NLC Mission Statement
The Nurse Licensure Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

NLCA Mission Statement
The Nurse Licensure Compact Administrators implement and maintain the Nurse Licensure Compact by:
- Encouraging the cooperation of party states in the regulation of nurse licensure, practice and discipline;
- Facilitating the exchange of information between party states relating to nurse licensure, discipline and regulation;
- Protecting public health and safety by ensuring compliance with laws governing the practice of nursing in each party state through mutual recognition of party state licenses; and
- Engaging in action to promote compliance with and enforcement of the provisions of the Compact and its’ rules among the party states and to provide for dispute resolution.
A leader’s job is to look into the future and see the organization, not as it is, but as it should be.

— Jack Welch
Letter from the Chair

As we reflect on 2012-2013, I am amazed at how much the Nurse Licensure Compact Administrators (NLCA) have accomplished in the last four years. The significant progress is due to the collective cooperation and wisdom of the 24 compact members working together toward the common goal of improving public protection and access to care through the mutual recognition of a state-based license that is enforced locally and recognized nationally.

As I complete my final year as the NLCA chair, I do so with deep gratitude to my fellow Executive Committee members over the past six years. For each of us, it has been an honor to contribute to the strategic, operational and financial planning of this organization. We have worked diligently to ensure the NLCA’s priorities and decisions reflect those it serves. In that spirit, I am proud of the 2014–2017 strategic initiatives that will be championed by the next generation of the Executive Committee chaired by Sandra Evans.

Fully implementing the NLCA Self-assessment for Compliance system for the Nurse Licensure Compact (NLC) will be a tremendous milestone for the NLCA. This is complex project and I want to recognize the Compliance Committee for their expertise and ability to keep it on track and deliver a system that will serve the NLC by providing uniformity in the management of interstate compact through consistency with laws, rules and policies. I also wish to thank the Policy Committee for their significant contributions to review and revise more than 50 policies (90 percent) in a two-year period. Finally, I wish to recognize the NLC Operations Network Teleforum for their contributions and reducing duplicate licenses.

For 13 years, the NLCA has taken the opportunity to build the compact regulatory bridge as we walk on it. Compact work becomes ever more important, but also more challenging, as we reassess the strengths and gaps of the NLCA, and redefine the 2002 APRN Compact model legislation laws and rules. Special thanks to Kathy Thomas for her exceptional leadership, Lance Brenton and the APRN Compact Committee for their outstanding work over the past two years in revising the APRN Compact to better meet the needs of patients in a constantly changing health care environment.

You can learn more about many more accomplishments and other activities of the NLC in this biennial report. None of these accomplishments would be possible without the contributions and outstanding dedication of the director of the Nurse Licensure Compact, Jim Puente. His willingness to reach out and educate others on a daily basis has been an invaluable part of his role as “ambassador” for the compact. We wish to thank all NCSBN staff who support the work of the NLC. You all have the profound gratitude of the NLCA community for all you do to ensure we are able to do work of the compact now and in the future.

Joey Ridenour, RN, MN, FAAN
Chair, NLCA
Executive Director, Arizona State Board of Nursing
Legislative Activity

Nurse Licensure Compact (NLC) legislation was introduced in 2012 or carried over from 2011 in Massachusetts, Minnesota, Illinois, Georgia, New Jersey and New York. The Minnesota legislation was supported by a coalition of health care systems, even though it was opposed by the Minnesota Nurses Association.

Efforts in Illinois were led by the Case Management Society of America (CMSA) with lobbyist Margaret Vaughn. As NLC states are required to be full participants in Nursys®, stakeholder strategy primarily focused on the Illinois Board of Nursing becoming a full participant in the Nursys database. Efforts were successful.

Of note, the NLC legislation in New York State was a part of an omnibus bill known as the Military Spouse Act.

In 2012-2013, there was pending legislation in Connecticut, Illinois, Massachusetts, Minnesota, Montana, New Jersey and New York. None of the legislation was enacted, although there was significant debate and support in Illinois, Massachusetts and Montana.
Grassroots Advocacy

CMSA
The CMSA’s Multistate Licensure Task Force continues to be a national leader in advocating for NLC legislation with its membership. Co-chairs Carol K. Smith, MSN, RN-BC, and Jose Santoro, MBA, have been instrumental in coordinating advocacy efforts in states where its members seek compact status.

