



**Unit 3**  
**R e s o u r c e**  
**I n f o r m a t i o n**

**TRANS***forming*  
REGULATION IN EXTRAORDINARY TIMES

# Orientation Manual for Delegate Assembly Participants

## PURPOSE

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board of Directors and committee members.

Following a brief discussion of the National Council's history, this manual will describe the organization's structure, functions, policies and procedures.

## HISTORY

The concept of an organization such as the National Council had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for persons involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of nursing also worked with the National League for Nursing Education (NLNE) which, in 1932, became the ANA's Department of Education. In 1933, by agreement with the ANA, the NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, the NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, the NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many persons continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body.

At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

## **ORGANIZATIONAL MISSION, STRATEGIC INITIATIVES AND OUTCOMES**

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

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

An organizational chart depicting the relationship between the National Council and Member Boards can be found on page 7.

The National Council has six strategic initiatives (see Strategic Plan, Tab 6), one of which is to assist Member Boards in their role in the evaluation of initial and ongoing nurse competence. Another is to coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation. The National Council also seeks to analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy. To achieve its strategic initiatives, the National Council identifies expected outcomes, under which tactics for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors and committees participate in evaluating the accomplishment of strategic initiatives and outcomes and the directives of the Delegate Assembly.

## **ORGANIZATIONAL STRUCTURE AND FUNCTION**

### **• Membership**

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 61 Member Boards, including those from the District of Columbia, the Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensure examinations. Member Boards also receive information services, public policy analyses and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

### **• Areas**

The National Council's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues and provide diversity of board and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are two directors-at-large who are elected by all delegates voting at the Annual Meeting. (See Glossary for list of jurisdictions by Area.)

### **• Delegate Assembly**

The Delegate Assembly is the legislative body of the National Council and comprises delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

The Delegate Assembly meets at the National Council's Annual Meeting, traditionally held in late July/early August. Special sessions can be called under certain circumstances. Regularly scheduled sessions are held on a rotation basis among Areas.

At the Annual Meeting, delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and adopt the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In

addition, the Delegate Assembly adopts the mission statement, strategic initiatives and outcomes of the National Council, and approves most test-related decisions, including changes in examination fees and test plans.

- **Officers**

Officers of the National Council include the president, vice-president, treasurer, four Area directors and two directors-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate or a committee member or an officer prior to being elected to office. An officer shall serve no more than four consecutive years in the same officer position.

The president, vice-president and treasurer are elected for terms of two years or until their successors are elected. The president, vice-president and treasurer are elected in even-numbered years.

The four Area directors are elected for terms of two years or until their successors are elected. Area directors are elected in odd-numbered years. The two directors-at-large are elected each year for a one-year term.

Officers are elected by ballot during the annual session of the Delegate Assembly. Delegates elect area directors from their respective Areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the Bylaws dictate the reballoting process.

Officers assume their duties at the close of the session at which they were elected. The vice-president fills a vacancy in the office of president. Board appointees fill other officer vacancies until the term expires.

- **Board of Directors**

The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. The Board is responsible for the general supervision of the affairs of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of contracts, including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment and maintenance of the administrative offices.

- **Meetings of the Board of Directors**

All Board meetings are held in Chicago, with the exception of the pre- and post-Annual Meeting Board meetings that are held at the location of the Annual Meeting.

Board officers are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board officers two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the biweekly *Newsletter*.

The agenda is organized around the strategic plan (strategic initiatives and outcomes). A memo or report that describes the item's background and indicates the Board action needed accompanies items for Board discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting. A summary of the Board's major decisions is also included in the *Newsletter* for Member Boards' information, prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each Board officer for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the National Council office

and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes and personnel manual.

- **Communications With the Board of Directors**

Communication between Board meetings takes place in several different ways. The executive director communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Quarterly reports of major activities are prepared by the staff and provided to the Board.

In most instances, the executive director is the person responsible for communicating with National Council consultants about legal, financial and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

Conference calls can be scheduled, if so desired by the president. Written materials are generally forwarded to Board members in advance of the call. These materials include committee or staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call and submits them at the next regularly scheduled Board meeting.

Board members use the National Council letterhead when communicating as representatives of the National Council.

