Report of the APRN Committee

Background
The APRN Committee is a long-standing committee at NCSBN that addresses issues related to advanced practice registered nursing. Since early 2000, the committee has worked towards uniform regulations for advanced practice registered nurses (APRNs). This work began when seven representatives comprised of NCSBN staff and APRN Committee members sat on the APRN Joint Dialogue Group and developed a model that would outline standard regulations for APRNs, and promote uniformity across all jurisdictions. These individuals represented boards of nursing (BONs) and addressed licensure and other regulatory issues. Leaders from other groups represented education, accreditation and certification. The resulting document, the Consensus Model for APRN Regulation serves as the standards and model for APRN regulation in the U.S.

Following the development of the APRN Consensus Model, the APRN Committee developed model legislative language for use by BONs. The model language was adopted by NCSBN’s Delegate Assembly in 2008. Since that time, NCSBN has been dedicated to helping jurisdictions enact the regulations described in the APRN Consensus Model. The committee has played an important advisory role in this process by lending their expertise and leadership.

Highlights of FY12 Activities

Charge #1: Revise criteria for evaluation of APRN certification exams for use by BONs, congruent with the APRN Consensus Model.

Prior to revising the 2012 NCSBN Standards for Accreditation and Certification, the committee completed a review of certification standards from the National Certification Corporation of America (NCCA), the American Board of Nursing Specialties (ABNS) and pertinent criteria from the American Psychology Association (APA) to ensure NCSBN standards are congruent with those of the testing industry. Phil Dickison, PhD, RN, chief officer, Examinations, provided additional information and educated the committee on the differences between exams that are used for certification and those used for licensure.

The newly revised standards incorporate the elements of the APRN Consensus Model and reflect changes in standards from NCCA and ABNS since the last revision (see Attachment A).

The revised standards were presented to stakeholders at the 2012 APRN Roundtable; participants were asked to provide any feedback they might have. These comments/suggestions will be reviewed and incorporated into a final document.

Charge #2: Develop guidelines to help jurisdictions grandfather individuals congruent with the APRN Consensus Model.

To meet this charge the committee reviewed existing grandfather language in jurisdictions’ nurse practice acts. Also reviewed was the specific grandfather language from the APRN Consensus Model, language from the Model Act and Rules, and the historical application of grandfathering principles to licensees. The committee developed advisory language for BONs consistent with the APRN Consensus Model, a table describing the application of the grandfather principle to categories of APRNs and a set of frequently asked questions. Due to the many complexities relating to grandfathering of APRNs, however, the committee feels additional work is needed on these documents and is requesting another year to complete this charge.

Charge #3: Advise staff on content development for the fiscal year 2012 (FY12) APRN Roundtable.

The APRN Roundtable is an annual event held to inform stakeholders of regulatory issues related to advanced practice nursing. This year, the APRN Roundtable was held on April 25, 2012, at the Sax Hotel in Chicago.
The agenda included speakers addressing exam development, APRN continued competency, Licensure, Accreditation, Certification and Education (LACE) updates, legislative updates, and the impact of Federal Trade Commission advisories with respect to state legislative proposals.

**Future Activities**

- BONs need guidance in grandfathering APRNs that is consistent with the language in the APRN Consensus Model. The tools created will provide language for BONs to use in the grandfathering process.

- FY13 APRN Committee charge:
  - Create and refine tools that assist BONs in applying grandfathering principles to APRNs that are consistent with the APRN Consensus Model.

- Desired impact:
  - The grandfather principle will be applied to eligible APRNs consistently across jurisdictions for APRNs currently licensed and APRNs applying for licensure by endorsement.
  - The grandfather principle will be consistent with the language of the APRN Consensus Model endorsed by NCSBN and the BONs.
  - BONs will have tools that ease their communication of grandfathering decisions for their APRN licensees and applicants.
  - BONs and APRNs will find the language, guidelines and tools helpful in the grandfathering process.

- Impact measured by:
  - Survey 20 percent of the member boards using the grandfathering language and tools in FY14.
    - The survey will determine whether utilizing grandfathering guidelines and tools was useful to BON’s work.

**Attachments**

A. Requirements for Accrediting Agencies and Criteria for APRN Certification Programs
Attachment A

Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

PREFACE

Purpose
The purpose of the Requirements for Accrediting Agencies and the Criteria for Certification Programs is to provide criteria for an external review process that would ensure boards of nursing (BONs) of the suitability of advanced practice certification examinations for regulatory purposes. The requirements have been updated to be consistent with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education.

Definitions
Accrediting Agency – an organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

APRNs – advanced practice registered nurses, including certified nurse midwives (CNMs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs) and certified nurse practitioners (CNPs).

Certifying Body – a nongovernmental agency that validates by examination based on predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined functional or clinical area of nursing.

Certification Program – an examination designed by a certifying body to evaluate candidates for advanced practice nursing.

External Review Process – a review process by an accrediting body to assure appropriate standards are met.

APRN Consensus Model – a document that defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

APRN Roles – certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife and clinical nursing specialist.

Population Foci – family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health.

REQUIREMENTS FOR ACCREDITING AGENCIES
1. Accrediting agency must have sufficiently rigorous standards for accreditation to ensure that the agency is a reliable authority regarding quality of the program it accredits.
   a. Accreditation standards effectively address the quality of the program.
   b. Accreditation standards development and revision processes include input from the field and are reflective of advanced nursing practice in the APRN roles and population foci.
   c. Accreditation standards regarding national application are realistic.
2. Accrediting agency must have effective mechanisms for evaluating a program’s compliance with the agency’s standards in order to reach a decision to accredit the program.
   a. Accrediting agency evaluates whether a program is successful in achieving its objectives.
   b. Accrediting agency consistently applies and enforces its standards.
      i. Has effective controls against inconsistent application of agency’s standards;
ii. Bases decisions on published standards; and

iii. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.

c. Accrediting agency evaluates the accredited program every five years and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency’s standards.

d. Accrediting agency has documentation that is evidenced based.

e. Accrediting agency evaluates the program for consistency with the requirements outlined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 7, 2008).

3. Accrediting agency must provide a detailed description of the agency’s survey process.
   a. Frequency of reviews is at a minimum of every five years.
   b. Copies of agency’s survey forms and guidelines are available.
   c. Procedures are in place to notify the agency’s deficiencies and to monitor the correction of the deficiencies.
   d. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and reported to NCSBN.
   e. Information about the individuals who perform surveys for the accrediting agency is available.
      i. Education experience requirements that individuals must meet are established.
      ii. In-service training is provided.
      iii. Policies and procedures are in place with respect to an individual’s participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated are clearly indicated and available.

4. Accrediting agency must have a data management and analysis system with respect to its accreditation decisions, including the kinds of reports, tables, etc.

5. Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.

6. Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:
   a. Notification to NCSBN in writing of any program that has had its accreditation removed, withdrawn or revised, or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
   b. Notification within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.

7. Accrediting agency must submit to NCSBN:
   a. A copy of any annual report prepared by the agency;
   b. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits; and
   c. Any proposed change in the program’s policies, procedures or accreditation standards that might alter the program’s scope of recognition.

Revised February 2012
# CRITERIA FOR EVALUATING CERTIFICATION PROGRAMS

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Elaboration</th>
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<tr>
<td>I. The program is national in the scope of its credentialing.</td>
<td>A. Advanced practice nursing standards have been identified by national organizations.</td>
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<td>B. Credentialing services are available to nurses throughout the U.S. and its territories.</td>
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<td>C. There is a provision for public representation on the certification board.</td>
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<td>D. A tested body of knowledge exists related to advanced nursing practice in a specified role and population.</td>
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<td>E. The certification board is an entity with organizational autonomy.</td>
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<td>II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</td>
<td>A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.</td>
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<td>B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.</td>
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<td>C. Published criteria are enforced.</td>
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<td>D. Examination is in compliance with the American Disabilities Act.</td>
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<td>E. Sample application(s) are available.</td>
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<td>1. Certification requirements are included.</td>
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<td>2. Application procedures include:</td>
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<td>i. Procedures for assuring congruence between education and clinical experience, and the APRN role and population being certified;</td>
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<td>ii. Procedures for validating information provided by candidate; and</td>
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<td>iii. Procedures for handling omissions and discrepancies.</td>
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<td>3. Professional staff is responsible for credential review and admission decisions.</td>
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<td>4. Examination should be administered frequently enough to be accessible, but not so frequently as to overexpose items.</td>
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<td>Criteria</td>
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<td>III. Educational requirements are consistent with the requirements of the advanced practice role and population focus.</td>
<td>F. Periodic review of eligibility criteria and application procedures occurs to ensure that they are relevant, fair and equitable.</td>
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<td>A. Active, unencumbered U.S. registered nurse (RN) licensure is required.</td>
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<td>B. Graduation is required from a graduate or postgraduate level advanced practice education program and the program meets the following requirements:</td>
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<td>1. Education program is offered by an accredited college or university that confers a graduate or postgraduate degree in the advanced nursing practice role and population focus.</td>
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<td>2. Postgraduate level certificate programs are offered through institutions meeting criteria from an accredited college or university.</td>
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<td>3. Clinical and didactic programs include, but are not limited to:</td>
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<td>i. Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population focus; and</td>
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<td>ii. Legal, ethical and professional responsibilities of the APRN;</td>
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<td>iii. Three separate, comprehensive graduate-level courses (the APRN Core) in:</td>
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<td>□ Advanced physiology/pathophysiology, including general principles that apply across the lifespan;</td>
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<td>□ Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques concepts and approaches; and</td>
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<td>□ Advanced pharmacology, including pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.</td>
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<td>4. Clinical and didactic programs meet the following criteria:</td>
<td>i. Curriculum is consistent with current competencies of the specific APRN role and population focus.</td>
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<td>ii. Curriculum meets the requirements for clinical and didactic coursework as described in the APRN Consensus Model.</td>
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<td>iii. Both direct and indirect clinical supervision is congruent with current advanced practice nursing standards and nursing accreditation guidelines.</td>
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<td>iv. Supervised clinical practice is relevant and congruent to the APRN role and population focus.</td>
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<td>C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.</td>
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<td>IV. The standard methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.</td>
<td>A. A nursing organization exists that establishes standards for the advanced level of nursing practice in one of the four described roles and one of six described population foci.</td>
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<td>B. Exam content based on a job/task analysis.</td>
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<td>C. Job analysis studies are conducted at least every five years.</td>
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<td>D. Results of the job analysis study are published and available to the public.</td>
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<td>E. There is evidence of the content validity of the job analysis study.</td>
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<td>V. The examination represents entry-level practice with minimal though critical competencies in the advanced nursing practice role and population.</td>
<td>A. Entry-level practice in the advanced practice nursing role and population focus reflects minimal competency in all areas of practice, and is defined by the job analysis studies.</td>
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<td>B. The exam has a purpose statement and a focus.</td>
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### Criteria

