all APRN certification programs and provide the information to Member Boards.

The APRN Task Force has continued to dialogue with APRN certification programs regarding the implementation of the APRN criteria for certification programs.

Tactic 3. Continue to hold the APRN Roundtable to promote communication with APRN stakeholders.

The APRN Roundtable was held on April 10, 2003, in Chicago with 25 attendees. Laura Poe presented an update on the APRN compact and Kathy Thomas discussed this year's activities of the APRN Task Force.

Tactic 4. Monitor APRN certification programs to notify Member Boards of changes in status.

A comment paper has been placed on the Members Only side of the NCSBN Web site.

Tactic 5. Develop an APRN chapter in the Model Administrative Rules.

Feedback was provided to Model Rules Subcommittee.

Outcome E. Approaches and resources address issues related to assistive personnel.

Tactic 1. Identify current status of the regulation of Unlicensed Assistive and Nursing Assistive Personnel including the transition implications for Member Boards in the regulation of UAPs.

New survey questions were developed to be included in 2002 Member Board Profiles survey. New survey tool for nursing assistive personnel (all types) developed by CORE and included in FY03 data collection.

Tactic 2. Conduct a conference on nurse aide issues.

The UAP Conference was held in New Orleans on May 14-15.

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

Tactic 1. Complete Phase 1 of research study, An Epidemiology of Nursing Error.

Fourteen boards of nursing participated in Epidemiology of Nursing Error study completed in summer 2003. Results will be disseminated to members and published as a Research Brief.

Tactic 2. Develop a plan and research methodology for study to evaluate effectiveness of alternative programs including the impact on Member Boards that do not have alternative programs.

A new study, Regulation of Chemically Dependent Nurses, is planned for FY04-05. A panel of



principle investigators will design and implement a cross-sequential study of nurses going through alternative-to-discipline programs and traditional discipline.

Tactic 3. Facilitate networking and communication among discipline staff, investigators and attorneys.

Quarterly conference calls were implemented to facilitate networking and information sharing among discipline staff, investigators and attorneys. Topics for calls have included imposters, pain management (both the current standard of care for all patients and the implications for nurses who require pain management) and discipline resources.

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

Tactic 1. Provide secretariat services to Nurse Licensure Compact Administrators.

Services are currently being provided per contract.

Tactic 2. Evaluate the impact of two regulatory models (compact and non-compact states).

Compact states conducted first evaluation of the impact of Compact implementation. Findings were disseminated to members.

Tactic 3. Track multistate discipline cases specific to Nurse Licensure Compact.

Information about discipline cases that have involved multiple states has been requested and a few cases reported. A telephone survey of Compact states in June was designed to identify additional discipline cases for inclusion in a database that will focus on types of complaints, the process used, how well states have been able to collaborate on discipline matters and case outcomes (this information is in addition to the basic information available through Nursys).

Tactic 4. Develop a communication plan for education regarding the mutual recognition model in collaboration with the NLCA.

A plan was developed and continues to be modified based on the nursing regulation environment and consultation with the NLCA Executive Officers. Implementation and measurement of this plan is also occurring.

Tactic 5. Participate in the planning and implementation of technology solutions that provide post-implementation support to assure compliance with the provisions of the Nurse Licensure Compact in collaboration with the NLCA.

Completed the design and development of the Public Access project as well as the test plan. Implemented secure, e-commerce technology to support this application. Began developing test case scenarios and planned launch for February of 2003.

III. Strategic Initiative: Public Policy

NCSBN will analyze the changing health care environment to develop state and national strategies to impact public policy and regulation effecting public protection.

Outcome A. NCSBN analyzes national and international trends impacting public protection.

Tactic 1. Review and analyze mission-relevant legislation and regulation for dissemination.

Ongoing analysis and review of legislation and regulation impacting NCSBN and Member Boards. Highlights include federal immigration bills, Nurse Reinvestment Act, telehealth bills, INS foreign-educated health care worker certification regulations, nurse loan forgiveness legislation, patient safety legislation, etc.



Tactic 2. Monitor national and international environments for information related to the NCSBN mission.

Ongoing national and international monitoring of the environment does occur. NCSBN Environmental Analysis report was presented to the Board of Directors during its February meeting. NCSBN networks with many organizations in a variety of capacities (see meeting reports for examples). International environmental monitoring has been enhanced through new partnerships with the American National Standards Institute (ANSI), Council on Licensure, Enforcement and Regulation's (CLEAR) International Committee and membership, and increasing dialogue with international regulatory authorities, etc. Ongoing surveillance activities involve contacts, conferences, list serves, publications and other information gathering activities. Policy calls and *Policy Perspectives* ongoing. Finished environmental assessment for Board of Directors strategic planning session.

Tactic 3. Monitor the legislative/policy climate relative to nursing, healthcare professional shortages and environment of care issues as it impacts public protection.

Legislative and policy monitoring specific to nursing, personnel shortages and settings of care issues is ongoing. Highlights of note include NCSBN's involvement in JCAHO's Nursing Roundtable (invited) and its subsequent Nurse Advisory Group, which NCSBN was asked to serve; involvement in the Nursing Agenda for Change/Future; Americans for Nursing Shortage Relief Coalition; Washington, DC-based nursing group; the new Nursing Community group; JCAHO Liaison Network Forum; routine conference calls with key stakeholder groups (i.e., ANA, AHA, AONE, NCC MERP); Division of Nursing; Health Resources Services Administration, etc.

Outcome B. NCSBN and Member Board leadership impacts regulation and public protection issues.

Tactic 1. Increase NCSBN and Member Boards' presence on key, mission-related issues.

As mentioned above, NCSBN and Member Boards' presence on key, mission-related issues is accomplished through a variety of tactics. NCSBN has been increasingly successful in making key organizational, governmental and other stakeholders aware of NCSBN and Member Boards as the primary resource for nursing regulation information related to public protection. Highlights include increased speaking requests, citations of NCSBN and Member Board information by other stakeholders, opinions sought on federal regulation/legislation, etc.

Tactic 2. Support Member Boards to promote public protection through effective policy development.

Support for Member Boards, for public protection issues, continues to take place through NCSBN policy call presentations and dialogue, *Policy Perspectives*; breaking news alerts, policy-related information gathering activities (surveys), and fulfillment of requests from Boards as needed. Policy call highlights outlines recent agenda items discussed by member boards.

Tactic 3. Collaborate with external stakeholders on public protection issues.

External stakeholder collaboration has been articulated above, highlights of note include work aimed at increasing visibility and funding for nurse shortage; broadening the dialogue with other national regulatory associations, settings of care, health care recruiters and staffing agencies, federal and state legislators and related regulators, Prep project collaborations, NCC MERP, JCAHO, IOM Health Professions Summit, etc.