- **Committee on Nominations**

National Council delegates elect representatives to the Committee on Nominations. The committee consists of four persons, one from each Area, who may be either board members or staff of Member Boards. Committee members are elected to one-year terms. They are elected by ballot with a plurality vote. At the first committee meeting, the members of the committee select a chair.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself and to prepare a slate of qualified candidates. During the Delegate Assembly, additional nominations may be made from the floor.

## **COMMITTEES**

Many of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly or Board of Directors. At the present time, the National Council has three standing committees: Examination, Finance, and Nursing Practice and Education. Subcommittees, such as the Item Review Subcommittee (Exam), may assist standing committees.

Committees and special committees are appointed by the Board of Directors to address special issues and concerns. Examples of special committees include the Information Systems User Group, Mutual Recognition Master Plan Coordinating Group and Policy Futures Panel.

Committees are governed by specific policies and procedures that can be found in National Council's policy manual. Committee membership is extended to all current members and staff of Member Boards. In the appointment process, every effort is made to match the expertise of each individual with the needs of the National Council. Also considered is balanced representation whenever possible, among Area, board members and staff, registered and licensed practical/vocational nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

A National Council staff member is assigned to serve each committee. Staff works closely with the committee chairs to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. The chair establishes agendas for the committee meetings. With staff assistance, the chair prepares the agenda, the call to meeting and any other documents that must be reviewed prior to committee meetings. Staff supervises the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

- **Examination Committee**

The Examination Committee consists of at least six persons, including one representative from each Area. One of these persons must be a licensed practical/vocational nurse. The committee chair must have served on the committee prior to being appointed chair.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee provides general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation and preparation of written information about the examinations for Member Boards and other interested parties. The committee also regularly evaluates the licensure examinations by means of item analysis and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest *acceptable* level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score. Taking this outcome along with other data relevant to identification of the level of competence, the Board of Directors sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes is the best legal defense available for licensing examinations. For most of the possible challenges that candidates might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

- **Finance Committee**

The Finance Committee is comprised of one representative from each Area and the treasurer, who serves as the chair. The committee's primary purpose is to assure prudence and integrity of fiscal

management and responsiveness to Member Board needs. It also reviews financial status on a quarterly basis and provides the Board of Directors with a proposed annual budget prior to each new fiscal year.

- **Nursing Practice and Education Committee**

The Nursing Practice and Education Committee consists of at least one representative from each Area. The committee's purpose is to provide general oversight of nursing practice and education regulatory issues. It periodically reviews and revises the *Model Nursing Practice Act* and *Model Nursing Administrative Rules*, and prepares other position statements and guidelines for presentation to the Delegate Assembly. It also prepares written information about the legal definitions and standards of nursing practice and education that it disseminates to Member Boards and other interested parties. In the recent past, the committee has had a number of subcommittees to study various issues, e.g., continued competence, discipline resources, and accreditation/approval in nursing education.

#### **NATIONAL COUNCIL STAFF**

National Council staff members are hired by the executive director, to whom they report. Their primary role is to implement the Delegate Assembly's and Board of Directors' policy directives and provide assistance to committees.

#### **GENERAL DELEGATE ASSEMBLY INFORMATION**

Agendas for each session of the Delegate Assembly are prepared by the president in consultation with the Board of Directors and executive director and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate Assembly. A *Business Book* is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly action, reports of the Board of Directors and standing committees, annual plan and budget.

Prior to the annual session of the Delegate Assembly, the president appoints the rules, credentials, elections and resolutions committees, as well as the Committee to Approve Minutes. The president must also appoint a timekeeper, a parliamentarian and pages.

The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Credentials Committee's function is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits and evaluates all others in terms of their relationship to National Council's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the executive director who serves as corporate secretary.

The Delegate Assembly, the legislative body of the National Council, as specified in the bylaws, provides direction to:

- approve all new National Council memberships;
- elect officers and members of the Committee on Nominations;
- receive reports of officers and committees and take action as appropriate;
- establish the fee for the NCLEX examination;
- approve the auditor's report;
- adopt policy and position statements;
- adopt the mission, strategic initiatives and outcomes of the National Council;
- approve the substance of all contracts between the National Council and Member Boards and the National Council and test services;
- establish the criteria for and select the NCLEX examination test service;
- adopt test plans to be used for the development of the NCLEX examination; and



- transact any other business as may come before it.