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<th>Elaboration</th>
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| **VI.** The examination represents the knowledge, skills and abilities (KSAs) essential for the delivery of safe and effective advanced nursing care to patients. | A. The job analysis includes activities representing the KSAs necessary for competent performance.  
B. The examination reflects the results of the job analysis study.  
C. KSAs, which are critical to public safety, are identified.  
D. Examination content is oriented to educational curriculum practice requirements and accepted standards of care. |
| **VII.** Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism before initial use and periodically. | A. Each item is associated with a single cell of the test plan.  
B. Items are reviewed for currency at least every three years.  
C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safely and effectively practice. Processes exist for identifying and flagging items.  
D. A statistical bias analysis is performed on all items.  
E. All items are subjected to an “unscored” use for data collection purposes before their first use as a scored item.  
F. Processes are in place to detect and eliminate bias from the test.  
G. Reuse guidelines for items on an exam form are identified.  
H. Item writing and review is done by qualified individuals who represent the APRN roles and the population foci. |
<p>| <strong>VIII.</strong> Examinations are evaluated for psychometric performance. | A. Reference groups used for comparative analysis are defined. |
| <strong>IX.</strong> The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically. | A. Passing standard is criterion referenced. |</p>
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<th>Elaboration</th>
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| **X.** Examination security is maintained through established procedures. | **A.** Protocols are established to maintain security related to:  
1. Item development (e.g., item writers and confidentiality, how often items are reused);  
2. Maintenance and integrity of the question pool;  
3. Printing and production process;  
4. Secure storage and transmission of the examination;  
5. Administration of examination (e.g., who administers, who checks administrators);  
6. Ancillary materials (e.g., test keys, scrap materials);  
7. Scoring of examination; and  
8. Occurrence of a crisis (e.g., exam is compromised). |
| **XI.** Certification is issued based upon passing the examination and meeting all other certification requirements. | **A.** Certification process is described, including the following:  
1. Criteria for certification decisions are identified;  
2. All requirements and passing exam results are verified; and  
3. Procedures for appealing decisions are in place.  
**B.** Mechanisms are in place for communicating with candidates.  
**C.** Due process is in place for follow-up of complaints.  
**D.** Confidentiality of nonpublic candidate data is maintained. |
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<th>Criteria</th>
<th>Elaboration</th>
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</table>
| XII. A retake policy is in place. | A. Failing candidates are permitted to be re-examined at a future date.  
B. Failing candidates are informed of procedures for retakes.  
C. Test for repeating examinees are equivalent to the test for first-time candidates.  
D. Repeating examinees are expected to meet the same test performance standards as first-time examinees.  
E. Failing candidates are given information on content areas of deficiency.  
F. Repeating examinees are not exposed to the same items of a previous exam. |
| XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place. | A. Certification maintenance requirements are specified (e.g., maintenance of an active RN license, continuing education, practice, examination, etc.).  
B. Certification maintenance procedures include:  
1. Procedures for assuring match between continued competency measures and APRN role and population(s);  
2. Procedures for validating information provided by candidates; and  
C. Professional staffs oversee credential review.  
D. Certification maintenance is required a minimum of every five years. |
| XIV. Mechanisms are in place for communication to boards of nursing (BONs) for timely verification of an individual’s certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice. | A. Communication mechanisms address:  
1. Permission obtained from candidates to share information regarding the certification exam process;  
2. Procedures to provide verification of certification and scores to BONs;  
3. Procedures for timely notification within 30 days to BONs regarding changes of certification status, including testing without passing; and  
4. Procedures for notification of changes in certification programs (e.g., qualifications, test plan) to BONs and NCSBN. |
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<th>Criteria</th>
<th>Elaboration</th>
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<tbody>
<tr>
<td>XV. An evaluation process is in place to provide quality assurance in its certification program.</td>
<td>A. Internal review panels are used to establish quality assurance procedures annually.</td>
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<td>1. Composition of these groups (by title or area of expertise) is described.</td>
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<td>2. Procedures are reviewed.</td>
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<td>3. Frequency of review is defined.</td>
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<td>B. Procedures are in place to ensure adherence to established quality assurance policies and procedures.</td>
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<td>C. Procedures for review of quality assurance are publicly posted.</td>
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Revised February 2012
Report of the Awards Committee

Background
The NCSBN awards program recognizes outstanding achievements of members and celebrates significant contributions to nursing regulation. Nominations submitted for an award category are subjected to a “blind review” by the Awards Committee. Award recipients are determined based on the nominees’ abilities to meet the award criteria for the category in which they are nominated. This year, a member was selected as an honoree in the following award categories: R. Louise McManus, Meritorious Service, Exceptional Contribution and Regulatory Achievement. Seven executive officers who have made contributions to nursing regulation are being honored with the Executive Officer Recognition Award. Members celebrating their centennial (100 years of nursing regulation) and the Institute of Regulatory Excellence (IRE) Fellows will also be honored during the awards presentation ceremony. The awards program will be held as an evening dinner event at the annual meeting in Dallas. The awards will be presented by the NCSBN Board of Directors (BOD) president.

Highlights of FY12 Activities
- Conducted a blind review of the award nominations.
- Selected the 2012 award recipients.
- Updated the awards brochure to ensure that the term “member” was used consistently throughout the brochure when referring to boards of nursing (BONs) and associate members.
- Reviewed strategies to promote the awards program. A promotional postcard was developed to promote the awards program to the membership. The postcard was sent to BONs and given to committee members.
- Identified two member boards and one associate member that are celebrating their centennial in 2012.
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five and 10 years of service.
- Reported to the BOD the 2012 awards recipients selected by the Awards Committee.
- Sent letters of notification to the 2012 award recipients.

2012 AWARD RECIPIENTS:

R. Louise McManus Award
Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing

Meritorious Service Award
Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing

Regulatory Achievement Award
Missouri State Board of Nursing

Exceptional Contribution Award
Julia Gould, MS, RN, board staff, Georgia Board of Nursing
Sue Petula, PhD, MSN, RN, NEA-BC, board staff, Pennsylvania State Board of Nursing

Members
Marty Alston
West Virginia-RN, Area II
Doreen Begley, MS, RN
Nevada, Area I
Judy Bontrager, MN, RN
Arizona, Area I
Patti Clapp
Texas, Area III
Kathy Leader-Horn, LVN
Texas, Area III

Staff
Alicia Byrd, RN
Director, Member Relations

Meeting Dates
- Oct. 25, 2011 (Conference Call)
- March 27, 2012
Executive Officer Recognition Awards

5 YEARS
- Patricia Ann Noble, MSN, RN, executive director, Maryland Board of Nursing
- Nancy Sanders, PhD, RN, executive administrator, Alaska Board of Nursing

10 YEARS
- Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing
- Jay Douglas, MSM, RN, CSAC, executive director, Virginia Board of Nursing
- Laurette Keiser, MSN, RN, executive secretary/section chief, Pennsylvania State Board of Nursing
- Karen Scipio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing
- Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing

MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION
- College of Registered Nurses of British Columbia
- Louisiana State Board of Nursing
- Rhode Island Board of Nurse Registration and Nursing Education

INSTITUTE OF REGULATORY EXCELLENCE FELLOWS
- Jessie Colin, PhD, RN, board member, Florida Board of Nursing
- Janice Hooper, PhD, RN, nursing consultant, Texas Board of Nursing
- Tracy Klein, PhD, MS, FNP, RN, FAANP, nurse consultant, Advanced Practice, Oregon State Board of Nursing
- Eileen Kugler, MSN, MPH, FNP, RN, manager, Practice, North Carolina Board of Nursing
- Sue Petula, PhD, MSN, RN, NEA-BC, nursing educator advisor, Pennsylvania State Board of Nursing
- Pamela Randolph, MS, RN, associate director, Education/Evidence-based Regulation, Arizona State Board of Nursing
- Patricia Spurr, EdD, MSN,RN, CNE, education consultant, Kentucky Board of Nursing

Future Activities
- Select the 2013 awards recipients.

Attachment
A. 2012 Awards Brochure
Attachment A

2012 Awards Brochure

2012 NCSBN Awards Program

MISSION

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

VISION

Advance regulatory excellence worldwide.
The NCSBN awards will be announced at the 2012 Annual Meeting to recognize the outstanding achievements of NCSBN member boards and associate members. The awards are designed to celebrate significant contributions to nursing regulation.

Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success. We encourage all members to nominate themselves and their peers.

Nomination Procedure and Entry Format

Please carefully read the eligibility requirements and criteria listed for each award. Only entries that meet all the requirements and criteria will be considered. **Electronic submission of all nomination materials is required.**

- Entries must be submitted in one complete email; partial entries will not be considered. All entries must be emailed no later than Feb. 20, 2012, to Alicia Byrd, director, member relations, NCSBN, at abyrd@ncsbn.org.
- Members may nominate themselves or others.
- Two letters of support are required. Entries must include one letter of support from the executive officer or designee. For the Regulatory Achievement Award, entries must include one letter of support from another member regulatory agency or a representative from an external regulatory agency.
- Entries must be typed and presented in a professional manner on the respective award template.
- Entries must be accompanied by the official awards program cover page. Narratives should be no more than 500 words.
- Electronic submission of all materials is required. If you use any program other than Microsoft Word, please call to be sure it is readable at NCSBN.

If you have questions about the Awards Program, contact Alicia Byrd at abyrd@ncsbn.org or 312.525.3666.
### Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee then makes the final decision about all award recipients.
- Awards Committee members are not permitted to nominate award recipients, participate in the nomination process or write letters of support during their tenure on the Awards Committee.
- Awards Committee members recuse themselves from both the blind review and the final decisions for the award recipient(s) in categories where a member from their particular jurisdiction is nominated, or in cases where they feel that they cannot be objective about the nominee.
- Entries are evaluated using uniform guidelines for each award category.
- Awards will not necessarily be given in each category.
- Award recipients will be notified prior to the NCSBN Annual Meeting and will be honored at the Annual Meeting.
- The Awards Committee can recommend that a nominee be given an award that is different from the award for which he/she was originally nominated. If this decision were made, the nominator will be contacted to determine if he/she is agreeable to having the nominee be given a different award.

### R. Louise McManus Award

**R. Louise McManus (1896-1993)** is widely recognized as a major figure in furthering the professionalism of nursing. She worked tirelessly to produce a standardized national approach to nursing licensure. As a patient advocate, she developed the Patient Bill of Rights adopted by the Joint Commission in Accreditation of Hospitals.

**CRITERIA FOR SELECTION**

- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

**AWARD CYCLE**

Annually as applicable

**NUMBER OF RECIPIENTS**

One
### Meritorious Service Award

**ELIGIBILITY**
An individual who is a member

**DESCRIPTION OF AWARD**
The Meritorious Service Award is granted to a member for significant contributions to the purposes of NCSBN.