IV. Strategic Initiative: Information Technology

NCSBN will develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

Outcome A. Information technology infrastructure is enhanced among Member Boards, NCSBN and service providers.

Tactic 1. Continue to identify and evaluate various information technology products and services.

Attended the Oracle World and Project Management Institute conferences. Gathered good information on upcoming technology as well as made several important contacts. Evaluating various hardware and software auditing software. Began initial environmental scan for IP Telephony monitoring software.

Tactic 2. Implement network system technology to strengthen security and improve remote access for Member Boards and NCSBN staff.

Successfully implemented VPN remote access for NCSBN staff. Implemented IP Telephony and Cisco network server and monitoring system. Implemented new firewalls. Implemented keycard functionality on all doors.

Tactic 3. Evaluate the use of wireless technology to support the increased business mobility of the Board of Directors and NCSBN staff.

Began evaluating various mobile communication options.

Tactic 4. Evaluate and implement technology, systems and services to strengthen IT continuity and Disaster Preparedness efforts in support of overall organization and Member Board disaster preparedness. Included would be identification of resources Member Boards would need to recover from a disaster.

Began outlining the RFP requirements for off-site, redundant production environment.

Outcome B. Information technology provided improves Members Boards' efficiency and productivity.

Tactic 1. Participate in the planning and implementation of technology solutions that provide post-transition support subsequent to move of NCLEX to Pearson Professional Testing.

Implemented FTP for secure file exchange between NCSBN and Pearson. Also reconfigured the Testing Department's equipment to correlate with Pearson's move from Minnesota to Iowa City. Distributed QuickLaunch software to appropriate Testing Department personnel for evaluation purposes.

Tactic 2. Serve as a technical resource and clearinghouse for Member Boards to enhance their use and understanding of technology.

Completed the IT Summit 2003 and it was a great success.

Tactic 3. Determine the feasibility of providing virtual meeting capabilities at Board meetings.

Began evaluating various technologies for the Annual Meeting as well as for future BOD and other NCSBN-sponsored meetings. Arranged for open conference call for April/May BOD meeting.



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

Tactic 1. Increase participation in disciplinary data collection by Member Boards.

Finalized requirements from Virginia regarding the upload of its HIPDB files into Nursys™ and have received several test files. Planned implementation is 2Q FY03. Virginia HIPDB file upload has been delayed due to problems with HIPDB. Worked with HIPDB to update the latest changes in their data structure and submitted another discipline file to HIPDB.

Tactic 2. Implement a plan to increase participation and usage of Nursys.

Included Minnesota, Wisconsin, Arizona and Delaware into Nursys monthly data collection. Discussed various approaches with NAP committee and assigned each team member with a short list of jurisdictions to work with directly. As a result of NAP involvement, additional boards have expressed serious interest to participate including Florida, Colorado and Alaska. Launched the Nursys.com website and the Nursys QuickConfirm application.

Tactic 3. Provide resources to Member Boards for contribution of data to Nursys.

Actively working with Mississippi and Florida to include their data into Nursys. Continuing to assist Mississippi.

Tactic 4. Identify the feasibility of offering online renewals for Nursys.

Held initial discussions with potential vendor. Requirements definition planned to begin in late 2Q FY03. Requirements definition delayed due to VESI declined due to other commitments.

Tactic 5. Identify the feasibility of collecting workforce information.

Began preliminary discussions surround the purpose and objectives for collecting this information.

Tactic 6. Complete an evaluation of responses to Nursys Data Collection RFP.

Estimated completion date is 4Q FY03.

Outcome D. The collection, storage and use of data by Member Boards are standardized, accurate, and timely.

Tactic 1. Identify the feasibility to develop a comprehensive and accessible database of nursing regulation information for Profiles of Member Boards, e-survey, System of Performance Measurement and Member Board surveys.

Estimated to begin late 2Q FY03. Began review of available vendors to assist in analysis.

Tactic 2. Identify the feasibility of collecting and reporting nursing assistive personnel disciplinary data.

Estimated to begin 3Q FY03.

Outcome E. The Web site maximizes access to regulatory education and information by Member Boards and the public.

Tactic 1. Evaluate and implement various tools and techniques for state-of-the-art Web technology to meet the needs of NCSBN.

Completed and distributed RFP for Content Management Software. Responses expected in January 2003 with final vendor evaluation and selection to be completed by end of 2Q FY03. Vendor presentations scheduled for late April 2003.



V. Strategic Initiative: 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.

Tactic 1. Determine the feasibility of a regulation certification program for Member Boards.

The feasibility of a regulation certification program for Member Boards has been discussed by Member Board Leadership Development Advisory Group. A recommendation will be made after the first offering of the Institute of Regulatory Competence is held on October 20-22, 2003.

Tactic 2. Conduct the continuing education program for Member Boards as recommended by the Regulatory Credentialing Program Development Task Force.

The Institute of Regulatory Competence will be held on October 20-22, 2003, in Chicago. Planning for the conference is under way.

Tactic 3. Conduct a leadership development program for Member Board Executive Officers and Presidents.

NCSBN staff and the Member Board Leadership Advisory group have focused on developing programs/resources to support EO & MB President leadership development. The theme for the mid-year leadership was governance strategies. The consultant who facilitated the program conducted a joint session for EOs & MB Presidents, and met with the MB Presidents for an additional hour at the end of the day to address their specific issues/concerns. The Board of Directors approved an EO development seminar that was held in Chicago on April 29. The consultant who facilitated the program focused on issues surrounding the role of the EO. Feedback received on the EO seminar and the evaluations have been positive.

Tactic 4. Convene summits on (1) attorneys and investigators in the discipline process, (2) information technology and (3) patient safety.

Investigator/Attorney Summit scheduled for June 17-19, 2003, at Barton Creek Resort in Austin, Texas. The 2002 Patient Safety Summit was successful, although not as well attended as was hoped. Plans to hold a second conference also in conjunction with the 2003 Citizen's Advocacy Center's (CAC) Annual Meeting are under way. I.T. Summit scheduled for May 19 and 20 in San Antonio, Texas.

Tactic 5. Provide orientation and mentorship for new Executive Officers.

The 2003 annual orientation was held on Monday April 28. The program was planned to coincide with the EO seminar and the Board of Directors meeting the week of April 28. The focus of the orientation was to assist EOs in "doing their job better" by introducing them to NCSBN programs/services and key NCSBN staff. At the retreat they were able to interact with "seasoned" EOs and attend a portion of the Board of Directors meeting. The MB Advisory group evaluated the mentor program and developed recommendations to clarify and strengthen the program. These recommendations will be submitted to the Board of Directors at the July meeting.