At the 2012 NLCA Annual Meeting, Smith and Santoro were in attendance and presented with certificates of appreciation from the NLCA (pictured left). The NLC chair thanked them both for their support of the NLC and for leading and facilitating CMSA grassroots efforts to enact the compact.

National Military Family Association
In 2013, the NLCA received a letter of endorsement from the National Military Family Association. Licensure portability is important to military spouses who may move frequently. Nurses make up the largest licensed health care profession among military spouses.

Significant Support
There is a significant show of support by nurses and hospitals in Wyoming, Florida and California for NLC legislation. Advocates are building allies and seeking legislative support.

Nothing will ever be attempted if all possible objections must first be overcome.
— Samuel Johnson
Future

Work on APRN Compact Model Legislation Continues

Proposed APRN Compact Provisions

On Aug. 16, 2002, the NCSBN Delegate Assembly approved the adoption of model language for an APRN Compact. In 2004, Utah and Iowa became the first states to adopt the APRN Compact, followed by Texas in 2007. To date, these are the only states to have adopted the compact. In 2010, executive directors and attorneys from the three APRN Compact states, and Idaho, as well as NLCA Special Counsel Rick Masters and NLCA Chair Joey Ridenour, began meeting to discuss implementation of the compact. Given the importance of uniform licensure requirements for a workable APRN Compact, the incorporation of the APRN Consensus Model was identified as an integral component of this process. In considering the alternatives in doing so, the group determined that the amendment of the compact prior to implementation was most preferable because it would incorporate the elements of the APRN Consensus Model. Revisions to the former APRN Compact have proceeded in furtherance of the following goals:

- Retain or improve positive results of the NLC;
- Encourage adoption of the APRN Consensus Model;
- Address needs to strengthen previous APRN Compact; and
- Consult with stakeholders to encourage increased participation in the APRN Compact.

As a result of these efforts, the APRN Compact Working Group has developed a modified version of the compact for consideration by the states. The changes made to the original framework include:

- Inclusion of the Consensus Model Licensure Requirements;
- Incorporation of mechanisms to ensure compliance with the compact by member states;
- Rulemaking authority;
- Provisions for grandfathering of currently licensed APRNs;
- Criminal background checks;
- Prescribing authority; and
- Extension of eligibility to all states regardless of membership in the NLC.

The group continues to seek input from stakeholders in development of the draft APRN Compact.

Leaders make decisions that create the future they desire.

— Mike Murdock
Strategic Planning Initiatives Updated

**Strategic Initiative #1:**
Establish the NLC as the preferred health professional's regulatory model that facilitates access to health care while advancing public safety.

**Strategic Initiative #2:**
Enforce NLC state compliance with compact provisions, rules and policies.

**Strategic Initiative #3:**
Enhance communication, collaboration and cooperation among stakeholders.

**Strategic Initiative #4:**
Ensure resources necessary for sustainability of NLC operations and initiatives.

Organizational Updates

**NLC Organizational Chart**
In December 2011 the NLCA approved a new organizational chart that will accompany the revised Articles of Organization. The chart’s purpose is to provide clarity to the organizational structure of the NLCA (pictured right).

Memorandum of Understanding (MOU)
In December 2011 the NLCA officially approved a revised version of the Secretariat Agreement with NCSBN, now recognized as an MOU between the NLCA and NCSBN. The MOU allows for the provision of professional services, including staffing. A revision was necessary in order to enhance the agreement provisions to meet current organizational needs. The former agreement was in place for nine years.

Meeting Time Increased
In 2013 members decided to make a change to the format of face-to-face meetings by extending the Midyear and Annual Meetings to full-day meetings. While the NLCA meetings still precede the NCSBN meetings, the change necessitated that members arrive the day before the NCSBN meeting to attend the NLCA meeting. Members have overwhelmingly supported the change, stating that the longer meeting allows for more in-depth discussion of important topics.
Executive Committee Election Results

The following individuals will serve for two years in their respective positions on the NLCA Executive Committee commencing Oct. 1, 2012, and ending Sept. 30, 2014.