#### **GENERAL COMMITTEE INFORMATION**

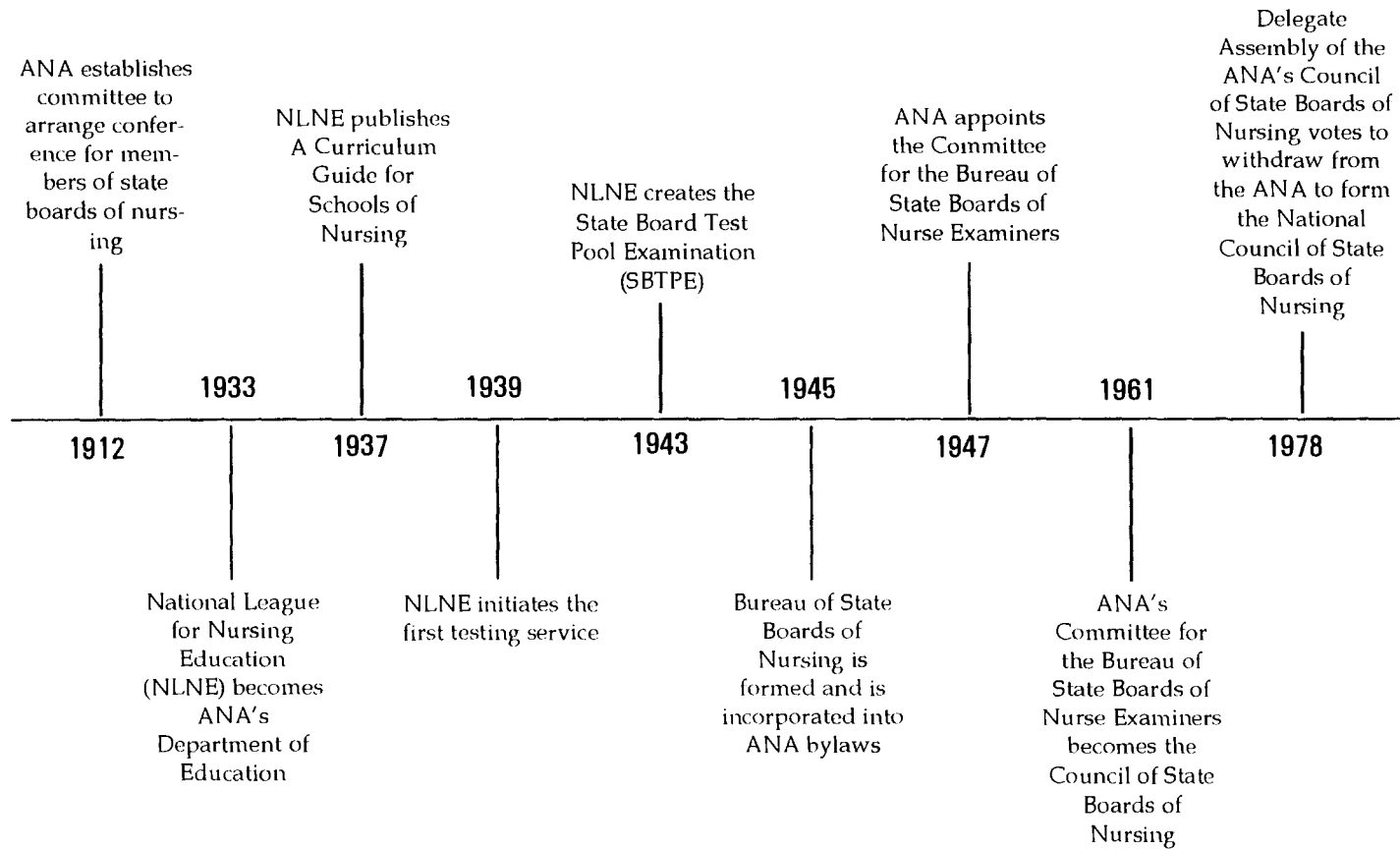
- **Committee Appointments**

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Individuals who wish to be considered for appointment or reappointment to a National Council committee/special committee submit a Committee Volunteer Information Form. The information provided is maintained in the National Council's Volunteer Resource Pool. All information contained in the Pool, along with information about the number of positions available on each committee, is forwarded to the respective Area director for recommendations for appointment or reappointment. Concurrently, committee chairs are asked to provide input as to whether individuals currently serving on committees should be reappointed. The Area directors recommend to the Board of Directors the appointment/reappointment of individuals to vacant positions.