Tactic 6. Determine the feasibility of the development of an education program for public board members.

Public Members were surveyed through their respective boards as to their educational needs. The second public member networking session will be held at Delegate Assembly 2003. Further refinement of public member educational needs is ongoing.



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

Tactic 1. Review NCSBN mission and vision statements.

Discussion of revising the mission and vision were conducted at the December 2002 and February 2003 Board of Directors meeting. Preliminary revisions were presented to the membership at the March 2003 Mid-Year Meeting. Feedback from the membership was incorporated in further discussions at the May 2003 Board of Directors meeting. A final recommendation will be presented at the 2003 Delegate Assembly.

Tactic 2. Review for possible endorsement, healthcare and nursing initiatives and positions that advance public protection.

The Board of Directors reviews potential endorsement or position-taking on initiatives advancing public protection. The Americans for Nursing Shortage Relief (ANSR), whose consensus document was reviewed again and supported by NCSBN. NCSBN reaffirmed support for single state and mutual recognition models of nurse licensure. See Strategic Initiative III for details on policy and positions.

Tactic 3. Ensure adequate resources through the development of a long-range financial projection.

The Finance Committee has reviewed long-range financial projections. Projections have been and will continue to be updated and reviewed throughout the year.

Tactic 4. Enhance the organizations public standing and key alliances.

Staff have participated and networked at key external organizational meetings, conferences and issue-targeted meetings and conference calls. The president and executive director attended a CGFNS Awards Dinner and met with the president and executive director of CGFNS in a joint meeting to address inter-organizational issues in January 2003. Quarterly conference calls were reinstated with ANA staff and NCSBN staff. The president and executive director met with the president and executive director for AACN to discuss areas of mutual concern. Donna Dorsey and Kathy Apple conducted a joint presentation at the AONE annual conference. Kathy Apple gave a special presentation to Chicago area recruiters for *Nursing Spectrum*. Kathy Apple attended the annual Executive Director retreat for all executive directors of the major nursing organizations to facilitate collaboration. Members of the Board of Directors and NCSBN staff have attended various organizational meetings for networking and collaboration opportunities including the Alliance for Nursing Accreditation, AACN, NLN, ANA, NFLPN, NOADN CLEAR, ANSI, IOM, NCSL, CAC, NCC-MERP, HRSA, FARB, NPDB, Emergency Credentialing, JCAHO, NSNA, AMA, CSG, Division of Nursing, NGA, NPSE, NNRR, and AONE.

Tactic 5. Revise and implement the orientation for new NCSBN Board Officers and Directors.

A revised orientation was implemented at the Board of Director meeting in September 2002. The Board of Director policy on orientation was revised to reflect the specific areas for the yearly orientation.

Tactic 6. Conduct a seminar on creating strong Board-Staff partnerships.

A seminar was facilitated by a senior consultant from BoardSource during the Board of Director orientation in September 2002 specific to Board-Staff relationships.

Tactic 7. Review and evaluate the organization's governance structure.

The Bylaws Committee has evaluated the Board structure particularly the issue of continuity looking at Board positions, length of terms, and term limits. Specific recommendations were provided at the February 2003 Board meeting and the Mid-Year Meeting for membership feedback.



Tactic 8. Conduct a Board of Directors Self-Assessment.

A senior consultant was retained from BoardSource to conduct and facilitate the Board Self-Assessment at the May 2, 2003, Board of Directors meeting. The Board identified positive changes from the self assessment from FY02 and recommended areas for improvement for the coming year.

Tactic 9. Begin preliminary strategic planning for strategic initiatives FY05-07 for presentation to the 2004 Delegate Assembly.

Initial discussions were conducted at the December 2002 Board of Directors meeting and again at the Board Retreat in February 2003. Further development including initial application of the Balanced Scorecard model will begin at the July Board of Directors.

Tactic 10. NCSBN recognizes significant contributions and historical milestones of members.

The 2003 awards program was launched and promoted at the mid-year meeting. The awards luncheon at annual meeting will be a happy birthday celebration for the Boards of nursing celebrating 100 years of nursing regulation. The awards panel did not recommend changes to the awards program, however the Board of Directors has directed the awards panel to select the 2003 award recipients.

Tactic 11. NCSBN celebrates its' 25th anniversary and the 100th year of nursing regulation.

NCSBN's 25th anniversary and 100 years of nursing regulation celebrations will culminate during Delegate Assembly 2003. Public relations and operational activities were spear-headed and implemented regarding the anniversary by the 25th Panel, Board of Directors and staff.

Tactic 12. Assist the Board of Directors in the development of a governance philosophy and model.

Initial discussions were conducted at the December 2002 Board of Directors meeting and again at the Board Retreat in February 2003. The retreat consultant has suggested that once the new mission, vision, and strategic initiatives are developed, a governance model should then be developed that will support the implementation of the new direction for the organization. New strategic initiatives will be presented at the 2004 Delegate Assembly.

Outcome C. Promote Member Board understanding use and satisfaction with NCSBN products, programs and services.**Tactic 1. Enhance products, programs and services as feasible by incorporating findings of the Member Board Assessment Survey.**

A formal Member Board Needs Assessment survey was conducted in Spring 2002. Results were analyzed and reported to the Board of Directors. A secondary analysis was conducted with the help of the research department specific to responses from Presidents, Executive Officers, Board Member and Board Staff. Recommendations from this analysis were presented at the February 2003 Board of Directors meeting. All data has been presented to relevant staff for incorporation into specific departmental areas, services and products.



BOARD OF DIRECTORS – ATTACHMENT B

PERC Action Plan FY03 Progress Report

I. Action: Commit to an organizational environment supportive of change and innovation in Practice, Education and Regulation.

A. Foster open, honest communication among Member Boards, Board of Directors, NCSBN staff and enhance communication with nursing stakeholders and the public.

Progress FY03

NCSBN communication with its Member Boards has been fostered through:

- a. The Web site is continually updated to provide information pertinent to NCSBN members. Frequent e-mail alerts to members regarding federal initiatives and policy debates of a time-sensitive nature are ongoing.
- b. Monthly policy calls continue to be well-received and attended by the executive officers, board presidents and/or their designated staff.
- c. Members continue to receive *Council Connector* and *Policy Perspectives* newsletters. Education Network Calls are monthly, with guest speakers on a variety of relevant subjects. Minutes are posted on the Web for those who cannot make the calls.
- d. Quarterly Discipline Calls have been implemented, featuring focused topics and guest speakers interacting with Board discipline staff, investigators and attorneys.
- e. Communication plan for NLCA developed, and implementation is underway with periodic refinement. APRN compact model will be on docket for Suggested State Legislation Committee at the Council of State Governments meeting. Challenges related to APRN Compact implementation identified by APRN stakeholders and being addressed by APRN Compact Subcommittee and NLCA Executive Committee. Successful resolution will be included in NLCA communications plan.