**CRITERIA FOR SELECTION**
- Significant promotion of the purposes of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
One

### Exceptional Contribution Award

**ELIGIBILITY**
A member who is not a president or executive officer

**DESCRIPTION OF AWARD**
The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.

**CRITERIA FOR SELECTION**
- Significant contributions to NCSBN activities
- Demonstrated support of NCSBN's mission

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
Unlimited

### Regulatory Achievement Award

**ELIGIBILITY**
A member board or associate member

**DESCRIPTION OF AWARD**
The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

**CRITERIA FOR SELECTION**
- Active participation in NCSBN activities
- Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members
- Demonstrated advancement of the NCSBN mission

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
One
### Distinguished Achievement Award

**ELIGIBILITY**
Individual or external organization. Award can be given posthumously.

**CRITERIA FOR SELECTION**
- No other award captures the significance of this contribution
- Individual or external organization who is not a current member
- Accomplishment/achievement is supportive to NCSBN’s mission and goals
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and goals.

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
Unlimited

### Exceptional Leadership Award

**ELIGIBILITY**
Service as a member president within the past two years.

**DESCRIPTION OF AWARD**
The Exceptional Leadership Award is granted to a member who has served as a president and who has made significant contributions to NCSBN.

**CRITERIA FOR SELECTION**
- Demonstrated leadership at the local level as the president
- Demonstrated leadership in making significant contributions to NCSBN

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
One

### Executive Officer Recognition Award

**ELIGIBILITY**
Award given in five-year increments to individuals serving in the Executive Officer role.

**DESCRIPTION OF AWARD**
The Executive Officer Recognition Award was established to recognize individuals who have made contributions to nursing regulation as an Executive Officer.

**AWARD CYCLE**
Annually as applicable

**NUMBER OF RECIPIENTS**
As applicable

**Please note:** No nomination is necessary for the Executive Officer Recognition Award as it is presented to Executive Officers based on his or her years of service in five-year increments.
## Past NCSBN Award Recipients

### R. LOUISE MCMANUS AWARD
- 2011: Kathy Malloch
- 2009: Faith Fields
- 2008: Shirley Brekken
- 2007: Polly Johnson
- 2006: Laura Poe
- 2005: Barbara Morvant
- 2004: Joey Ridenour
- 2003: Sharon M. Weisenbeck
- 2002: Katherine Thomas
- 2001: Charlie Dickson
- 1999: Donna Dorsey
- 1998: Jennifer Bosma
- 1997: Jean Caron
- 1996: Joan Bouchard
- 1995: Corrina F. Dorsey
- 1992: Renatta S. Loquist
- 1989: Marianna Bacigalupo
- 1986: Joyce Schowalter
- 1983: Mildred Schmidt

### MERITORIOUS SERVICE AWARD
- 2011: Julia George
- 2010: Ann L. O’Sullivan
- 2009: Sheila Exstrom
- 2008: Sandra Evans
- 2007: Mark Majek
- 2005: Marcia Hobbs
- 2004: Ruth Ann Terry
- 2001: Shirley Brekken
- 2000: Margaret Howard
- 1999: Katherine Thomas
- 1998: Helen P. Keefa
- 1997: Gertrude Malone
- 1996: Tom O’Brien
- 1995: Gail M. McGuill
- 1994: Billie Haynes
- 1993: Charlie Dickson
- 1991: Sharon M. Weisenbeck
- 1990: Sister Lucie Leonard
- 1988: Marilyn Mary Maillian
- 1987: Eileen Dvorak

### REGULATORY ACHIEVEMENT AWARD
- 2011: Virginia Board of Nursing
- 2010: Texas Board of Nursing
- 2009: Ohio Board of Nursing
- 2008: Kentucky Board of Nursing
- 2007: Massachusetts Board of Registration in Nursing
- 2006: Louisiana State Board of Nursing
- 2005: Idaho Board of Nursing
- 2003: North Carolina Board of Nursing
- 2002: West Virginia State Board of Examiners for Licensed Practical Nurses
- 2001: Alabama Board of Nursing

### MEMBER BOARD AWARD
- 2000: Arkansas Board of Nursing
- 1998: Utah State Board of Nursing
- 1997: Nebraska Board of Nursing
- 1994: Alaska Board of Nursing
- 1993: Virginia Board of Nursing

### EXCEPTIONAL LEADERSHIP AWARD
- 2011: Lisa Klenke
- 2010: Catherine Giessel
- 2009: Judith Hiner
- 2006: Karen Gilpin
- 2005: Robin Vogt
- 2004: Christine Alchnie
- 2003: Cookie Belle
- 2002: Richard Sheehan
- 2001: June Bell

### EXCEPTIONAL CONTRIBUTION AWARD
- 2011: Judith Personett
- 2010: Valerie Smith
- 2009: Sue Tedford
- 2008: Nancy Murphy
- 2007: Lisa Emrich
- 2006: Barbara Newman
- 2005: Calvina Thomas
- 2004: Peggy Fishburn
- 2003: William Fred Knight
- 2002: Janette Pucci
- 2001: Sandra MacKenzie
- 2000: Cora Clay
- 1999: Julie Gould
- 1998: Lori Schmidt
- 1997: Ruth Lindgren

### SILVER ACHIEVEMENT AWARD
- 2000: Nancy Wilson
- 1998: Joyce Schowalter

### NCSBN SPECIAL AWARD
- 2008: Thomas Abram
- 2004: Robert Waters
- 2002: Patricia Benner

### SILVER ACHIEVEMENT AWARD
- 2000: Nancy Wilson
- 1998: Joyce Schowalter

### NCSBN SPECIAL AWARD
- 2008: Thomas Abram
- 2004: Robert Waters
- 2002: Patricia Benner

### NCSBN SPECIAL AWARD
Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee

Background

Boards of nursing (BONs) have a legal mandate to protect the public from unsafe nurses, improve the outcomes of nursing education and remove regulatory barriers in licensing practitioners. In the past 15 years, the public and state legislatures have also formulated expectations for board staff and members to be more explicit about the evidence that provides the linkage to their public protection mandate.

In 1998, the NCSBN Board of Directors (BOD) began the development of a performance measurement system for BONs that incorporated data collected from internal and external sources. The key element for this system for 14 years has been to define and measure performance based on outcome-oriented indicators to assist nursing regulatory boards in managing and improving long-term program outcomes and to assist them in providing accountability to the citizens of their state. This project is called CORE.

BONs have been surveyed through the CORE system four times—in 2003, 2006, 2008 and 2010. Four survey instruments measure outputs and outcomes for each of the five areas of nursing regulatory board programs: (1) investigating and disciplining nurses who violate the nurse practice act; (2) responding to practice inquiries and emerging issues; (3) approving nursing education programs; (4) licensing qualified applicants; and (5) measuring the administrative functions of the BON.

There are three groups of stakeholders highly impacted by a BON’s immediate, intermediate and long-term outcomes that have also been surveyed: (1) employers; (2) nursing programs; and (3) nurses. Random samples of these surveyed stakeholders provided their perspectives about interactions with their BON and about the effectiveness of nursing regulation in general.

Highlights of FY12 Activities

Charge #1: Produce CORE 2012 Research Reports

Adopted a State Board of Nursing Logic Model as the performance framework for nursing regulation to validate/identify key performance measures, identify sources of performance data outside of the logic model and validate/revise four survey tools.

Charge #2: Identify Promising Member Performance Practices

Using past CORE data, the committee identified consistently high-performing BONs and steadily improving BONs in the area of discipline. The identified BONs are invited to a focus group to begin the process of identify promising practices in the area of discipline.

Charge #3: Promote Increased Use of CORE Information

CORE sent out the Logic Model to executive officers, describing it as a guide to ensure that the committee is measuring immediate/intermediate/long-term outcomes.

The CORE Committee has recommended that Ted Poister, PhD, MPA, consultant, present an overview of the principles regarding measurement in government/BONs and to present the results of the fiscal year 2012 (FY12) CORE project at the 2013 NCSBN Midyear Meeting Leadership Day for board presidents and executive officers.

EXECUTIVE SUMMARY

In an effort to focus on meaningful performance measures important to BONs, NCSBN contracted Poister, a national expert on performance measurement in government. Poister provided guidance on a systematic approach to focus measures that are reliable, actionable and timely to support evidenced-based decision making for BONs. The committee acknowledges the expertise of Poister and valued his ongoing committee guidance throughout FY12.
Prior to the December meeting, the committee asked the executive officers of BONs to submit their strategic plans and/or budget data to assess what measurements member boards are currently collecting. During the December meeting, the committee reviewed the plans and found that it was evident that there were reoccurring themes (i.e., discipline was a major focus for the majority of the 17 boards reviewed). The committee eventually catalogued measures from the BONs’ strategic plans in order to assess if there were other measures currently collected by the BONs to add in the CORE surveys; the committee did not identify any other measures.

In an effort to organize a focus group to identify promising practices in discipline, the committee looked at past CORE data to help identify which BONs have maintained high performance and which BONs have increased in performance throughout the years. In doing this, the committee was able to identify BONs; however, they were also able to identify measures needing to be added to the CORE surveys, Nursys®, NCLEX®, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and Member Board Profiles.

In January and March, a subcommittee met to map the FY09 CORE survey questions to the current CORE Logic Model. The committee identified the relevance of survey questions, pertinent questions not on the surveys, questions that needed to be reworded and key performance measures. The result has lead into the redesign process of survey tools.

In March, the committee reviewed the mapped surveys, carefully reviewing all the questions on the map, to determine if the measure would provide useful and actionable data. It discussed whether the definitions/wording would be clear for the respondents and if the CORE surveys should be staggered throughout May and August 2012. The committee also discussed administering the surveys online, which would save time and entry error as the data would be automated in a ready-to-analyze manner.

The committee attempted a more in-depth review of high-performing BONs and increased-performance BONs using past CORE data in order to organize the focus group. The committee identified six independent BONs and four umbrella BONs to participate in the focus group to begin the process of identifying promising practices in discipline.

The committee developed CORE Guiding Principles (Attachment A) to provide a framework for achieving meaningful measures that are important to BONs. It also developed and finalized the CORE Logic Model as the new performance framework for nursing regulation (Attachment B). The committee shared the CORE Logic Model with executive officers and obtained feedback on the model. Based on the executive officers’ suggestions and the committee’s discussions, the committee finalized the model in March 2012.

The CORE committee mapped all survey questions from every survey onto the CORE Logic Model. In doing this, the committee could identify key performance measures and identify sources of performance data to strengthen performance measurement process. The committee was able to validate which questions were not guiding them to the final outcome goal for all five programs.

To minimize the BON burden of data collection for CORE surveys, the committee identified external sources of performance measurement to be utilized for the report. Sources identified included NCLEX first-time pass rates, Nursys disciplinary data reported by state, Centers for Medicaid and Medicare Patient Surveys for Acute Care Hospital, HCAHPS, NCSBN Member Board Profiles, and research from Vital Smarts’ Silence Kills: The Seven Crucial Conversations for Healthcare.

With the FY09 survey questions mapped to the CORE Logic Model, the committee was able to identify which questions on the surveys needed to be reworded or eliminated, as well as identify new survey questions to measure outcomes.

The committee reviewed past CORE data and contacted BONs to seek additional information on outliers, as well as validating data. Some BONs changed responses, while other affirmed the original data submitted. The committee reviewed the validated responses to identify consistently high performing BONs and steadily improving BONs.
The committee reviewed CORE data from FY05, FY07 and FY09. Through bar graphs and scatter plots, the committee was able to identify BONs that consistently demonstrated to be high performing and which BONs were steadily improving throughout the years, specifically in the area of discipline.