Prior to the Annual Meeting, the Board of Directors evaluates the qualifications of existing and potential committee chairs, makes tentative appointments for committee chairs, and reviews and tentatively approves the committee/special committee appointments that were recommended by Area Directors. During the Board's September meeting, appointments are finalized after considering the need for additional special committees that may be necessary to accomplish the directives of the Delegate Assembly.

## Timeline of the National Council of State Boards of Nursing



# Glossary

**AACN**

American Association of Colleges of Nursing, or American Association of Critical Care Nurses.

**AANA**

American Association of Nurse Anesthetists.

**AANP**

American Academy of Nurse Practitioners.

**ACC**

ACNM Certification Council, Inc.

**ACNM**

American College of Nurse Midwives.

**AccuFacts**

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

**ADA**

Americans with Disabilities Act.

**Agent Role**

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

**ANA**

American Nurses Association.

**ANCC**

American Nurses Credentialing Center.

**AONE**

American Organization of Nurse Executives.

**APRN**

Advanced Practice Registered Nurse. In the National Council's *Model Nursing Practice Act*, this level of nursing practice is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; and a graduate degree with a major in nursing or a graduate degree with a concentration in the advanced nursing practice category, which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psycho-social assessment, appropriate interventions and management of health care.

**Area**

One of four designated geographic regions of National Council's Member Boards. (See the chart on page 2 that lists each state by Area.)

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	North Carolina	New Jersey
Montana	North Dakota	Oklahoma	New York
Nevada	Ohio	South Carolina	Pennsylvania
New Mexico	South Dakota	Tennessee	Puerto Rico
N. Mariana Islands	West Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			Virgin Islands
Washington			
Wyoming			

**ASI**

Assessment Systems, Inc. A wholly owned subsidiary of Harcourt publishing. The test service for the NNAAP (National Nurse Aide Assessment Program, formerly known as the NACEP).

**Assessment Strategies**

Test service for Canadian Nurses Association.

**Blueprint**

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

**Board Member**

An individual who serves on a board of directors (national level) or a board of nursing (state level).

**BOD**

Board of Directors of the National Council of State Boards of Nursing. (Authority: general supervision of the affairs of the National Council between meetings of the Delegate Assembly.)

**Bylaws**

The laws which govern the internal affairs of an organization.

**CAC**

Citizen Advocacy Center.

**CAT**

Computerized Adaptive Testing.

**CCAP**

Continued Competence Accountability Profile. It provides a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation as to whether or not goals/objectives have been achieved. It is an expected activity of all

licensed nurses to reflect lifelong learning activities and application to daily practice. The profile is, in essence, the application of the nursing process to one's own competence and professional development and accountability.

**CCNA**

Council on Certification of Nurse Anesthetists.

**CEPN-LTC**

Certification Examination for Practical Nurses in Long-Term Care.

**CGFNS**

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

**CLEAR**

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

**CNM**

Certified Nurse Midwife.

**CNS**

Clinical Nurse Specialist.

**CON**

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

**CRNA**

Certified Registered Nurse Anesthetist.

**CRNE**

Criterion-Referenced Nurse Examination. Canadian Nurse's Association Nurse Licensure Examinations.

**CSCC**

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

**DDB**

Disciplinary data bank. A National Council data management system, used between 1981 and 2000 to provide a database of disciplinary actions reported by Member Boards. The DDB data was incorporated into *Nursys*, which continues to provide tracking of disciplinary data reported by Boards of Nursing.

**Delegate Assembly (DA)**

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

**Department of Education (DOE)**

U.S. Department of Education.

**Diagnostic Profile**

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

**DIF**

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

**Direct Registration**

A method of submitting candidate registrations for the NCLEX examination. Registrations are submitted by candidates, with the \$120 fee (\$200 beginning 10/1/2001), directly to The Chauncey Group. An option for telephone registration is available for \$130 (\$212 beginning 10/1/2001).