Communications with nursing stakeholders and the public has been enhanced by:

- a. Dialogue
 - A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
 - The APRN Roundtable will be held the end of April. For the past several years, the regular APRN Roundtable has been growing and the attendance consists of not only APRN certification programs but also other nursing organizations. Due to the request from APRN certification programs, a short meeting with only certification programs will be held the day before.
 - NCSBN and CA BON-RN commented on INS proposed rules on foreign-educated health care worker certification. Ongoing dialogue with nursing stakeholders, external organizations and public continues through participation in external meetings, conferences, teleconferences and communication mediums.
- b. Research
 - A 2003 Employer Survey is scheduled to be conducted May through August 2003.
 - Proposed draft communication plan drafted in collaboration with the NLCA Executive Committee for educating the public about the mutual recognition model.

Background

The Practice, Education and Regulation Congruence (PERC) Task Force was established as a result of passage of Delegate Assembly Resolution #2 (2000) to explore the congruence among nursing practice, education and regulation. The Task Force was co-chaired by Constance Kalanek, executive director of the North Dakota Board of Nursing, and Margaret Kotek, president of the Minnesota Board of Nursing.

The Task Force examined congruencies and incongruencies among practice, education and regulation and developed an action plan to promote congruence and eliminate incongruence was developed. The action plan was then plotted on a time line to ensure completion of the project by 2010 and stagger the work across years.

The report for the first year of implementation of the action plan is attached. The information presented includes an overview of the activities of FY2003 for each action item and projected next steps for FY2004.



c. Networking

- The Institute of Regulatory Competence is being planned later in the year.
- The Institute of Regulatory Competence will be held October 20-22, 2003.
- The Investigator-Attorney Summit scheduled for June 17-19, 2003.
- IT Summit scheduled for May 19th and 20th.
- The UAP Summit scheduled later in the year.
- Several key meetings with external stakeholders were held to date during FY03 (some of which included IOM, ANSI, CAC, Nursing Alliance, ANSR, CSL Health Policy meeting, CSG, NINR, NNRR, FSMB, AHA, ICONS, FSMB, AMA).

d. Presentations

Professional staff has made presentations to regulatory and nursing organizations, government groups, schools of nursing, and others to share the perspectives and work of NCSBN. Communication with NCSBN members and external stakeholders will be further enhanced by the marketing and communications plan developed during FY03 to increase key messages with target audiences, support and promote NCSBN's mission, and target key meetings for outreach.

Next Steps (FY04 tactics to be developed)

- Implementation of marketing and communications plan.
- Identification of areas of concern regarding open, honest communication among the Board of Directors and members/delegates, Board of Directors and NCSBN staff, and members/delegates and NCSBN staff.
- Continue policy of open Board and committee meetings for members, minutes posted and available on Web site. Offer Web-based options for purposes of listening to deliberations and decisions and/or by conference call.
- Continue offering regularly scheduled networking calls focusing on critical regulation activities and topics.
- Ongoing development of external relations initiatives will be continued. New relationship building will continue with key groups identified.

B. Strengthen communication among practice, education and regulation.**Progress FY03**

Communication between practice and regulation has been strengthened:

- A 2003 Employer Survey is scheduled to be conducted May through August 2003.
- A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
- The APRN Roundtable will be held the end of April. The APRN certification programs have expressed concern that they were not able to address specific issues with the APRN Task Force with other organizations present. Due to the request from APRN certification programs, a short meeting with only certification programs will be held the day before.
- Regularly scheduled teleconference calls with ANA have been initiated. Staff from both organizations will have the opportunity to keep each other abreast of initiatives and issues.
- An NCSBN update was presented at an annual AONE meeting, the Intravenous Nurse Society, and the National Organization of Nurse Practitioners Faculties.
- A coordinated exhibiting plan was developed and implemented in FY03.

Communication between education and regulation has been strengthened through:

- The CORE survey of schools of nursing.
- Attendance at key nursing education meetings, including AACN, NLN, Alliance for Accreditation, National Symposium for Nurses with Disabilities and Southern Regional Education Council.
- Ongoing column in *JONA's Healthcare Law, Ethics and Regulation*, a quarterly journal.



- Participation in NLN Think Tank on revising their educational standards.
- Participation of NLNAC and CCNE on Education Network Calls.
- Presentations at key nursing education meetings.
- Presentation at the annual Mosby faculty meeting.
- Outreach by the Testing Department to schools of nursing.

Next Steps (FY04 tactics to be developed)

- Systematically identify current communication patterns between NCSBN and its stakeholders, including the public.
- Continue to identify opportunities for outreach and communication with other nursing organizations (i.e., ANA staff quarterly calls, opportunities to dialogue with key groups and alliances).

C. Create a professional culture based on mutual respect and trust where opinions of practice, education, regulation representatives and members and staff are valued.

Progress FY03

- NCSBN members have multiple opportunities to be involved with the work and activities of the organization through committees, task forces, focus groups and various special interest teleconferences.
- In the spirit of mutual respect, NCSBN interacts and invites involvement from other organization and stakeholders. NCSBN representatives met with many key non-nursing organizations including IOM, FARB, CLEAR, ANSI, CAC, Nursing Alliance, NCSL Health Policy meeting, FSMB, NPSE, CSG, NABP, NPSE, NCC MERP and AMA. Staff and members served on IOM committees and participated in the development of key documents by invitation.

Next Steps (FY04 tactics to be developed)

Identify barriers to a professional culture within NCSBN based on mutual respect and trust where opinions of practice, education, and regulation representatives and members and staff are valued.

D. Enhance educational and informational resources regarding the purpose of NCSBN and State Boards of Nursing.

Progress FY03

Informational resources were developed using various media forms to educate stakeholders about the work of NCSBN.

- a. The Member Board Leadership Development Committee planned and executed a Leadership Day for board executive officers and presidents before the 2003 Midyear Meeting. This educational session provided valuable information regarding the work of NCSBN to these member leaders.
- b. Communication with NCSBN members and external stakeholders will be further enhanced by the marketing and communications plan developed during FY03 to increase key messages with target audiences, support and promote NCSBN's mission, and target key meetings for outreach.
- c. The Web site is continually updated to provide regulatory information to stakeholders. The Web site also provides frequent e-mail alerts to members regarding federal initiatives and policy debates.