The committee identified six independent BONs and four umbrella BONs that were high performing and increased performing in the area of discipline. The committee will invite those BONs to participate in a focus group to begin the first steps to identifying promising practice related to investigations and discipline.

The committee requested that executive officers submit their current strategic plans and budget goals to determine if CORE is measuring data similar to BONs and therefore is of interest for all BONs. The strategic plans were categorized, reviewed and ultimately found similarities between what BONs were measuring and the work of CORE.

The committee discussed the need to better understand the outcomes of nurses who are on conditional licenses, but decided to focus on receiving accurate data on the current surveys before adding in additional surveys.

**Future Activities**
- Increase the number of committee and subcommittee meetings by three in FY13 to accomplish the charges.
- Continue with Charge #1: Produce CORE Reports for FY13 (survey responses will be received May–August 2012).
- Continue with Charge #2: Identify and validate promising member board performance practices for two BON programs in FY13 in the areas of licensure and education.
- Continue with Charge #3: Provide ongoing data education and coaching to member boards and executive officers to enhance CORE literacy in FY13.

**Attachments**
A. CORE Guiding Principles
B. State Board of Nursing CORE Logic Model
Attachment A

CORE Guiding Principles

The CORE process provides a framework for monitoring performance on an on-going basis in order to facilitate boards of nursing (BONs) in achieving regulatory excellence and protecting the public. In comparing and benchmarking performance measures, CORE will:

- Utilize a systematic approach to support BONs in fulfilling their mission;
- Focus on meaningful performance measures that are important to BONs;
- Serve as a source of reliable, actionable and timely performance data to support evidence-based decision making;
- Be results driven in providing useful information to BONs, while minimizing the burden of data collection;
- Report the performance data in ways that convey meaningful and useful information;
- Play a leading role in assisting BONs to strengthen their performance by identifying and validating promising practices and innovative approaches; and
- Assure confidentiality of the CORE data pertaining to individual BONs.
Report of the Finance Committee

Background
The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. The committee reviews and recommends a budget to the BOD. The committee monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors, and the annual independent audit of NCSBN financial statements. The committee recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Highlights of FY12 Activities
- Reviewed and discussed with management and the organization’s independent accountant the NCSBN-audited financial statements as of and for the fiscal year ending Sept. 30, 2011. With and without management present, the committee discussed and reviewed the results of the independent accountant’s examination of the internal controls and financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the BOD that the financial statements and the Report of the Auditors be accepted and provided to the membership.
- Recommended the engagement of Blackman Kallick, LLP to audit the NCSBN financial statements for the period ending Sept. 30, 2012.
- Reviewed and discussed with management and the organization’s independent accountant the auditor’s report on the NCSBN 403(b) defined contribution retirement plan for the year ending June 30, 2011. The Finance Committee recommended that the BOD accept the auditor’s report.
- Recommended the engagement of Blackman Kallick, LLP to audit the retirement plan for the year ending June 30, 2012.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations that the reports be accepted by the BOD.
- Reviewed and discussed the performance of NCSBN investments with NCSBN staff and the organization’s investment consultant, Becker Burke, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.
- Reviewed and discussed with the insurance brokers from USI Midwest the property and professional liability coverage for NCSBN. Informed the BOD that the organization is appropriately insured.
- Reviewed the cost and considered the financial impact of the development of the NCSBN License Management System project. Advised the BOD that NCSBN could fund the start-up capital and the on-going operating costs for the project without compromising the longer-term financial flexibility of the organization.

Members
Julia L. George, MSN, RN, FRE
North Carolina, Area III, Treasurer
Cynthia D. Burroughs, PhD
Arkansas, Area III
Dean Estes
Nevada, Area I
Rula Harb, MS, RN
Massachusetts, Area IV
Daniel C. Hudgins
North Carolina, Area III
Terry J. West
Washington, Area I
Cynthia York, MSN, RN, CGRN
Louisiana, Area IV

Staff
Robert Clayborne, MBA, CPA
Director, Finance

Meeting Dates
- Nov. 29, 2011
- Feb. 7, 2012
- May 1, 2012
- July 31, 2012
Future Activities

- There are no recommendations. The purpose of this report is for information only.
- At a future meeting, the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2012.

Attachment

A. Report of the Independent Auditors FY11
Report of the Independent Auditors

To the Board of Directors of
National Council of State
Boards of Nursing, Inc.

We have audited the accompanying statements of financial position of National Council of State Boards of Nursing, Inc. (NCSBN) as of September 30, 2011 and 2010, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of NCSBN’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Blackman Kallick, LLP
December 9, 2011
### National Council of State Boards of Nursing, Inc.

#### Statements of Financial Position

September 30, 2011 and 2010

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$57,158,652</td>
<td>$55,782,985</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>137,018</td>
<td>137,100</td>
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<tr>
<td>Due from test vendor</td>
<td>7,375,456</td>
<td>7,473,879</td>
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<td>Accrued investment income</td>
<td>323,364</td>
<td>348,850</td>
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<tr>
<td>Prepaid expenses</td>
<td>1,878,722</td>
<td>1,689,167</td>
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<tr>
<td>Investments</td>
<td>91,176,238</td>
<td>88,580,701</td>
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<tr>
<td>Property and equipment - net</td>
<td>3,536,798</td>
<td>4,666,506</td>
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<tr>
<td>Intangible asset - net</td>
<td>906,250</td>
<td>1,031,250</td>
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<tr>
<td>Cash held for others</td>
<td>313,710</td>
<td>452,292</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$162,806,208</td>
<td>$160,162,730</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$816,653</td>
<td>$1,238,299</td>
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<td>Accrued payroll, payroll taxes and compensated absences</td>
<td>582,996</td>
<td>646,765</td>
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<td>Due to test vendor</td>
<td>9,812,467</td>
<td>10,472,628</td>
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<td>Deferred revenue</td>
<td>150,000</td>
<td>187,500</td>
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<tr>
<td>Grants payable</td>
<td>1,206,668</td>
<td>636,717</td>
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<tr>
<td>Deferred rent credits</td>
<td>99,565</td>
<td>174,264</td>
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<tr>
<td>Cash held for others</td>
<td>313,710</td>
<td>452,292</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>$12,982,059</td>
<td>$13,808,465</td>
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<tr>
<td><strong>UNRESTRICTED NET ASSETS</strong></td>
<td>$149,824,149</td>
<td>$146,354,265</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$162,806,208</td>
<td>$160,162,730</td>
</tr>
</tbody>
</table>
National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2011 and 2010

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination fees</td>
<td>$58,061,850</td>
<td>$59,431,200</td>
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<tr>
<td>Other program services income</td>
<td>6,177,034</td>
<td>6,055,024</td>
</tr>
<tr>
<td>Net realized and change in unrealized (loss) gain on investments</td>
<td>(480,040)</td>
<td>4,747,266</td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>3,385,465</td>
<td>3,249,677</td>
</tr>
<tr>
<td>Membership fees</td>
<td>187,500</td>
<td>186,000</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>67,331,809</td>
<td>73,669,167</td>
</tr>
</tbody>
</table>

| **EXPENSES**         |                |                |
| Program services     |                |                |
| Nurse competence     | 41,427,615     | 41,264,703     |
| Nurse practice and regulatory outcome | 9,486,890 | 6,552,005 |
| Information          | 9,451,206      | 8,186,682      |
| **Total program services** | 60,365,711 | 56,003,390 |
| Supporting services  |                |                |
| Management and general | 3,496,214     | 2,959,055      |
| **Total expenses**   | 63,861,925     | 59,962,445     |

| **NET INCREASE**     | 3,469,884      | 14,706,722     |

| **UNRESTRICTED NET ASSETS** |                |                |
| Beginning of year       | 146,354,265    | 131,647,543    |
| End of year             | $149,824,149   | $146,354,265   |
### National Council of State Boards of Nursing, Inc.

#### Statements of Cash Flows

Years Ended September 30, 2011 and 2010

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net increase</td>
<td>$3,469,884</td>
<td>$14,706,722</td>
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<tr>
<td>Adjustments to reconcile net increase to net cash provided by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>2,846,255</td>
<td>2,887,546</td>
</tr>
<tr>
<td>Net realized and change in unrealized loss (gain) on investments</td>
<td>480,040</td>
<td>(4,747,266)</td>
</tr>
<tr>
<td>(Increase) decrease in assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>82</td>
<td>(28,482)</td>
</tr>
<tr>
<td>Due from test vendor</td>
<td>98,423</td>
<td>1,662,283</td>
</tr>
<tr>
<td>Accrued investment income</td>
<td>25,486</td>
<td>211,751</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(189,554)</td>
<td>(238,699)</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities</td>
<td></td>
<td></td>
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<tr>
<td>Accounts payable</td>
<td>(421,645)</td>
<td>166,343</td>
</tr>
<tr>
<td>Accrued payroll, payroll taxes and compensated absences</td>
<td>(63,769)</td>
<td>78,718</td>
</tr>
<tr>
<td>Due to test vendor</td>
<td>(660,161)</td>
<td>212,135</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(37,500)</td>
<td>(124,052)</td>
</tr>
<tr>
<td>Grants payable</td>
<td>569,951</td>
<td>74,147</td>
</tr>
<tr>
<td>Deferred rent credits</td>
<td>(74,699)</td>
<td>(74,698)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>6,042,791</td>
<td>11,461,882</td>
</tr>
</tbody>
</table>

| **CASH FLOWS FROM INVESTING ACTIVITIES** |              |              |
| Purchases of property and equipment | (1,595,216)  | (2,758,140)  |
| Purchases of investments           | (16,158,172) | (17,962,958) |
| Proceeds on sale of investments   | 13,082,595   | 35,795,996   |
| Proceeds on sale of property and equipment | 3,669       | -            |
| **Net cash (used in) provided by investing activities** | (4,667,124)  | 15,074,898   |
| **Net increase**                  | 1,375,667    | 26,536,780   |

| **CASH** |              |              |
| Beginning of year | $55,782,985 | $29,246,205 |
| End of year       | $57,158,652 | $55,782,985 |
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2011 AND 2010

NOTE 1. DESCRIPTION OF THE ORGANIZATION

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of NCSBN is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern to promote safe and effective nursing practice in the interest of protecting public health and welfare including the development of licensing examinations in nursing.

The program services of NCSBN are defined as follows:

Nurse Competence - Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Nurse Practice and Regulatory Outcome - Assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information - Develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAPUSA).

Basis of Presentation - NCSBN is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset. NCSBN does not have any temporarily or permanently restricted net assets.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition – Revenue from NCLEX fees is recognized when an exam registration is complete, rather than when the registrant either takes the examination or is no longer eligible to do so. NCSBN does not believe its policy regarding this revenue and the corresponding test vendor costs to be a significant departure from GAAP USA.

Revenue from member dues is recorded in the applicable membership period.

Revenue from member service conference fees is recognized when access is granted to the course.

Revenue for licensure verification fees is recognized when a verification request is submitted.