**Vice-chair**
Lori Scheidt, MBA-HCM
NLC Administrator, Missouri Board of Nursing

**Treasurer**
Kennetha Julien, JD
NLC Administrator, Colorado Board of Nursing

**Member-at-Large**
Lorinda Inman, MSN, RN
NLC Administrator, Iowa Board of Nursing

NLCA held a special election on March 9, 2013, to fill the office of treasurer vacated by Kennetha Julien. Sue Tedford (NLC Administrator, Arkansas State Board of Nursing) was elected to complete the remainder of Julien’s term.

In August 2013 the following individuals were elected and will serve for two years in their respective positions on the NLCA Executive Committee commencing Oct. 1, 2013, and ending Sept. 30, 2015.

**Chair**
Sandra Evans, MAEd, RN
NLC Administrator, Idaho Board of Nursing

**Member-at-Large**
Connie Kalanek, PhD, RN, FRE
NLC Administrator, North Dakota Board of Nursing

**APRN Member-at-Large**
Jay Douglas, MSM, RN, CSAC, FRE
NLC Administrator, Virginia Board of Nursing
Education

One of the NLC’s key strategic initiatives is to educate others about the NLC. Significant key efforts this past year included the following.

Flow Charts
Navigating the NLC flow charts for initial licensure by examination and licensure by endorsement were developed and posted to the NLC website. Member states also posted the flow charts on their websites, and distributed them among nursing programs and other constituent groups.

Navigating the Nurse Licensure Compact: Licensure by Endorsement

- **Declaring a New Primary State of Residence (PSOR) / Obtaining a License when Moving from One State to Another**

  - **Is your new primary state of residence part of the Nurse Licensure Compact?**
  - **YES**
  - Apply for a RN or LPN license in your new primary state of residence.
  - You may continue to practice for up to 90 days from the time you establish residency, on your privilege to practice from your former home state / PSOR.
  - You can only hold one multi-state RN or LPN license but may hold multiple non-compact state licenses.
  - Your former license will be inactivated upon receipt of new home state license.
  - Your new multi-state license grants a privilege to practice in all NLC states contingent upon remaining a resident of the issuing state.

  - **NO**
  - Apply for licensure in that state.
  - You may not practice in a non-compact state until you have a temporary permit or permanent license.
  - You may hold multiple licenses from non-compact states.
  - Each single-state license is valid for practice only in the state of issuance.

Educating Others about the NLC

- March 29, 2012: Attended Lobby Day of Massachusetts Association of Registered Nurses at Massachusetts State House
- April 14, 2012: Presented at the National Student Nurses Association Annual Convention
- April 19, 2012: Met with Minnesota Nurses Association and legislators
- Sept. 28, 2012: Presented at the Annual Convention of the New England Chapter of Case Management Society of America
- Oct. 4, 2012: Presented at the 100th Anniversary of the Montana Nurses Association
- Jan. 7 and Jan. 9, 2013: Presented to the Wyoming Board of Nursing
- Feb. 7, 2013: Met with legislators at Illinois State House
- Feb. 11, 2013: Met with legislators at New Jersey State House
- April 18, 2013: Met with legislators at Illinois State House
- May 5-7, 2013: Exhibited at American Telemedicine Association (ATA) Annual Conference
- May 8, 2013: Presented at Kansas City Chapter of CMSA
- June 28, 2013: Participated at ATA Federal Telemedicine Policy Summit
- July 27, 2013: Participated at Federation of Associations of Regulatory Boards (FARB) Leadership Conference
- Sept. 25, 2013: Participated at C-Tel Executive Telehealth Roundtable Summit
- Sept. 28-30, 2013: Exhibited at American Society of Healthcare Human Resources Administration (ASHHRA) Annual Conference
NLC FAQs for Attorneys
A resource for attorneys was approved by the NLCA and is in the final editing phase. A needs assessment identified that defense attorneys are often unfamiliar with interstate compacts and would benefit from educational tools specific to the legal profession.