Next Steps (FY04 tactics to be developed)

- Implement marketing and communications plan to educate the public and other stakeholders and provide informational resources to them regarding the purpose of NCSBN and state boards of nursing.



- Web site presentations, member and staff contact directory based on member needs.
- Expand regulatory and NCSBN orientation for newly appointed executive officers beyond current single day model.
- Develop and offer regulatory and NCSBN orientation for board presidents and members.
- Continuing external relations and outreach efforts. FY04 tactics to be developed.

E. Commit to ongoing evaluation and improvement as an NCSBN core competency.

Progress FY03

NCSBN demonstrated commitment to ongoing evaluation and improvement as core competency through:

- a. Evaluation
 - Following a secondary analysis conducted by the research department, a more indepth analysis of the Member Board Needs Assessment Survey was conducted. All data has been presented to relevant staff for incorporation into specific departmental areas, services and products.
 - FY03 data collection effort for CORE during FY03 continues systematically measuring board performance.
 - CORE continues to explore identification of best practices.
 - CORE developed Compact evaluation surveys. Board survey sent to Compact states in March.
 - The Bylaws Committee is evaluating Board positions, length of terms, continuity and term limits.
- b. Improvement of products and services.
 - The Examination Committee continues to monitor item development, psychometrics, and examination administration of the NCLEX® examinations.
 - The Testing Department began development of a curriculum for an advanced Assessment Strategies online course.
 - Continuously improve development and administration of the NNAAP™ examination.
- c. Educational and leadership advancement for members
 - The new EO orientation was held in the spring, allowing the orientees the opportunity to attend a portion of the Board meeting. The orientation program has been refined to meet the new EOs top three challenges/concerns.
 - The mentor program was reviewed and restructured by the MB Advisory group and renamed “EO Contact.” The Area Directors and EO Network Chair continue to pair seasoned EOs with new EOs. The restructuring provides specific guidelines and time limited participation.
 - Revised the orientation for new NCSBN Board Officers and Directors and implemented at the Board of Director meeting in September 2002.
 - Conducted a seminar on creating strong Board-Staff partnerships during the Board of Director orientation in September 2002.
 - A consultant has been retained from BoardSource to conduct a self-assessment at the May 2, 2003, Board of Directors meeting.

Next Steps (FY04 tactics to be developed)

Develop a quality improvement plan to ensure periodic and continuing evaluation and improvement of NCSBN processes, services, and products.



F. Assess the health care and nursing environments and analyze the impact of change and innovation on regulation.

Progress FY03

NCSBN assess the health care and nursing environments:

- Environmental Assessment completed and distributed at recent Board of Directors meeting.
- Analyze data obtained during year one of the post-entry competence study for emerging patterns and changes in nursing practice.
- Winter and spring 03 Practice and Professional Issues surveys.
- 2002 RN Practice Analysis.
- Nurse Aid Practice Analysis.
- PN Practice Analysis.
- Member Board Distance Education survey.
- 2003 Employer Survey.
- The UAP Conference held in May.
- Study designed to evaluate effectiveness of alternative programs including the impact on Member Boards that do not have alternative programs.
- Information gathered and analyzed from policy call and member board requests (i.e., foreign nurse survey, etc.)

NCSBN analyzed the impact of changes in the health care environment on regulation:

- Developing effective models of transition from education to practice.
- A resource manual for nurse regulators on foreign educated nurses is being developed and will be reviewed by the subcommittee at its February meeting.
- A conference call was held among ANCC, APRN Palliative Care educators and APRN Task Force to discuss suitability of palliative care as an APRN specialty.
- NCSBN staff had a conference call with three of the APRN certification programs already in the NCSBN review process. The programs stated they were not willing to submit to another review process. A conference call between the APRN Task Force and the certification programs is being scheduled for January 29th to discuss their concerns about the new program.
- The APRN Roundtable will be held the end of April.
- New NAP survey questions were developed to be included in 2002 Member Board Profile survey.
- New survey tool for nursing assistive personnel (all types) developed by CORE.
- Epidemiology in Nursing Error study.
- CORE developed Compact evaluation surveys.
- NLCA and its executive committee to review environment for Compact to thrive in.
- Completed assessment of remediation resources for CAC's HRSA grant.
- PREP project continues.

Next Steps (FY04 tactics to be developed)

- Continue to assess the nursing and health care environments.
- Develop a plan to systematically analyze the impact of change and innovation on regulation.



II. Action: Promote regulatory excellence based on ongoing data collection and best practices.

A. Develop and implement a performance measurement model and indicators of excellence in regulation.

Progress FY03

NCSBN implemented CORE, a system of ongoing performance measurement and identification of “best practices.”

Next Steps (FY04 tactics to be developed)

- Analyze CORE data collected FY03. Identify best practices.

B. Create a comprehensive, unduplicated database of nursing and regulatory information for member and public use.

Progress FY03

The Nursys™ database of nursing and regulatory information increased participation.

- Requirements from Virginia regarding the upload of its HIPDB files into Nursys were finalized.
- Minnesota and Wisconsin included in Nursys monthly data collection.
- Discussed various approaches to increasing board involvement with Nursys within NAP committee.
- Worked with Mississippi, Arizona and Delaware to include their data into Nursys.
- Complete an evaluation of responses to Nursys Data Collection RFP. Estimated completion date is fourth quarter FY03.

Next Steps (FY04 tactics to be developed)

- Continue to implement plan to increase participation in Nursys. Reassess barriers to participation in Nursys.
- Begin to collect workplace information.

III. Action: Ensure that U.S. and foreign-educated graduates and new nurses are prepared for safe practice.

A. Develop and utilize evidence-based indicators of quality nursing education for the roles of all nurses and ensure quality nursing education programs.

Progress FY03

The Education Department began exploration into known evidence-based indicators of quality nursing education programs.

- Worked with medicine, pharmacy and PT to discover the way they measure outcomes in developing evidence-based indicators for education programs.
- Developed five main areas of criteria deemed essential for public safety for use by those Member Boards using national accrediting agencies for the accreditation of nursing education programs.

Next Steps (FY04 tactics to be developed)

- Continue to identify evidence-based indicators of quality nursing education.
- Evaluate the 2003 IOM report, *Health Professional Education: A Bridge to Quality*, for implications for quality nursing education.



B. Enhance model rules to reflect standards and indicators of quality nursing education.

Progress FY03

Once III.A. is complete, model rules will be changed to reflect quality indicators.

Next Steps (FY04 tactics to be developed)

The goal of the ongoing revision of NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules is a comprehensive, evolving useful and useable document. In the coming year, the Models Revision Subcommittee will review the newly published IOM report on the education of healthcare professionals, and incorporate critical elements into model language pertaining to education.