Revenue from publication sales is recognized when customers complete the subscription process.

Accounts Receivable - Represents amounts owed to NCSBN for services dealing with board membership fees, meeting fees and online course revenue. Accounts receivable at September 30, 2011 and 2010 were $137,018 and $137,100, respectively. An allowance for doubtful accounts was not considered necessary.

Investments - NCSBN assets are invested in various securities, including United States government securities, corporate debt instruments and unit investment trust securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. NCSBN invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in the financial statements.

Investments of NCSBN are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Money market funds are valued at fair value.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

**Fair Value Measurements** – Effective October 1, 2010, NCSBN adopted new guidance that requires entities to report significant transfers between Level 1 and Level 2 of the fair value hierarchy and the reasons for those transfers, as well as disclosing the reasons for the transfers in or out of Level 3. Additionally, the guidance requires NCSBN to clarify existing disclosure requirements about the level of disaggregation of inputs and valuation techniques. The adoption of this guidance did not have an impact on NCSBN’s financial statements, other than expanded disclosure.

The new guidance also requires the reconciliation of changes in Level 3 fair value measurements to present purchases, sales and settlements separately on a gross basis rather than as a net amount, effective for fiscal years beginning after December 15, 2010. Management does not expect the adoption of the guidance for Level 3 activity to have a significant impact on its financial statements.

**Due from Test Vendor** – NCSBN has contracted with Pearson VUE to administer and deliver nurse licensure examinations. Pearson VUE uses a tier-based volume pricing schedule to determine its fee price to provide the examination. Base price fees before calculating discounts are paid to Pearson VUE for administered exams during the year. Volume discounts are accrued during the year. Due from test vendor represents amounts due from Pearson VUE for accrued volume discounts. The amounts owed by Pearson VUE at September 30, 2011 and 2010 were $7,375,456 and $7,473,879, respectively.

**Property and Equipment** - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the following estimated useful lives:

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>5 - 7 years</td>
</tr>
<tr>
<td>Course development costs</td>
<td>2 - 5 years</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>5 - 7 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>useful life or</td>
</tr>
<tr>
<td></td>
<td>life of lease</td>
</tr>
</tbody>
</table>
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Intangible Asset – The Intangible asset represents the purchase of the intellectual property rights for the nurse aid certification examination and the medication aid certification examination for the National Nurse Aide Assessment Program. The investment is carried at cost and amortization is computed using the straight-line method over a ten year period. Amortization expense for the years ended September 30, 2011 and 2010 was $125,000 and $125,000, respectively.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual property</td>
<td>$1,250,000</td>
<td>$1,250,000</td>
</tr>
<tr>
<td>Less accumulated amortization</td>
<td>(343,750)</td>
<td>(218,750)</td>
</tr>
<tr>
<td></td>
<td>$906,250</td>
<td>$1,031,250</td>
</tr>
</tbody>
</table>

Due to Test Vendor – NCSBN accrues a base price fee for each candidate for whom a completed candidate application to take NCLEX is processed by Pearson VUE. At the end of each month, NCSBN pays an amount equal to the base price multiplied by the number of candidates who were administered the examinations during the preceding month.

Due to test vendor includes accrued amounts totaling $6,358,701 at September 30, 2011 and $6,775,400 at September 30, 2010 for registered candidates who as of year end had not taken the exam. Also, included is the amount payable to Pearson VUE for administered exams that had not been paid at the end of the year.

Deferred Revenue - Deferred revenue consists of membership fees of $150,000 for 2011 and $187,500 for 2010.

Grants Payable – Grants payable represents Nurse Practice and Regulatory Outcome research grants that are generally available for periods of one to two years. NCSBN awarded 10 grants ranging in amounts from $23,000 to $300,000 during the current year.

As of September 30, 2011, the amount remaining to be paid on grants awarded was $1,206,668. Of this amount, $1,081,559 was awarded in 2011 and $125,109 was awarded in 2010. As of September 30, 2010, the amount remaining to be paid on grants awarded was $636,717. Of this amount, $561,767 was awarded in 2010 and $74,950 was awarded in 2009.

Deferred Rent Credits - Deferred rent credits were established in conjunction with taking possession of new leased office space in 2003. The landlord abated a portion of the monthly rent and made cash disbursements to NCSBN in connection with the lease. These amounts are amortized to reduce rent expense over the term of the lease.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Statement of Cash Flows - For purposes of the statement of cash flows, NCSBN considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions and petty cash with an initial maturity date of less than three months when purchased. It does not include cash held for others.

Estimates - The preparation of financial statements in conformity with GAAPUSA requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - NCSBN has evaluated subsequent events through December 9, 2011, the date the 2011 financial statements were available to be issued and December 13, 2010 with respect to the comparative 2010 financial statements.

NOTE 3. INCOME TAX

NCSBN is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on income related to its exempt purpose pursuant to Section 501(a) of the Code and has been classified as an organization which is not a private foundation under Section 509(a). Accordingly, the accompanying financial statements do not reflect income taxes.

NCSBN’s application of GAAPUSA regarding uncertain tax positions had no effect on its financial position as management believes NCSBN has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit status. NCSBN would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as interest, which would be included in the statement of activities supporting services management and general expenses. NCSBN is no longer subject to examination by federal, state, or local tax authorities for periods before 2008.
### NOTE 4. CASH CONCENTRATIONS

The cash balance as of September 30, 2011 and 2010 consisted of the following:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>JP Morgan Chase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>$153,200</td>
<td>$7,395</td>
</tr>
<tr>
<td>Money market account</td>
<td>3,025,829</td>
<td>14,043,202</td>
</tr>
<tr>
<td>Savings account</td>
<td>23,986,255</td>
<td>16,403,892</td>
</tr>
<tr>
<td>Wells Fargo Bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>109,841</td>
<td>799,684</td>
</tr>
<tr>
<td>Harris Bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money market account</td>
<td>29,860,255</td>
<td>24,486,471</td>
</tr>
<tr>
<td>Credit card merchant accounts</td>
<td>22,853</td>
<td>42,091</td>
</tr>
<tr>
<td>Petty cash</td>
<td>419</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td>$57,158,652</td>
<td>$55,782,985</td>
</tr>
</tbody>
</table>

NCSBN places its cash with financial institutions deemed to be creditworthy. Effective October 3, 2008, balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 and balances in non-interest bearing transaction accounts are insured without limit. The $250,000 limit will be in effect through December 31, 2013. Balances in non-interest bearing transaction accounts are fully insured through December 31, 2012. The majority of the balances in the accounts above exceed insured limits.
NOTE 5. FAIR VALUE MEASUREMENTS

GAAPUSA defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAPUSA describes three approaches to measuring the fair value of assets and liabilities: the market approach, the income approach and the cost approach. Each approach includes multiple valuation techniques. GAAPUSA does not prescribe which valuation technique should be used when measuring fair value, but does establish a fair value hierarchy that prioritizes the inputs used in applying the various techniques. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk. Level 1 inputs are given the highest priority in the hierarchy while Level 3 inputs are given the lowest priority. Financial assets and liabilities carried at fair value are classified in one of the following three categories based upon the inputs to the valuation technique used:

• Level 1 - Observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets at the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

• Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.

• Level 3 - Unobservable inputs that are not corroborated by market data. These inputs reflect management’s best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

NCSBN currently uses no Level 3 inputs.

The following tables set forth by level within the fair value hierarchy NCSBN’s financial assets and liabilities that were accounted for at fair value on a recurring basis as of September 30, 2011 and 2010. As required by GAAPUSA, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. NCSBN’s assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect their placement within the fair value hierarchy levels.
### NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Recurring Fair Value Measurements as of Reporting Date Using:

<table>
<thead>
<tr>
<th>Description</th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observables Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Government Obligations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury Notes and Bonds</td>
<td>$10,910,006</td>
<td>$10,910,006</td>
<td>$-</td>
</tr>
<tr>
<td>Treasury Inflation-Protected Securities</td>
<td>7,545,304</td>
<td>7,545,304</td>
<td>-</td>
</tr>
<tr>
<td>Government Agency Obligations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zero Coupon Bonds</td>
<td>1,291,623</td>
<td>-</td>
<td>1,291,623</td>
</tr>
<tr>
<td>US Agency Fixed Rate Notes and Bonds</td>
<td>391,079</td>
<td>-</td>
<td>391,079</td>
</tr>
<tr>
<td>Federal Home Loan Mortgage Pool</td>
<td>944,319</td>
<td>-</td>
<td>944,319</td>
</tr>
<tr>
<td>Federal National Mortgage Association Pool</td>
<td>2,793,141</td>
<td>-</td>
<td>2,793,141</td>
</tr>
<tr>
<td>Government National Mortgage Association Pool</td>
<td>513,628</td>
<td>-</td>
<td>513,628</td>
</tr>
<tr>
<td>Other Agency Loan Pool</td>
<td>10,158,287</td>
<td>-</td>
<td>10,158,287</td>
</tr>
<tr>
<td><strong>Corporate Bonds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Bonds - Fixed</td>
<td>9,582,519</td>
<td>-</td>
<td>9,582,519</td>
</tr>
<tr>
<td>Corporate CMO and CMBS</td>
<td>1,525,913</td>
<td>-</td>
<td>1,525,913</td>
</tr>
<tr>
<td>Real Estate Investment Trust Bonds Backed</td>
<td>35,709</td>
<td>-</td>
<td>35,709</td>
</tr>
<tr>
<td><strong>Mutual Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spartan Extended Market Index Fund</td>
<td>8,319,383</td>
<td>8,319,383</td>
<td>-</td>
</tr>
<tr>
<td>Spartan International Index Fund</td>
<td>4,295,757</td>
<td>4,295,757</td>
<td>-</td>
</tr>
<tr>
<td>DWS Equity 500 Index Fund</td>
<td>24,267,605</td>
<td>24,267,605</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>80,142</td>
<td>80,142</td>
<td>-</td>
</tr>
<tr>
<td>International equity fund - limited liability company</td>
<td>3,239,818</td>
<td>-</td>
<td>3,239,818</td>
</tr>
<tr>
<td>Real estate investment trust</td>
<td>4,860,710</td>
<td>-</td>
<td>4,860,710</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$90,754,943</td>
<td>$55,418,197</td>
<td>$35,336,746</td>
</tr>
</tbody>
</table>