**EC**

Examination Committee.

**Education Program Reports**

See *NCLEX® Program Reports*.

**EIRs**

Electronic Irregularity Reports. Reports written by the test center staff on the day of testing regarding any irregularities occurring during NCLEX examination testing. These reports are forwarded by Sylvan overnight to The Chauncey Group and the National Council. The National Council forwards the EIRs to the Member Board where the candidate is seeking licensure.

**Electronic Access**

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

**ETS/The Chauncey Group**

Educational Testing Service is the parent company of The Chauncey Group. The Chauncey Group is the National Council's test service for the NCLEX examinations. The Chauncey Group is located in Princeton, New Jersey, and is engaged in educational and certification testing services.

**EPre-test Items**

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

**FARB**

Federation of Associations of Regulatory Boards. FARB provides a forum for individuals and organizations to share information related to professional regulation, particularly in the areas of administration, assessment and law.

**Fiscal Year (FY)**

October 1 to September 30 at the National Council.

**HCFA**

Health Care Financing Administration. A unit of the federal government under the Department of Health and Human Services.

**HIPDB**

Healthcare Integrity and Protection Data Bank. A national data collection program for the reporting of final adverse actions against health care providers, suppliers or practitioners as required by the Health Insurance Portability and Accountability Act of 1996.

**HRSA**

Health Resources and Services Administration. A unit of the federal government under the Department of Health and Human Services.

**ICN**

International Council of Nurses.

**ICONS**

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

**Interstate Compact**

Legislative language adopted by the Delegate Assembly in special session, December 1997. An interstate compact is the legislation that must be adopted at the state level in order to implement mutual recognition for nursing regulation.

**Item**

A test question.

**Item Response Theory (IRT)**

A family of psychometric measurement models based on characteristics of examinees' item responses and item difficulty. Their use enables many measurement benefits (see Rasch Model).

**Item Reviewers**

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

**Item Writers**

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

**JRC**

Joint Research Committee. This committee consists of three National Council and three Chauncey or ETS staff members, and two external researchers. The committee is the vehicle through which research is funded for the NCLEX examination program. Funding is provided jointly by the National Council and The Chauncey Group.

**KSA**

Knowledge, skill and ability statements.

**Logit**

A unit of measurement used in IRT models. The logarithmic transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

**MNAR**

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

**MBOS & Expedite**

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

**Member Board**

A jurisdiction which is a member of the National Council.

**MNPA**

*Model Nursing Practice Act.* (A publication of the National Council.)

**MR**

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

**MSR**

Multistate regulation.

**NACEP™**

Nurse Aide Competency Evaluation Program. (Former name of the NNAAP™.)

**NAFTA**

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

**NAPNES**

The National Association for Practical Nurse Education and Service.

**National Council Strategic Plan**

Mission, strategic initiatives, and outcomes of the National Council as adopted by the Delegate Assembly.

**NCBPNP/N**

National Certification Board of Pediatric Nurse Practitioners and Nurses.

**NCC**

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

**NCIC**

National Crime Information Center. A computerized information system operated by the Federal Bureau of Investigation (FBI) for the purpose of exchanging criminal history information among criminal justice agencies.

**NCLEX Test Express**

A database that is designed to store all data, including statistical information, test plan codes, and content codes such as those for nursing process and cognitive levels for each NCLEX-RN and NCLEX-PN item. This database also tracks the history of each item. Formerly known as the **NCLEX Item Coding and Tracking (NICT) Database.**



**NCLEX-RN® Examination**

National Council Licensure Examination-Registered Nurse.

**NCLEX-PN® Examination**

National Council Licensure Examination-Practical Nurse.

**NCLEX® Program Reports**

Published twice per year for subscribing schools of nursing, the *NCLEX® Program Reports* provide administrators and faculty in nursing education programs with information about the performance of their graduates on the NCLEX examination. Included in the *NCLEX® Program Reports* is information about a program's performance by the *NCLEX® Test Plan* dimensions and by content areas. Data about a program's rank nationally and within the program's state also are included.