Legal Memorandum
A memorandum was developed for employers of nurses who may be in violation of laws by not regarding the multistate license as valid. The NLC permits a nurse to hold only one license in a declared primary state of residence.

Orientation Manual
In August 2013 members approved a 16-page orientation manual to be used by NLC administrators and board of nursing staff. This internal manual is a comprehensive e-publication that provides the most significant NLC information and documents for those who work with the NLC on a daily basis.

State Attorneys General Opinions Regarding the NLC
A legal response was developed to State Attorneys General Opinions, a legal memorandum that claims the NLC may violate a state’s sovereign authority or claim that the NLC is an unconstitutional delegation of authority or “police powers.” The NLCA has posted the legal response on its public website.

Fiscal Impact Survey Results
In December 2012 a survey regarding the fiscal impact of joining the NLC post-implementation was conducted; 19 of 24 NLC administrators responded. NLC administrators were asked to indicate whether the following statement was true or false: “There are some expenses tied to the implementation of the NLC in a state. These expenses are primarily pre-implementation and concurrent with implementation. In the years that have passed since implementation, however, I feel that being a member of the NLC has not had a significant enduring negative impact on the BON budget.”

The results indicated that 17 respondents felt this statement was true, while two responded “I don’t know.” The results of this survey contradict the myth that NLC enactment presents an ongoing financial burden to BON budgets.
Discipline

Nursys®

The NLCA adopted a new policy to promote uniformity in use of the Nurse Alert feature in lieu of the compact flag in Nursys. Current significant investigative information on a licensee is identified by a Nurse Alert on the licensee’s record. The alert is not visible on the public nursys.com website. Making the change to the Nurse Alert allowed for elimination of the Compact tab on a licensee’s record and relocated the symbol for “alert” to a more visibly apparent location. Several steps and keystrokes were also eliminated in the Nurse Alert posting process.

Policy

Potential Revisions to Policy 3.9: Change of Primary State of Residence & Commencement of 30-Days

After extensive discussion, the NLCA weighed changing 30 days to 90 days in Policy 3.9. This potential revision would require an amendment of Model Rule 2(f). NLCA Policy Committee recommended such a change based on discussions at the Aug. 4, 2011 NLCA Operations Meeting where members stated that 30 days is not sufficient enough time to process an endorsement application. The committee also recommended that the employment criterion related to commencement of 30 days be stricken.

A Web survey (Figure 1) conducted in February 2012 with NLC administrators found that 40 percent (n=15) of NLC states took longer than 30 days to process an endorsement application. Other surveys conducted had similar conclusions and supported the need to extend the number of days a nurse can work on a former compact license after changing primary state of residence.

Specifically, NLC Rule 2(f) and (g), if amended, would permit a nurse changing primary state of residence from one compact state to another compact state to continue to practice under the former home state license. The nurse would be given multistate licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed 90 days.

Although a decision to amend rules appears imminent, amended rules would not be effective in a state until implemented by the BON.
Amendment to Model Rule
Subsequent to and in congruence with the recommendation from the NLC Operations Network, on Nov. 13, 2013, the NLCA voted to approve an amendment to Rule 2, such that it reads:

A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed ninety (90) days. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety-(90) day period in section 2f shall be stayed until resolution of the pending investigation.

The rule change is supported by three past surveys of member boards which show that most BONs take more than 30 days to process an application for license by endorsement. A number of members reported that it may take nine to 18 months for their state to implement amended rules. Members supported a uniform process and starting point for rule promulgation.

Legal Analysis of Rule 2
Special Counsel Richard Masters clarified that the statute clearly states that two actions need to take place before a state may deactivate the license from the home state: (1) The nurse declares a new home state and plans to or has moved to the new state; and (2) The nurse obtains a license in the new state.

Draft Policy 6.3: Role of the NLCA Executive Committee in Addressing Allegations of Noncompliance
The NLCA Policy Committee began work on a draft compliance policy. The Executive Committee and Compliance Committee are reviewing the draft policy, which is intended to address potential noncompliance with NLC statutes or rules by a compact state, as well as issues that may arise between two compact states that may require arbitration. Legal review of the draft policy is pending.