**Driving Onward**
### NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

<table>
<thead>
<tr>
<th>Description</th>
<th>Quoted Prices as of September 30, 2010</th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observable Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury Notes and Bonds</td>
<td>$10,523,173</td>
<td>$10,523,173</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Treasury Inflation-Protected Securities</td>
<td>7,032,041</td>
<td>7,032,041</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Zero Coupon Bonds</td>
<td>469,340</td>
<td>-</td>
<td>469,340</td>
<td>-</td>
</tr>
<tr>
<td>US Agency Fixed Rate Notes and Bonds</td>
<td>385,632</td>
<td>-</td>
<td>385,632</td>
<td>-</td>
</tr>
<tr>
<td>Federal Home Loan Mortgage Pool</td>
<td>1,144,005</td>
<td>-</td>
<td>1,144,005</td>
<td>-</td>
</tr>
<tr>
<td>Federal National Mortgage Association Pool</td>
<td>3,000,157</td>
<td>-</td>
<td>3,000,157</td>
<td>-</td>
</tr>
<tr>
<td>Government National Mortgage Association Pool</td>
<td>8,175</td>
<td>-</td>
<td>8,175</td>
<td>-</td>
</tr>
<tr>
<td>Other Agency Loan Pool</td>
<td>8,826,570</td>
<td>-</td>
<td>8,826,570</td>
<td>-</td>
</tr>
<tr>
<td><strong>Corporate Bonds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Bonds - Fixed and Variable</td>
<td>9,778,759</td>
<td>-</td>
<td>9,778,759</td>
<td>-</td>
</tr>
<tr>
<td>Corporate CMO and CMBS</td>
<td>2,579,845</td>
<td>-</td>
<td>2,579,845</td>
<td>-</td>
</tr>
<tr>
<td>Real Estate Investment Trust Bonds Backed</td>
<td>37,072</td>
<td>-</td>
<td>37,072</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mutual Funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spartan Extended Market Index Fund</td>
<td>8,195,830</td>
<td>8,195,830</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Spartan International Index Fund</td>
<td>4,763,500</td>
<td>4,763,500</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DWS Equity 500 Index Fund</td>
<td>24,035,652</td>
<td>24,035,652</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>International equity fund - limited liability company</strong></td>
<td>3,467,847</td>
<td>-</td>
<td>3,467,847</td>
<td>-</td>
</tr>
<tr>
<td><strong>Real estate investment trust</strong></td>
<td>3,987,136</td>
<td>-</td>
<td>3,987,136</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$88,298,304</td>
<td>$54,613,766</td>
<td>$33,684,538</td>
<td>-</td>
</tr>
</tbody>
</table>

Not included in the above table is $421,295 and $282,397 in money market accounts as of September 30, 2011 and 2010, respectively.
NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 1

Fixed Income
The estimated fair values for NCSBN’s U.S. Government obligations were based on quoted market prices in an active market.

Mutual Funds
The estimated fair values for NCSBN’s marketable mutual funds were based on quoted market prices in an active market.

LEVEL 2

Government Agency Obligations and Corporate Bonds
Fixed income securities are valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

International Equity Fund - Limited Liability Company
The estimated fair value of the international equity fund is based on net asset value, which is determined by reference to the fund’s underlying assets and liabilities.

Real Estate Investment Trust
The estimated fair value of the real estate investment trust was based on net asset value, which is determined by reference to the fund’s underlying assets and liabilities.

<table>
<thead>
<tr>
<th></th>
<th>Fair Value</th>
<th>Unfunded Commitments</th>
<th>Redemption Frequency (If Currently Eligible)</th>
<th>Redemption Notice Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>International equity fund - Limited Liability company (a)</td>
<td>$3,239,818</td>
<td>$ -</td>
<td>Monthly</td>
<td>10 days</td>
</tr>
<tr>
<td>Real estate investment (b)</td>
<td>-</td>
<td>-</td>
<td>Quarterly</td>
<td>90 days</td>
</tr>
</tbody>
</table>
NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

(a) The international equity fund invests in equity securities of issuers: which are organized, headquartered, or domiciled in any country included in the Europe Australasia Far East Index (the EAFE Index), or whose principal listing is on a securities exchange in any country included in the EAFE Index. Under normal conditions, the fund will invest in a minimum of 30 issuers, and is restricted from investing more than 10% of its total assets in the equity securities of any single issuer.

(b) The real estate investment trust represents an ownership interest in a private equity fund. The real estate investment trust invests in a diversified portfolio of primarily institutional quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8-10% total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund’s assets for the purpose of establishing the fund’s net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund’s independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at the net asset value at the last day of the calendar quarter immediately preceding the redemption date.
NOTE 6. PROPERTY AND EQUIPMENT

The composition of property and equipment at September 30, 2011 and 2010 is as follows:

<table>
<thead>
<tr>
<th>Property and equipment</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>$1,765,076</td>
<td>$1,437,865</td>
</tr>
<tr>
<td>Course development costs</td>
<td>350,954</td>
<td>271,729</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>19,774,235</td>
<td>18,880,967</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>440,183</td>
<td>440,183</td>
</tr>
<tr>
<td><strong>Total property and equipment</strong></td>
<td><strong>22,330,448</strong></td>
<td><strong>21,030,744</strong></td>
</tr>
<tr>
<td>Less accumulated depreciation and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amortization</td>
<td>(18,793,650)</td>
<td>(16,364,238)</td>
</tr>
<tr>
<td><strong>Net property and equipment</strong></td>
<td><strong>$3,536,798</strong></td>
<td><strong>$4,666,506</strong></td>
</tr>
</tbody>
</table>

Depreciation was $2,721,255 and $2,762,546 for the years ended September 30, 2011 and 2010, respectively. Amortization expense on the intangible asset is not included in the above amount.

NOTE 7. OPERATING LEASE

In 2011 NCSBN amended its current lease agreement for office space. The term of the lease is extended for the period beginning February 1, 2013 and will expire on April 30, 2022. The following is a summary by year of future minimum lease payments required under the office lease as of September 30, 2011:

<table>
<thead>
<tr>
<th>Year ending September 30,</th>
<th>Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$550,086</td>
</tr>
<tr>
<td>2013</td>
<td>588,078</td>
</tr>
<tr>
<td>2014</td>
<td>605,165</td>
</tr>
<tr>
<td>2015</td>
<td>622,252</td>
</tr>
<tr>
<td>2016</td>
<td>639,339</td>
</tr>
<tr>
<td>Thereafter</td>
<td>3,881,597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6,886,517</strong></td>
</tr>
</tbody>
</table>

Rent expense for the years ended September 30, 2011 and 2010 was $549,019 and $533,173 respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2011 and 2010 were $417,376 and $423,351 respectively.
NOTE 8. RETIREMENT PLANS

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8% of participants’ compensation. NCSBN’s policy is to fund accrued pension contributions. Retirement plans expense was $572,305 and $506,591 for the years ended September 30, 2011 and 2010, respectively.

In the year ended September 30, 2007, NCSBN instituted a 457(b) non-qualified deferred compensation plan covering an employee with a contractual arrangement. The benefits under the plan are contingent upon completion of contractual obligations and are valued on an annual basis to reflect the return on NCSBN’s investments.

NOTE 9. COMMITMENTS

NCSBN has entered into contracts for services and accommodations for future meetings. These contracts include penalty clauses which would require NCSBN to pay certain amounts if a meeting was canceled or guarantees for room blocks are not fulfilled. As of September 30, 2011, the requirements to fulfill these commitments approximated $125,848.

NCSBN has also entered into various contracts for future services. As of September 30, 2011, the requirements to fulfill these commitments approximate $1,330,049 and are expected to be completed within two years.
Report of the Institute of Regulatory Excellence (IRE) Committee

Background

Fiscal year 2011–2012 (FY11–12) was the ninth year of the IRE. The IRE Fellowship Program is a four-year professional development program for nurse regulators. Board members and staff, including associate members, may apply for participation in the program. The program requires the application of the research process and evidence-based concepts to decision making and leadership. Participants develop and complete a scholarly project that contributes to the body of knowledge related to nursing regulation. Throughout the program, there are opportunities for networking with others. The participants work with a mentor who has expertise in their area of interest for their project. They also participate in annual IRE Conferences that take place over a four-year period, which focus on four overall themes:

1. Public protection/role development of regulators;
2. Discipline;
3. Competency and evaluation/remediation strategies; and
4. Leadership and management.

Currently, there are 32 participants in various phases of the program:

- Year 4 (2009 cohort): Seven fellows
- Year 3 (2010 cohort): Five fellows
- Year 2 (2011 cohort): Eight fellows
- Year 1 (2012 cohort): 13 fellows

Highlights of FY12 Activities

The following is a report on the committee’s 2011 charges:

Charge #1: Select 2012 IRE fellows and mentors, and approve project proposals and final reports.

- There were 15 applicants to the program for the 2012 cohort. The committee reviewed all applications for admission and determined that they all met the criteria to participate in the IRE Fellowship Program. Due to job changes and a personal reason, two of the applicants chose not to continue in the program. Therefore, there are 13 participants in the 2012 cohort.
- The 2012 fellows are actively engaged in identifying an appropriate mentor as mentors are finalized during the second year of the fellowship program.
- Literature reviews, project proposals and project reports were reviewed, and feedback was provided to the Fellows in each cohort group. Seven fellowship participants are completing their program this year and will be formally recognized as IRE Fellows at the 2012 NCSBN Annual Meeting.

Charge #2: Advise staff on continuous improvement of the IRE Fellowship Program.

- Evaluation of the fellowship program is ongoing with the goal of continuous improvement.
- The committee conducted an in-depth review of, and made changes to, the IRE Fellowship Program syllabus for editorial purposes and for clarification of administrative policies and fellowship requirements. One substantive change eliminated the maximum of 10 participants accepted annually to participate in the program. There has been increased visibility and interest in the IRE Fellowship Program, as evidenced by the number of applicants and inquiries this year. The number of applicants accepted will be based on...
resources available, qualifications of the applicants and strength of their proposed area of interest in nursing regulation.

- The committee collaborated with the NCSBN Marketing & Communications department to create a marketing plan for the program. The marketing plan identifies goals and recommendations for increasing visibility and participation of BON members and staff in the IRE Fellowship Program.

**Charge #3: Approve the content of the annual IRE conference.**

- The theme of the 2012 IRE Conference centered around public policy and the role of the nurse regulator: *Champions for the Cause: How Nurse Regulators Can Impact the Future of Public Policy*. Presentations at the preconference included an overview of the process of writing an integrative literature review, preparing and presenting a project proposal and paper, and preparing a poster presentation. A half-day workshop on writing for publication was presented by Marilyn Oermann, PhD, professor, University of North Carolina. Evaluations of the preconference and conference presentations and speakers were highly positive.

- The 2013 IRE Conference will be held in New Orleans, and will focus on the discipline process.

**Charge #4: Explore strategies to continue engagement of inducted Fellows.**

- The committee discussed and implemented initial strategies to continue engagement of inducted Fellows. Inducted Fellows were invited to the IRE Conference, an IRE table with materials on the IRE Fellowship Program was a part of the 2011 Annual Meeting Exhibitor Hall, and a poster with names of current and inducted IRE Fellows and their projects was also presented. A survey of IRE Fellows, both current and inducted Fellows, was conducted for purposes of continuous quality improvement.

**Future Activities**

FY13 charges:

- Select 2013 IRE Fellows and mentors, and approve project proposals and final reports.

- Advise staff on continuous improvement of the IRE Fellowship Program.

- Explore and develop strategies to continue engagement of inducted IRE Fellows.

**Attachments**

None
Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Background
In August 2008, NCSBN acquired exclusive ownership of the intellectual property for NNAAP® and MACE®. NNAAP is a two-part examination that consists of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or oral examination.