C. Collaborate with accrediting agencies and nursing education programs for an effective approval and accreditation process.

Progress FY03

Developed five main areas of criteria deemed essential for public safety for use by those Member Boards who use national accrediting agencies for the accreditation of nursing education programs.

Next Steps (FY04 tactics to be developed)

- Test criteria for reliability and validity.
- Develop models of collaborative efforts between nursing accreditation and nursing boards.

D. Clarify current foreign nurse regulatory issues and identify potential solutions.

Progress FY2003

NCSBN worked to clarify or address the following issues:

- a. Foreign nurse licensure exams. The Testing Department has collected data on foreign nurse licensure examinations. Puerto Rican examination has become a priority due to increased state legislative concerns.
- b. Information needed by Member Boards regarding the education, immigration and endorsement of foreign nurses. A resource manual for nurse regulators on foreign educated nurses is being developed and was reviewed by the subcommittee at its February meeting.
- c. Barriers for foreign-educated nurse applicants in obtaining Social Security numbers. Research was conducted through Member Boards, federal agencies, meeting with large staffing firm, and legal counsel to address this DA '02 resolution. In addition, NCSBN BOD-approved comment letter sent to INS on Foreign-Educated Health Care Worker Certification rules, and comments applied to removing barriers for foreign-educated nurse applicants needing Social Security numbers. (Soon after, and most likely due in part to NCSBN intervention, INS changed its rules allowing the assigning of Social Security numbers with passing of NCLEX.
- d. Foreign nurse survey of member boards created and disseminated through initial idea on a policy call.

Next Steps (FY04 tactics to be developed)

- Continue to provide resource materials to Member Boards on the education, immigration and endorsement of foreign nurses.
- In order to determine the equivalency of the NCLEX-RN® with the Puerto Rican Spanish-language nurse licensure examination, data collection will be completed and analyzed for similarities and differences. It is expected that a final report will be presented at the 2004 NCSBN Annual Meeting.



E. Develop model rules for licensing foreign-educated nurses.

Progress FY03

Once III.D.5. is complete, model rules will be developed/modified as appropriate.

F. Identify and promote effective models to facilitate a successful transition by the foreign educated nurse into U.S. practice roles and environment.

Progress FY03

Once III.D.5. is complete, effective models to facilitate successful transition by the foreign-educated nurse into U.S. practice roles and environment will be developed.

IV. Action: Develop scopes of practice for the roles of all nurses, measures of continued competence of all nurses, and parameters of practice for nursing assistive personnel (NAP).

A. Promote equivalency in essential elements of licensing and scope of practice for all nurses.

Progress FY03

Once IV.B, C and E are completed, a task force will be created to:

- Identify equivalent and non-equivalent essential elements of licensing and scope of practice.
- Explore impact of regulation of all nurses and nursing assistive personnel.

B. Design ways to build flexible and consistent Nurse Practice Acts and regulations that allow for changes in practice across jurisdictions.

Progress FY03

NCSBN Models Revision Subcommittee explored ways to build consistency in Acts and rules across jurisdictions. Members will present proposed revisions to the Models to the 2003 Delegate Assembly for dialogue and feedback, and present a finalized document to the 2004 Delegate Assembly.

Next Steps (FY04 tactics to be developed)

- Collaborate with appropriate stakeholders and explore what “flexible and consistent” actually means.
- Determine the current degree of flexibility and consistency among jurisdictions.
- Consider ways to build flexibility and consistency in Nurse Practice Acts and Regulations.

C. Develop tested measures and methods to ensure continued competence of all nurses and promote patient safety.

Progress FY03

Two studies related to the measurement of continued competence were conducted. First, the Effectiveness of Continuing Education Mandates study explored the effectiveness of continuing education as a measurement of continued competence. Second, the Post-Entry Competence study was initiated. This five-year longitudinal study is expected to yield data about the definition of competence in nursing practice over time.



Next Steps (FY04 tactics to be developed)

- Analyze data obtained during years 1 and 2 of the Post-Entry Competence study to enhance understanding of nursing practice.
- NCSBN is a collaborator with CAC in an upcoming conference on this subject.

D. Assume a leadership role in designing processes to ensure patient safety, collaborating with health care systems.

Progress FY03

- Initial work for the Environmental Assessment included data collection from external stakeholders. The information obtained from this project will inform future collaborative efforts to improve patient safety.
- Likewise, the TERCAP instrument, developed by NCSBN FY02, was useful in providing data related to patient safety and nursing errors. Data collected through the instrument was used during model rules revision this year. It was also the tool used for data collection in the Epidemiology of Nursing Error study.
- PREP has a role in patient safety through early identification of nurses in need of potential remediation, more boards interested in pursuing this project currently.

Next Steps (FY04 tactics to be developed)

Share findings regarding TERCAP and the Epidemiology of Nursing Error study with key practice-related stakeholders. Seek partners in designing processes to ensure patient safety.

E. Identify parameters of practice and competencies for nursing assistive personnel.

Progress FY03

During FY03, new data from the 2002 Member Board Profile survey, CORE, and the Post-Entry study yielded a great deal of new data about the types of nursing assistive personnel and their roles in health care institutions. A UAP Conference was held in May to discuss the emerging issues.

Next Steps (FY04 tactics to be developed)

Analyze data obtained during years 1 and 2 of the Post-Entry Competence study to enhance understanding of the prevalence, authority and roles of nursing assistive personnel.



F. Identify and promote effective models to facilitate a successful transition by new nurses from education to practice.**Progress FY03**

Data was collected through several research studies, literature reviews, and interviews regarding transition models.

Next Steps (FY04 tactics to be developed)

Determine the effectiveness of models for nurses' transition from education to practice.

G. Participate in strategies for retention of the new graduate.**Progress FY03**

For resource efficiency purposes, no activities in this area occurred during FY03.

Next Steps (FY04 tactics to be developed)

Seek partners to participate in project collecting data regarding retention rates and begin retention project development.



BOARD OF DIRECTORS – ATTACHMENT C

Social Security Issues and Nurse Licensure Applicants

Recommendations to the Delegate Assembly

None. The report was prepared for information only and lists the actions accomplished to date related to the resolution.

Highlights of FY03 Activities

Background

During the 2002 Delegate Assembly, the member boards directed NCSBN to begin discussions with the U.S. Immigration and Naturalization Service (INS), Social Security Administration (SSA), and other relevant federal agencies to facilitate obtaining Social Security numbers (SSNs) for nursing applicants who meet all qualifications for domestic licensure. The impetus for this resolution was that foreign-educated nurses seeking employment in the United States sometimes find it difficult to obtain SSNs for those jurisdictions who require it for nurse licensure.