Policy 1.12: Communication and Education on Operational Procedures
In December 2011, NLCA approved Policy 1.12 to provide a network forum for operations staff in member states to assist in the uniform implementation/maintenance of the compact. NLC Operations Network Teleforum meetings will occur quarterly.

Cycle Time to Issue License to Endorsement Applicant
The meetings may include, but are not limited to:
- Operations training;
- Identification or presentation of best practices;
- Problem-solving;
- Operational issues as requested by NLCA; and
- Other topics as identified by operations staff.

Self-assessment for Compliance
A Self-assessment for Compliance tool was piloted with 10 volunteer pilot state participants, including Arizona, Arkansas, Iowa, Idaho, Kentucky, North Dakota, North Carolina, South Dakota, Texas and Virginia. The pilot was helpful in identifying needed clarifications and editorial changes. Plans are to refine the tool and disseminate it to all NLC states with the intent of developing an aggregate table of self-assessment responses. The aggregate responses will help identify areas where educational needs may exist among members.

Policy Committee
In 2013, NLCA reconstituted the Policy Committee, comprised of Gloria Damgaard, chair (NLC Administrator, South Dakota Board of Nursing), Paula Schenk (NLC Administrator, Kentucky Board of Nursing), Denise Nies (NLC Administrator, New Hampshire Board of Nursing) and Nancy Murphy (NLC Administrator, South Carolina Board of Nursing).
Communication with American Nurses Association (ANA)

In December 2011 the ANA released a revised version of its historical NLC Talking Points document. In the updated version the seven talking points were reduced to four (when the Talking Points originated in 1998, there were 14 points). On March 11, 2012, the NLCA published a response to the four talking points, which is posted to the NLC website.

In April 2013 the ANA again released a revised version of its NLC Talking Points. In this version, the four points were reduced to two. In August 2013, NLCA published a revised response to address the two remaining talking points.

In April 2013 ANA published the “ANA Issue Brief on Nursing Licensure Portability.” The NLCA and NCSBN agreed that the issue brief contained a number of factual errors. Each party subsequently advised ANA leadership of the inaccuracies.

In September 2013 NLCA formally requested a face-to-face meeting with ANA leadership to discuss the two talking points and the brief.
## Financial Summary

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<tr>
<td><strong>Cash Balance Forward</strong></td>
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<td><strong>Revenue</strong></td>
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<td>Compact Annual Fees</td>
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<td>Interest Income</td>
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<td><strong>Net Assets</strong></td>
<td>$88,177</td>
<td>$67,093</td>
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### Expenditures FY12

- **Legal**: 3.10%
- **Meeting-related Travel**: 17.70%
- **MOU Fee**: 40.80%
- **Miscellaneous**: 38.40%

### Expenditures FY13

- **Legal**: 2.80%
- **Meeting-related Travel**: 18.80%
- **MOU Fee**: 24.70%
- **Miscellaneous**: 53.70%
Acknowledgements

Mentors
Mentors serve as a volunteer coach to new NLC administrators for a period of one year. They also make a personal visit to the mentee’s board of nursing and co-lead an orientation on the NLC.

The following NLC administrators served as mentors in 2012-2013:
- Lori Scheidt, MBA-HCM, Missouri Board of Nursing, served as a mentor to Denise Nies, MS, RN, New Hampshire Board of Nursing.
- Sandra Evans, MAEd, RN, Idaho Board of Nursing, served as a mentor to Nancy Darbro, PhD, APRN, CNS, New Mexico Board of Nursing, and to Dan Williams, Wisconsin Board of Nursing.
- Connie Kalanek, PhD, RN, North Dakota Board of Nursing, served as a mentor to Karen Bowen, MS, RN, Nebraska Board of Nursing.
- Sue Tedford, MNSc, APN, RN, Arkansas State Board of Nursing, served as a mentor to Lori Keough, PhD, MEd, FNP-BC, Rhode Island Board of Nursing.
- Joey Ridenour, MN, RN, FAAN, Arizona Board of Nursing served as mentor to Paula Schenk, MPH, RN, Kentucky Board of Nursing. Ridenour also assisted in the NLC orientation at the South Carolina Board of Nursing.