NNAAP has been administered to more than 2.5 million candidates and is the leading nurse aide/nursing assistant (NA) assessment instrument in the U.S. MACE is a new national examination that NCSBN developed for boards of nursing (BONs) and other medication aide/assistant (MA) oversight agencies; it went into effect Jan. 1, 2010. MACE evaluates the competence of unlicensed individuals allowed to administer medications to clients in long-term care settings.

Pearson VUE is the exclusive test administrator for NNAAP and MACE, and continues to be responsible for delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and Registered Nurse Evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet.

NNAAP is consistent with the training requirements for NAs delineated in the Omnibus Budget Reconciliation Acts (OBRA) of 1987 and 1989. This act states that anyone working as an NA must complete a competency evaluation program. The competency evaluation program must be state-approved, consist of a minimum of 75 hours of training and include 16 hours of supervised clinical training.

The Model Nursing Practice Act and Model Nursing Administrative Rules developed by NCSBN and its member boards, along with the Medication Assistant Certified (MAC) Model Curriculum, are two resources used to develop content for MACE. Subject matter experts (SMEs) are selected to participate in item writing and review workshops using criteria delineated in the above stated resources. MACE is designed to assess entry-level competence of unlicensed direct care providers who have been approved by their state/jurisdiction to administer medications in long-term care settings.

NCSBN continues to serve as the premier organization that advances regulatory excellence for public protection. States participating in these examination programs, through NCSBN, will continue to provide support to licensed health care professionals who need more qualified staff at the bedside to assist in the delivery of safe, competent care.

Highlights of FY12 Activities
The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for fiscal year 2012 (FY12).

- In January 2012, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in these test forms. Successful pretest items will be added to the operational item pool.
- In March 2012, the Examinations department hosted the MACE® Standard Setting Meeting, the results of which will be applied to the 2013 MACE exam forms.
- In April 2012, the NNAAP® Item Writing Workshop was held.
- In May 2012, the NNAAP® Item Review Workshop was held.
In June 2012, the MACE® Item Writing Workshop was held.

In July 2012, the MACE® Item Review Workshop was held.

PROGRAM HIGHLIGHTS AND TEST DEVELOPMENT ACTIVITIES

MACE® Standard-Setting Workshop
In March 2012, the Examinations department hosted a standard-setting meeting to determine the passing standard of the MACE examination. A panel of SMEs representing all four NCSBN geographic regions was asked to provide ratings to exam items based on the probability of a minimally qualified candidate answering the item correctly. The ratings informed the recommended cut score for the exam. The method also used in this standard setting was the criterion-referenced modified Angoff method.

NNAAP® Item Writing and Review Workshops
On April 2-4, 2012, and May 2-4, 2012, SMEs engaged in test development activities for the NNAAP written or oral examination. The April meeting began with an introduction to NCSBN and continued with an item writing workshop that included specific guidelines to use when writing new items. The guidelines provided to SMEs included a practice session in writing and reviewing of items; a list of activity statements to write new items based on an analysis of item bank needs; and an explanation of how to use the NNAAP® Written or Oral Examination Content Outline. In preparation for the meeting, the statistician conducted a gap analysis of the item bank to evaluate the content areas in need of items. This evaluation determines the activity statements to which SMEs will write items.

The May meeting began with an introduction to NCSBN and continued with an item review workshop that included specific guidelines to use when reviewing items. SMEs discussed the guidelines necessary for reviewing active and problem items. Active items are items that are scored; problem items are items that were found to perform poorly statistically and are not used on testing forms.

MACE® Item Writing and Review Workshops
This workshop was held June 6-8, 2012, and July 4-6, 2012, and followed the same format as the NNAAP® Item Writing and Review Workshops as stated above.

MACE® Examination Delivered in Wyoming
Wyoming became the first U.S. state to adopt the national MACE examination for certification of entry-level MAs in March 2012.

Future Activities

- Share information with the public about NNAAP and MACE.
- Develop new test items, test forms and maintain item pools for NNAAP and MACE.
- Perform appropriate item response and statistical analyses of items for NNAAP and MACE.
- Build paper-and-pencil test forms and computer-based test forms for written or oral examination of NNAAP.
- Continue to increase the bank of items for MACE and build computer-based forms to meet needs of membership.
- Enhance the quality of NNAAP and MACE.
- Increase the number of states that use NNAAP and MACE.
### SUMMARY OF NNAAP® EXAMINATION RESULTS FOR TESTING YEAR 2011: PASS RATES BY STATE

Across all states, the pass rates for NNAAP were 87 percent for the written or oral examinations and 79 percent for the skills demonstration. The table below provides passing rates by states for the written or oral examination, skills demonstration and overall pass for forms administered in 2011. The number in parentheses represents the number of candidates taking the examination. The overall pass rate provides information on the completion of all requirements for NA certification. A candidate must pass both the written or oral examination and skills demonstration to obtain an overall pass.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Written/Oral (N)</th>
<th>Skills (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Time Takers</td>
<td>Repeaters</td>
</tr>
<tr>
<td>Alabama</td>
<td>85% (1,745)</td>
<td>61% (233)</td>
</tr>
<tr>
<td>Alaska</td>
<td>96% (507)</td>
<td>81% (72)</td>
</tr>
<tr>
<td>California</td>
<td>86% (10,333)</td>
<td>64% (1,802)</td>
</tr>
<tr>
<td>Colorado</td>
<td>93% (6,506)</td>
<td>69% (892)</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>74% (324)</td>
<td>49% (88)</td>
</tr>
<tr>
<td>Georgia</td>
<td>87% (9,733)</td>
<td>59% (1,236)</td>
</tr>
<tr>
<td>Louisiana</td>
<td>91% (213)</td>
<td>81% (31)</td>
</tr>
<tr>
<td>Guam</td>
<td>90% (10)</td>
<td>80% (15)</td>
</tr>
<tr>
<td>Maryland</td>
<td>89% (3,994)</td>
<td>69% (548)</td>
</tr>
<tr>
<td>Minnesota</td>
<td>93% (5,774)</td>
<td>85% (1,466)</td>
</tr>
<tr>
<td>Mississippi</td>
<td>81% (2,640)</td>
<td>66% (738)</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>100% (18)</td>
<td>100% (7)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>93% (21,170)</td>
<td>79% (2,717)</td>
</tr>
<tr>
<td>North Dakota</td>
<td>92% (1,112)</td>
<td>85% (175)</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>91% (9,137)</td>
<td>70% (1,396)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>89% (1,436)</td>
<td>55% (359)</td>
</tr>
<tr>
<td>South Carolina</td>
<td>90% (4,471)</td>
<td>77% (793)</td>
</tr>
</tbody>
</table>

1 The NNAAP testing year coincides with the calendar year. Pass rates from Jan. 1 to Dec. 31, 2011, are presented here. Pass rates for 2012 will be available in the 2013 Business Book.
### Table 1: 2011 Pass Rates by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Written/Oral (N)</th>
<th></th>
<th></th>
<th>Skills (N)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Time Takers</td>
<td>Repeaters</td>
<td>Total</td>
<td>First Time Takers</td>
<td>Repeaters</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>Texas</td>
<td>84% (22,824)</td>
<td>60% (4,514)</td>
<td>80% (27,338)</td>
<td>88% (24,718)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virgin Islands</td>
<td>69% (45)</td>
<td>38% (8)</td>
<td>64% (53)</td>
<td>50% (44)</td>
<td>43% (7)</td>
<td>49% (51)</td>
<td>46% (52)</td>
</tr>
<tr>
<td>Virginia</td>
<td>90% (6,835)</td>
<td>54% (1,203)</td>
<td>84% (8,038)</td>
<td>76% (6,907)</td>
<td>71% (1,831)</td>
<td>75% (8,738)</td>
<td>82% (7,781)</td>
</tr>
<tr>
<td>Washington</td>
<td>92% (8,727)</td>
<td>58% (1,051)</td>
<td>88% (9,778)</td>
<td>82% (8,791)</td>
<td>80% (1,693)</td>
<td>82% (10,484)</td>
<td>86% (9,585)</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>96% (10,726)</td>
<td>79% (932)</td>
<td>95% (11,658)</td>
<td>84% (10,755)</td>
<td>82% (2067)</td>
<td>83% (12,822)</td>
<td>91% (11,565)</td>
</tr>
<tr>
<td>Wyoming</td>
<td>95% (1,025)</td>
<td>91% (135)</td>
<td>95% (1,160)</td>
<td>85% (1,023)</td>
<td>82% (233)</td>
<td>84% (1,256)</td>
<td>91% (1,150)</td>
</tr>
<tr>
<td>Total</td>
<td>90% (12,9364)</td>
<td>68% (20,428)</td>
<td>87% (149,792)</td>
<td>80% (107,606)</td>
<td>75% (24,827)</td>
<td>79% (132,433)</td>
<td>85% (144,443)</td>
</tr>
</tbody>
</table>
Report of the Nurse Licensure Models Committee

Background
During fiscal year 2010 (FY10), the Uniform Licensure Requirements (ULR) Committee was charged with recommending solutions for issues identified regarding the interface between the two licensure models. In its report to the Board of Directors (BOD), the ULR Committee made many recommendations and among them, it proposed that a group, comprised of members representing both licensure models, be convened to further explore and discuss emerging licensure issues that affect all licensure models and influence public safety. In response, the BOD established the Nurse Licensure Models (NLM) Committee. The committee consists of equal representatives from both single and compact states, including a dual appointment of committee chairs, representing both the single state and multistate licensure models. This is the second year of the committee’s appointment. During FY11, the committee had extensive discussions and identified licensure issues, potential solutions and their strategies. The committee requested an additional year to refine the document and make further recommendations.

Highlights of FY12 Activities
Charge #1: Review Issues, Solutions and Strategies document; obtain further input from member boards; and prioritize recommendations to the BOD specific to the current and emerging issues that impact patient safety in all jurisdictions.

The committee members spent extensive time reviewing the Issues, Solutions and Strategies document, making modifications and prioritizing issues to make the document a workable plan that will enhance public protection across all jurisdictions.

The committee disseminated a draft of the Issues, Solutions and Strategies document to the executive officers for their input in spring 2011; 15 executive officers responded. The document was sent a second time during the summer of 2011; however, no further responses were obtained.

One of the main issues identified by the committee was the need for a process by which executive officers could discuss licensure issues that affect all models in an open and safe environment. Opinions regarding this were solicited from executive officers at the 2012 Midyear Meeting and their recommendations were included in the final document (Attachment A).

It is the hope of the committee that this document will serve as a blueprint for the future and be implemented as recommended.

Charge #2: Finalize recommendations for regular sharing of information and dialogue to enhance the interface among all licensure models.

These recommendations have been incorporated into the final Issues, Solutions and Strategies document (Attachment A). In addition, the committee feels it is imperative that there be structured opportunities for a routine dialogue among executive officers to discuss issues related to licensure and discipline that affect all boards of nursing. The recommendation was made at the 2012 NCSBN Midyear Meeting that this be a standing agenda item at all Executive Officer Networking Sessions.

Future Activities
- NCSBN staff to implement recommendations in Issues, Solutions and Strategies document.
- Licensure issues to be placed as a standing agenda item on all Executive Officer Networking Session meetings.