How foreign nurses actually obtain SSNs or other means to secure a nursing licensing is impacted by the intersection of the rules from the Department of Labor (DOL), INS, SSA and the state boards of nursing rules and laws of their state of intended practice

In 2000, *Member Board Profiles* reported that 45 boards of nursing required applicants to obtain an SSN before they will issue a state nursing license. Today, only 29 boards of nursing report having the requirement for Social Security number before initial licensure. The SSA will issue SSNs to aliens who can show that they are authorized to work in the U.S. SSA's only exception to this rule is when a federal statute or regulation requires that the alien provide his/her SSN to get the particular benefit or service; or a state or local law requires the alien to provide his/her SSN to get general assistance benefits to which the alien has established entitlement. SSA makes no exception in allowing the issuance of SSNs to nurses outside the U.S. whose primary need for the number is to complete their application for a state nursing license. NCSBN will continue to monitor trends related to SSN use for state nurse licensing.

Thus, the "catch-22" situation referenced in August 2002 can be summarized as follows:

- Before the immigrant visa will be issued, the nurse needed to show evidence that he or she has obtained a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate or obtained a state license in the state where they will work.
- In order to obtain a state license in 29 jurisdictions (as of April 2003), the foreign-educated nurse must provide an SSN. In order to obtain an SSN from SSA, the nurse needs to provide evidence of authorization to work in the United States.
- The nurses primarily (but certainly not in all cases) that are caught in this dilemma are those who did not have a CGFNS certificate, but had already passed the NCLEX® examination and were applying for their state licenses. If these nurses were to try to obtain a CGFNS certificate in order to process for an SSN, they must also take the CGFNS predictor exam in order to obtain the CGFNS certificate, regardless of the fact that they have already taken and passed the NCLEX-RN® examination.

Staff

Kristin Hellquist, MS, Associate Director for Policy & External Relations

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 C

Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education and practice.



The INS has examined a similar predicament that exists for a public school teacher seeking admission as a H-1B nonimmigrant. Although they have carved out an exception for teachers resulting in a more limited period of initial admission before they are issued an SSN and license, that exception is not a model solution for the nurses since the nursing problem exists for nurses seeking entrance as permanent immigrants, rather than temporary nonimmigrants. It would be impossible to allow nurses to enter temporarily as permanent residents and therefore this process is not applicable to nurse.

NCSBN staff and legal counsel agreed that resolving this dilemma required compromise and action on the part of at least one of the parties affecting this outcome. Those possible solutions identified are:

1. Change the documentation required in the DOL/INS regulations.
2. Create a way for member boards to issue licenses without having first obtained an SSN from the license applicant.
3. Amend the Labor Certification Procedures under 20 C.F.R. 656.22(c)(2). According to the previous 20 C.F.R. 656.22(c)(2) as part of the Schedule A labor certification procedures, a professional nurse must file documentation that the nurse has passed the CGFNS exam (part of the certificate) or that the nurse holds a full and unrestricted (permanent) license to practice nursing in the state of intended employment. No other suitable documentation is endorsed in the current DOL regulation, although these rules are currently being promulgated (no issue date has been released). For nurses unable to obtain licensure in a state due to a lack of SSN, obtaining a labor certification (immigrant visa) becomes an arduous task.

Change the Documentation Required in the DOL/INS Regulations

Since the group of nurses who do not possess the CGFNS certificate have generally already passed the NCLEX exam and since the NCLEX exam is the standard U.S. licensing exam and successful predictor of eventual licensure, the DOL and INS were urged to add the NCLEX exam with the passage of the recognized English language competency tests to its list of suitable documentation that a nurse can show to meet the requirements for an immigrant visa (labor certification). NCSBN made this point known to the relevant federal agencies (in conjunction with other stakeholders) through both correspondence and contact. As of April 2003, the following standardized English language examinations, such as TOEFL, ILETS, and TOEIC, were approved as a requirement for immigrant visa issuance.

As of December 20, 2002, the Immigration and Naturalization Service (INS) issued a memorandum to its Regional Directors to clarify the requirement for a Social Security Number (SSN) in order to have the foreign educated nurses eligibility considered for a Schedule A labor certification. Schedule A is a list of shortage occupations within the U.S. and allows for expedited review of individuals seeking to enter the U.S. within these professions. The only two occupations on this list are Registered Nurses and Physical Therapists. Nursing has been on the Schedule A list for over two decades.

This guidance will allow the SSN requirement to have been met with the presentation by the applicant of a certified letter from the state of intended employment that confirms that the applicant has passed the NCLEX-RN. The guidance is directed only to the requirements for a nurse to become eligible for a Schedule A Labor Certification, and makes no change in the requirements for an immigrant visa. Foreign educated nurses must still present a VisaScreen™: Visa Credentials Assessment program certificate from CGFNS certifying the review of education to ensure comparability with U.S. nursing curriculum; English proficiency testing; and a check of the nurse's home country licensure to ensure that it is valid and unencumbered. Because the applicant has already passed the NCLEX-RN, he/she is not subject to the CGFNS' predictor exam.

INS has stated that anyone who is the beneficiary (worker) of an I-140 petition filed by a petitioner (employer) would benefit from the above policy change. This recent policy change was



meant to give those beneficiaries of an I-140 petition a way to qualify for state nurse licensure (by accepting NCLEX passage). INS notes that there are two large groups: nonimmigrants (temporary workers such as H-1Bs, H-1Cs who file on a Form I-129); immigrants (coming to work permanently and getting a green card who file on a Form I-140); and nonimmigrants on B-2s who were the beneficiaries of Forms I-140. INS realizes that this policy change may not help all nurses with the “catch-22,” but expects this will help the bulk of those impacted.

Amend the way nursing licenses are issued at the state level

Another potential solution is for NCSBN to work with interested Member Boards to develop alternate procedures for enabling them to issue permanent and unrestricted licenses in the absence of obtaining an SSN from an applicant. The rationale for requiring SSNs, namely the collection of tax and child-support obligations, may not be readily applicable to people who have never lived in the U.S.

Instead of requiring the SSN, the state boards could issue their own request that nurses who are presently ineligible for SSNs execute an affidavit confirming that they are not yet eligible for an SSN, and pledge that they will apply immediately after entry to the U.S. and provide the SSN to the board when it is available. If needed, state nursing boards could issue their own unique identifying numbers (in lieu of an SSN) for licensure applicants until those applicants can provide an SSN, upon employment or admission to the U.S. There is some legal precedent that certain states have or are executing this option.