Legal
Richard Masters, JD, has served dutifully as special counsel, NLCA. We appreciate his valuable guidance as a national expert on interstate compacts.

NLCA Committees and Work Groups
Thank you to the following NLC administrators and board of nursing staff who served on NLCA committees and work groups in 2012-2013.

Executive Committee (2012-2013)
Photo featured above
- Joey Ridenour, MN, RN, FAAN, Arizona Board of Nursing, chair
- Lorinda Inman, MSN, RN, Iowa Board of Nursing, vice-chair (until February 2013)
- Jay Douglas, MSM, RN, CSAC, Virginia Board of Nursing, treasurer
- Kennetha Julien, JD, Colorado Board of Nursing, treasurer (until February 2013)
- Charlotte Beason, EdD, RN, NEA, Kentucky Board of Nursing, member-at-large
- Connie Kalanek, PhD, RN, North Dakota Board of Nursing, member-at-large
- Sandy Evans, MAEd, RN, Idaho Board of Nursing, APRN member-at-large

Executive Committee (2013-2014)
- Sandra Evans, MAEd, RN, Idaho Board of Nursing, chair
- Lori Scheidt, MBA-HCM, Missouri Board of Nursing, vice-chair
- Sue Tedford, MNSc, APRN, RN, Arkansas State Board of Nursing, treasurer
- Connie Kalanek, PhD, RN, North Dakota Board of Nursing, member-at-large
- Libby Lund, MSN, RN, Tennessee Board of Nursing, member-at-large
- Jay Douglas, MSM, RN, CSAC, Virginia Board of Nursing, APRN member-at-large

APRN Compact Implementation Work Group
- Katherine Thomas, MN, RN, FAAN, Texas Board of Nursing, lead
- Lance Brenton, JD, Texas Board of Nursing
- Sandra Evans, MAEd, RN, Idaho Board of Nursing
APRN Compact Implementation Work Group (continued)

- Roger Gabel, JD, Idaho Board of Nursing
- Debra F. Hobbins, DNP, APRN, LSAC, CARN-AP, Utah Board of Nursing
- Lorinda Inman, MSN, RN, Iowa Board of Nursing
- Mitchell Jones, JD, Utah Board of Nursing
- Rick Masters, JD, NLCA Special Counsel
- Joey Ridenour, MN, RN, FAAN, Arizona Board of Nursing
- Sarah Scott, JD, Iowa Board of Nursing

Compliance Committee

- Jay Douglas, MSM, RN, CSAC, Virginia Board of Nursing, co-chair
- Katherine Thomas, MN, RN, FAAN, Texas Board of Nursing, co-chair
- Charlotte Beason, EdD, RN, NEA, Kentucky Board of Nursing
- Julie George, MSN, RN, FRE, North Carolina Board of Nursing

Election Committee

- Nancy Darbro, PhD, APRN, CNS, New Mexico Board of Nursing
- Libby Lund, MSN, RN, Tennessee Board of Nursing
- Pam Zickafoose, EdD, MSN, RN, NE-BC, Delaware Board of Nursing

Interface Group

(a joint work group with NCSBN Board of Directors)
- Charlotte Beason, EdD, RN, NEA, Kentucky Board of Nursing
- Jay Douglas, MSM, RN, CSAC, Virginia Board of Nursing
- Sandra Evans, MAEd, RN, Idaho Board of Nursing
- Lorinda Inman, MSN, RN, Iowa Board of Nursing
- Connie Kalanek, PhD, RN, North Dakota Board of Nursing
- Joey Ridenour, MN, RN, FAAN, Arizona Board of Nursing

NLC Operations Network (Work Group)

- Mark Majek, MA, PHR, Texas Board of Nursing, lead

Policy & Procedure Committee

- Sandra Evans, MAEd, RN, Idaho Board of Nursing, co-chair
- Connie Kalanek, PhD, RN, North Dakota Board of Nursing, co-chair
- Kennetha Julien, JD, Colorado Board of Nursing
- Libby Lund, MSN, RN, Tennessee Board of Nursing