**NCLEX® Quarterly Reports**

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

**NCNET**

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

**NCS Pearson/VUE**

**NCS Pearson/VUE** will be the test service provider for the NCLEX® examination beginning October 1, 2002.

**NCSBN or NC**

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

**NFLPN**

National Federation of Licensed Practical Nurses.

**NLCA (Nurse Licensure Compact Administrators)**

Organized body of state nursing boards that have adopted and implemented the Nurse Licensure Compact.

**NLN**

National League for Nursing.

**NNAAP™**

National Nurse Aide Assessment Program. The nurse aide certification examination developed by the National Council and Assessment Systems Inc. (ASI) during FY98 that combines the NACEP and NNAE nurse aide certification programs.

**NP**

Nurse Practitioner.

**NP&E**

Nursing Practice and Education. (A standing committee of the National Council.)

**NPDB**

National Practitioner Data Bank. A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for ten years and requires—medical malpractice payment reports for all health care practitioners, and reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by section 1921 of the Social Security Act (originally enacted in P.L.100-93, section five). Implementation of other health care practitioner reporting to the NPDB has never been implemented.

**NPI**

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

**Nursys**

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

**OBRA 1987**

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

**Pew Taskforce on Health Care**

The Pew Health Professions Commission charged the Taskforce on Health Care Workforce Regulation to identify and explore how regulation protects the public's health and propose new approaches to health care workforce regulation to better serve the public's interest. The task force was composed of eight individuals with legal, policy and public health expertise. Its recommendations were issued in late 1995.

**Practice (Job) Analysis**

A research study that examines the practice of newly licensed job incumbents (RNs, LPN/VNs) or new nursing assistants. The results are used to evaluate the validity of the test plans/blueprints that guide content distribution of the licensure examinations or the nurse aide competency evaluation.

**Prometric**

The computer-based testing division of Thomson Learning.

**Prometric Technology Centers (pTCs)**

Prometric Technology Centers are Prometric's high-stakes testing centers responsible for the secure delivery of computerized examinations. There are more than 250 PTCs in North America. The NCLEX examinations are administered in more than 200 PTCs located in the United States and its territories.

**Psychometrics**

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

**PTC**

Prometric Technology Center.

**Public Policy**

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

**RAP**

Research Advisory Panel.

**Rasch Measurement Model**

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

**Reliability**

A test statistic that indicates the expected consistency of test scores across different administrations or test forms. That is, it assesses the degree to which a test score reflects the person's true standing on the trait being measured. For adaptively administered examinations, such as the NCLEX examination using CAT, the decision consistency statistic is the more appropriate statistic for assessing precision. The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of the NNAAP.

**RFP**

Request for Proposals.

**SKDC**

Scoring Key Development Committee. Committee of clinical experts which has the responsibility of developing scoring keys for the CST project.

**Standard Setting**

The process used by the Board of Directors to determine the passing standard for an examination, at or above which examinees pass the examination and below which they fail. This standard denotes the minimum acceptable amount of entry-level nursing knowledge, skills and abilities. The National Council uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for each NCLEX examination and whenever the test plan or *NNAAP Blueprint* changes.

**Submission of Reports**

A Member Board, upon taking disciplinary action electronically submits biographical data about the nurse and information regarding the grounds for and the disciplinary action taken by the board of nursing.

**TCA**

Test Center Administrator.

**Test Plan**

The organizing framework for the NCLEX-RN examination and NCLEX-PN examination which includes the percentage of items allocated to various categories.

**Test Service**

The organization that provides test services to the National Council, including test scoring and reporting. The Chauncey Group, along with Prometric, is the test service for the NCLEX examinations, and ASI is the test service for the NNAAP.

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

A subsidiary of Educational Testing Service (ETS). National Council's test service for the NCLEX examination, located in Princeton, New Jersey.

**Trilateral Initiative for Nursing**

A project coordinated by CGFNS and funded by the W.K. Kellogg Foundation to develop a series of papers addressing the following aspects of nursing in each of the three NAFTA countries (Canada, Mexico and the United States): standards of nursing education, approval and accreditation of nursing education programs, licensure/ registration and standards of practice, and nursing specialty certification.

**UAP/ULAP**

Unlicensed Assistive Personnel.

**Validity**

The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN examination or NCLEX-PN examination) or blueprint (NNAAP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.

**VUE**

An NCS Pearson business.