Related Comments from NCSBN to INS on Foreign Healthcare Worker Certifications

As NCSBN stated in its comments to INS, the other two parts of the CGFNS certification procedures, namely the credential review and confirmation of English language proficiency, should be continued for all foreign health care workers (nurses) regardless of whether they have taken the NCLEX exam or the CGFNS qualifying test. Continuing to require these two parts of the CGFNS certification process ensures that the nurse has an unencumbered license from abroad, comparable education, and has demonstrated English language competency.

NCSBN also encouraged INS to carefully assess the reasonable period of time allowed for issuance of the certificate, streamlined or otherwise, to achieve expeditious processing and rigorous adherence to quality standards by INS-approved certifiers. We supported INS in its move toward a continuously updated Web site for information dissemination, as proposed, rather than the current method of issuing interim rule notices. This idea seems beneficial to the public and will aid Member Boards in the quest for information.

NCSBN supports the inclusion of the two additional English language proficiency tests to improve the timeliness of the issuance of CGFNS certificates by allowing more flexibility in English testing. We strongly urged INS to formally evaluate each of the English tests that INS recognizes in its regulation of foreign-educated nurses. This evaluation should assess the tests regarding their psychometric soundness, legal defensibility and abilities to assess the validity and fluidity of the foreign-educated nurse’s spoken, written and comprehensive English skills.

In February 2003, the English Language Institute (ELI) announced that the MELAB examination would no longer be recognized for the purpose of certifying health care workers in the United States. ELI said that it was no longer allowing its test (MELAB) to be used for English language proficiency and asked INS and CGFNS to withdraw the information detailing their examinations. But CGFNS began accepting test scores from the Test of English for International Communication (TOEIC) and the International English Language Testing System (IELTS) for both the Certification Program and the VisaScreen: Visa Credentials Assessment program after March 3, 2003. NCSBN and others believe that expanding the English testing options will increase access and availability to English proficiency tests for foreign health care professionals, and in turn,



expedite the certification and screening processes for applicants. NCSBN does not have any information regarding these English proficiency exams and use with foreign-educated nurses.

Additional Member Board Information

One Board shared that it utilizes an SSA policy to issue SSNs to aliens who are otherwise not eligible for SSN for the following non-work purposes: a federal statute or regulation requiring that the alien provide an SSN to get a particular benefit or service; or a state or local law requiring the alien to provide the SSN to get a general assistance benefit to which the alien has established entitlement. If the person doesn't have permission to work, but still needs one for reasons cited above, he or she must provide a statement on letterhead stationery from the government agency that is requiring the SSN. The letter must:

- identify that person as the applicant.
- cite the law requiring that person to have an SSN.
- indicate that that person meets all the agency's requirements to get the benefit or service except for not having an SSN.

All documents must be original or certified as original. SSA says if all paperwork is received in person or through the mail, as SSN should be issued in 14 days. The Web site source is: http://ssa.custhelp.com/cgi-bin/ssa.cgi/php/enduser/std_adp.php?p_sid=ZuOw.

Still other Boards said they often steer foreign-educated nurse applicants to apply for the International Tax Identification Number (ITIN). The language at the top of the ITIN application is similar to that on the SSN application; that is, it questions why someone wishes to have this ITIN. If a foreign nurse checks off for tax purposes, the application will pass through. However, an ITIN will not be issued if the applicant writes that he/she is applying for obtaining a nursing license. The ITIN number comes through the Internal Revenue Service (IRS) on form W-7. Staff learned that this approach can primarily only be used for foreign-educated nurses who already are in the U.S. seeking nurse licensure. The ITIN was primarily developed for illegal aliens who wanted to pay tax on employment or investments, and has nothing to do with visa or alien status. Counsel has advised us that this appears to be a "work-around" solution, and believes it is not a meaningful way to address the problem long-term.

Other Options

Staff also is aware of two other potential solutions that some constituencies have previously mentioned. One option would be proposing new federal legislation to fix these issues currently identified as part of the DOL rule promulgation process. The latter is a state-by-state approach to pass laws that would not require SSNs for obtainment of state nurse licenses. Staff knows of no bill or bill drafts at this time, but does believe it is a remote possibility in certain jurisdictions.

Related Issues

Guam is a U.S. territory and individuals who travel to Guam need a U.S. visa and will go through U.S. INS inspections. The U.S. Government may have turned down some candidates traveling to Guam to take the NCLEX for visas.

The Northern Mariana Islands (CNMI) became a U.S. commonwealth in 1986; U.S. Federal Immigration Authority does not extend to CNMI. By mutual agreement, it is totally independent of the United States with regard to immigration laws and procedures, and CNMI inspection officers do not work for U.S. INS. In short, INS has no jurisdiction or say in how CNMI processes visitors coming to take the NCLEX.

Additionally, an INS press release and fact sheet released June 5, 2001, announced the availability of a new premium processing service for certain immigration petitions. For applicants from the eligible categories who are willing to pay \$1,000 USD in addition to the regular filing fees, this service will guarantee 15-day processing or else a refund of the fee. (This processing, of course,



will not necessarily mean approval or denial as the Service will not be considered to have met this deadline if it issues any notice or request within the 15 days.) Interestingly, this service is currently on hold. Member Boards of nursing should know that this idea has been proposed by some employer groups as an option for states as well, and is certainly up to each jurisdiction to consider expedited processing for certain applicants willing to pay additional fees for more timely service options.

Conclusion

This update provides a summary of activities to date addressing the Delegate's resolution on SSNs and work to develop meaningful solutions to the issues facing Member Boards regarding foreign nurse applicants. NCSBN staff is available to Member Boards as a resource on this and related issues.

Staff believes that all environmental signs point to an increase in foreign-nurse applicants in the future due to the growing American nurse shortage. NCSBN will need to insure that it maintains positive and productive relationships with all stakeholders interested in foreign nurses. Those include the federal and state governmental entities referenced above, the Department of State (which plays a role in issuing visas), recruiters, CGFNS, the World Trade Organization (WTO) and other foreign trade groups that deal with the commodities of foreign workers, the American Immigration Lawyers Association (AILA), health care facilities that employ foreign nurses, the American Hospital Association (AHA), members of Congress and their staffs (as federal legislation impacting foreign nurses has already re-emerged in the 108th Congress), state lawmakers, etc.

In addition, central to this ongoing issue of foreign nurses and public protection, is building a new relationship with the newly created Department of Homeland Security. This new federal entity will, for the first time in American history, put all the health and immigration related offices into one federal department, creating in the long run an easier way to navigate the intricate laws and regulations surrounding foreign nurses.

Future Activities

- Future activities will be identified as the environment for nurses seeking social security numbers for licensure evolves.
- Ongoing monitoring of this and related issues will continue.