Web Review & Resources Committee

- Lorinda Inman, MSN, RN, Iowa Board of Nursing, chair
- Libby Lund, MSN, RN, Tennessee Board of Nursing
- LouAnn Walker, Arkansas Board of Nursing

Welcome New NLC Administrators

- Colorado Board of Nursing:
  Georgia Roberts, JD
- Iowa Board of Nursing:
  Kathy Weinberg, MSN, RN
- Kentucky State Board of Nursing:
  Paula Schenk, MPH, RN
- Nebraska Department of Health & Human Services, Regulation and Licensure:
  Karen Bowen, MS, RN
- Rhode Island Board of Nurse Registration and Nursing Education:
  Lori Keough, PhD, MEd, FNP-BC, Twila McInnis, MS, MPA, RN
- New Hampshire Board of Nursing:
  Denise Nies, MSN, RN, BC

A Fond Farewell to the Following NLC Administrators

- Colorado Board of Nursing
  Kennetha Julien, JD
- Iowa Board of Nursing
  Lorinda Inman, MSN, RN
- Kentucky State Board of Nursing
  Charlotte Beason, EdD, RN, NEA
- Rhode Island Board of Nurse Registration and Nursing Education
  Charles Alexandre, PhD, RN
- Rhode Island Board of Nurse Registration and Nursing Education
  Lori Keough, PhD, MEd, FNP-BC
Thanks to all NLC Administrators for your dedication to the NLC

Arizona State Board of Nursing
Joey Ridenour, MN, RN, FAAN

Arkansas Board of Nursing
Sue Tedford, MNSc, APRN, RN

Colorado Division of Professions and Occupations
Kennetha Julien, JD
Georgia Roberts, JD

Delaware Board of Nursing
Pam Zickafoose, EdD, MSN, RN, NE-BC

Idaho Board of Nursing
Sandra Evans, MAEd, RN

Iowa Board of Nursing
Lorinda Inman, MSN, RN
Kathy Weinberg, MSN, RN

Kentucky State Board of Nursing
Charlotte Beason, EdD, RN, NEA
Nathan Goldman, JD (interim)
Paula Schenk, MPH, RN

Maine State Board of Nursing
Myra Broadway, JD, MS, RN

Maryland Board of Nursing
Patricia Ann Noble, MSN, RN

Mississippi Board of Nursing
Melinda Rush, DSN, FNP
Latrina McClenton, MPH, RN (interim)

Missouri Board of Nursing
Lori Scheidt, MBA-HCM

Nebraska Department of Health & Human Services, Regulation and Licensure
Karen Bowen, MS, RN

New Hampshire Board of Nursing
Denise Nies, MSN, RN, BC

New Mexico Board of Nursing
Nancy Darbro, PhD, APRN, CNS

North Carolina Board of Nursing
Julia George, MSN, RN

North Dakota Board of Nursing
Constance Kalanek, PhD, RN

Rhode Island Board of Nurse Registration and Nursing Education
Charles Alexandre, PhD, RN
Lori Keough, PhD, MEd, FNP-BC
Twila McInnis, MS, MPA, RN

South Carolina Board of Nursing
Nancy Murphy, MS, RN, BC

South Dakota Board of Nursing
Gloria Damgaard, MS, RN, FRE

Tennessee State Board of Nursing
Libby Lund, MSN, RN

Texas Board of Nursing
Katherine Thomas, MN, RN, FAAN

Utah State Board of Nursing
Deb Hobbins, DNP, APRN, LSAC, CARN-AP

Virginia Board of Nursing
Jay Douglas, MSM, RN, CSAC

Wisconsin Department of Regulation and Licensing
Dan Williams
For more information about the NLC, contact:

nursecompact@ncsbn.org
www.ncsbn.org/nlc

Sandy Evans, MAEd, RN
Chair, NLC
sandra.evans@ibn.idaho.gov

Jim Puente
Director, NLC, NCSBN
jpuente@ncsbn.org