Attachment
A. Issues, Solutions and Strategies
### Issue: Discipline

Significant diversity exists among boards of nursing (BONs) in the methods used to identify/resolve cases. In addition, there is incongruence in the amount of investigative information that is shared among BONs.

#### Specific concerns:

- Timeliness in resolving cases varies widely from jurisdiction to jurisdiction. The public are at risk when a nurse under investigation in one jurisdiction applies for licensure in a different jurisdiction prior to case resolution. Information regarding the complaint/investigation is often not available and the jurisdiction that the applicant has applied to must make a licensure decision without information that may be integral to protecting the citizens of that jurisdiction.

- Use of the Nurse Alert feature in Nursys® is not universally utilized by all BONs to inform other jurisdictions that a nurse may be under investigation.

- Mandatory reporting differs from jurisdiction to jurisdiction, and not all jurisdictions obligate licensees to take steps to protect the public when they identify an unsafe practitioner.

#### Barriers to overcome:

- Laws that prevent the sharing of investigative information.

- Lack of BON processes to assist in the sharing of information.

- State due process requirements, complex investigative processes, lack of investigative staff and other issues that increase the length of time for a BON to settle/resolve a case.

- Need for laws related to mandatory reporting and immunity for whistle blowers.

#### Goals:

- Optimal public protection through collaboration and the harmonization of BON disciplinary procedures and information sharing across all jurisdictions.

- Open dialogue, exchange of information and adoption of standards agreed upon by all jurisdictions.

#### Phase I: Identification of Issues

Goal: BONs agree that mutual sharing of information is integral to public safety across the country, and participate in discussions and problem solving as to how all jurisdictions might enact changes in their systems and laws.

A. Arrange for an open dialogue of issues at the Executive Officer Summit. Actively problem solve as to how jurisdictions can overcome barriers.

B. Place licensure issues that affect the interface between licensure models as a standing item on all Executive Officer Networking Sessions. Items should be as specific as possible so as to facilitate resolution.
Phase II: Development of Resources and Education Programs

NCSBN staff to determine what resources are needed by BONs and provide educational programs as needed. This includes incorporating appropriate sessions related to discipline and licensure into the Attorney/Investigator Conference and other meetings.

A. Develop a toolkit to help jurisdictions address legislative barriers, including talking points.
B. Develop webinar/instruction manual on how to use the Nurse Alert feature in Nursys.
C. Incorporate language related to mandatory reporting and immunity into NCSBN's Model Nurse Practice Act.

Phase III: Movement Toward Uniformity of State/Jurisdiction Laws and Processes that Facilitates the Sharing of Information

A. Active problem solving as to how BONs limited by jurisdiction regulations might enhance policies and procedures to prevent other jurisdictions from licensing a nurse that may be a public safety risk until the jurisdiction's investigation is complete. This includes:
   a. Full participation in Nursys by all jurisdictions;
   b. Final disposition documents loaded onto Nursys and accessible to other BONs;
   c. Use of the Nurse Alert Feature by all BONs; and
   d. Review of discipline reports in Nursys on a daily basis by all BONs.
B. Adoption of model language for sharing investigative information.
C. Enactment of new procedures that support the sharing of investigative information with all jurisdictions.

Issue: Alternative Programs

There is a significant variance in alternative-to-discipline programs from jurisdiction to jurisdiction. Variations include: knowledge by the BON of who is enrolled, varying criteria for participation, whether a nurse is eligible to participate following recidivism, and the BON's response to relapse and management of contract violators.

Specific Concerns:

Competing jurisdiction’s alternative programs may put the public at risk if procedures are not in place that ensure that nurses who are still at risk for substance use are closely monitored. These individuals may move to other jurisdictions and become licensed. There is high reliance on the peer assistance program to report noncompliance. These jurisdictions have no assurance those individuals who repeatedly recidivate are being monitored/reported to the BON.

Goals:

- All BONs have knowledge as to who is participating in the alternative-to-discipline program in their jurisdiction.
- Consistency in the methods in which alternative programs are executed.

Plan:

A. Agreement by BONs that consistency in the implementation of alternative programs across jurisdictions is necessary.
B. Adoption (by all jurisdictions) of NCSBN’s Model Guidelines for Substance Use published in Substance Use Disorder in Nursing.
C. All BONs assess and review alternative programs and utilize resources, such as those offered by the Citizen's Advocacy Center.
D. All BONs have procedures in place that require the BON to have knowledge of everyone enrolled in the alternative program. All BONs have an agreement between the program and BON that the BON will be notified when a nurse is noncompliant.
### Issue: Licensure

Lack of uniformity and variances in jurisdiction laws related to licensure.

**Specific Concerns:**
- Criminal background checks (CBCs) are not consistently performed in all jurisdictions.
- Inconsistency across jurisdictions related to licensure decisions.
- Variations in education program standards.

**Goal:**
Adoption of uniform licensure requirements (ULRs) across all jurisdictions.

**Plan:**
A. NCSBN staff to assist BONs in the adoption of ULRs by providing toolkits, talking points, state/jurisdiction law comparisons with ULRs, jurisdiction maps and other resources. (NCSBN staff has developed a three-year implementation plan for ULRs.)
B. NCSBN staff to collect anecdotal stories that illustrate the need for CBCs.
C. NCSBN staff to arrange legislative breakfasts at National Council of State Governments regional meetings to inform legislators of necessity for CBCs.
D. Executive officers to discuss licensure issues at Executive Officer Networking Sessions.

### Issue: BON Decisions/Communication Between all BONs and Licensure Models

Decisions made in one jurisdiction or by the Nurse Licensure Compact (NLC) can impact other jurisdictions in or out of the NLC.

**Goal:**
Open communication between all BONs and understanding of how licensure decisions impact all jurisdictions.

**Plan:**
A. Structure a presentation for the Executive Officer Summit to focus on regulatory issues among jurisdictions, such as the presentation “The Chain Reaction of Board Decisions.”
B. Keep this issue at the forefront. Structure opportunities for open dialogue on this subject for attendees at various meetings.
C. Executive officers should identify newly emerging issues related to licensure on an ongoing basis.
D. Continue to collect data regarding the value of nursing regulation on public protection.

### Issue: Employer Verification of Licenses

There are inconsistencies in verifying authority to work by employers.

**Goal:**
Employers in every jurisdiction check Nursys® for up-to-date information on nurses they are hiring.

**Plan:**
A. All BONs become licensure participating in Nursys.
B. All BONs provide link to Nursys on BON website.
C. All BONs work at disseminating information to employers about Nursys licensure verification and educate employers about using the system.
D. Develop a video to educate employers. Encourage BONs to link/post the video on their website.
E. All BONs convert to issuing paperless licenses.
Report of the Nursing Education Committee

Background

Recently the nursing education approval process has presented some challenges to boards of nursing (BONs). New programs are burgeoning, taking much BON staff time, and yet state resources are shrinking. According to two surveys sent to the BONs in 2011 and 2012, they estimate it costs, on average, $2,000 for each initial approval of a program and $1,800 for continued approval. The question was asked: Why are BONs involved in the approval process?

Based on these concerns, in September 2010, the NCSBN Board of Directors (BOD) convened the Nursing Education Committee. In 2010 and 2011, the committee comprehensively studied the problem. Based on the evidence, they recommended that BONs continue to have statutory authority over programs and should continue to conduct initial approval of programs. The committee also recommended that BONs and the national nursing accrediting agencies work together for continued approval of programs. It further recommended, based on the evidence, that all nursing programs be accredited by a national nursing accrediting agency by 2020. Since only 52 percent of associate degree programs and 10 percent of practical nurse programs are currently accredited, however, BONs will need support to carry out this recommendation. Therefore the BOD charged the Nursing Education Committee with developing strategies to assist BONs in carrying out this recommendation.

Highlights of FY12 Activities

Charge 1: Facilitate a conversation with the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC) about a shared understanding of nursing program approval processes and accreditation.

- The committee met with national nursing accreditors by phone and face-to-face to listen to their perspectives and to share the regulatory perspective to develop a collaborative working relationship. This was a very positive exchange and from the discussions some collaborative materials were developed for BONs as they work toward requiring national nursing accreditation (see Attachment A for a description of the meetings and the resources that were developed). Activities for this charge included:
  - Held one face-to-face meeting and three conference calls with representatives from CCNE and NLNAC.
  - Developed resources collaboratively with accreditors for moving forward with requiring national nursing accreditation, including:
    - Overview of CCNE and NLNAC processes;
    - CCNE and NLNAC compliance with U.S. Department of Education Standards; and
    - Guidelines for Joint Preliminary Nursing Program visits.

Charge #2: Hold a collaborative nursing education program accreditation and approval summit by February 2012.

- The 2011 World Café™ Education Meeting, which was held Dec. 8-9, 2012 in Chicago, was an excellent venue for BONs, national nursing accreditors and nurse educators to have an open and honest dialogue. The objectives of this meeting were intentionally broad to stimulate conversation. They included:
  - To learn from national thought leaders, both on the stage and among us;
  - To engage in meaningful conversations about important issues; and
  - To help shape the future of nursing education.
During the World Café meeting, people rotated to tables of four, three different times. The participants were encouraged to listen to each other and to create a story on butcher paper with markers, pens and crayons. These stories were cross-pollinated by each group, thus connecting diverse perspectives. At each table a host stayed behind to greet the three new discussants and to review what the last table had discussed. The goal was to co-create a collective knowledge.

Approximately 46 butcher paper stories were created during these discussions, and qualitative researchers from the University of Nevada, Las Vegas have analyzed the illustrative themes from this World Café discussion about what nursing could be if education, approval and accreditation were aligned. There six themes developed from this analysis:

- Mutual goals for nursing education, practice and regulation;
- Power and influence for the profession;
- Unity and collaboration;
- Economy of time and money;
- Transparent communication; and
- Safety and protection of patients and students.

These themes clearly support the work of the Nursing Education Committee over the past two years and the requirement for national nursing accreditation.

**Charge #3: Make recommendations to the Model Act & Rules Committee.**

Activities to accomplish this charge include:

- Held two conference calls with BONs to learn their thoughts on and/or issues with a national nursing accreditation requirement.
- Reviewed and revised the entire education section of the Model Rules and presented them to the Model Act & Rules Committee for incorporation.
- Sent Nursing Education Approval Processes Survey to executive officers. The same survey had been sent to education consultants at BONs last year.
- Sent a survey to the education consultants about how they use the accreditor reports.
- Developed resources for BONs to move forward with requiring national nursing accreditation, including:
  - Differences Between Board of Nursing Approval and Accreditation; and
  - Requiring National Nursing Accreditation: Strategies for Boards of Nursing.
- Distributed to all member boards the committee’s recommendations for changes to the Model Education Rule, solicited suggestions and responded to each comment. The Model Rules was revised accordingly.
- Presented the committee’s work, including the Model Rules, at the NCSBN Midyear Meeting in March 2012.

**Future Activities**

Strategies for moving forward with requiring national nursing accreditation will necessitate support for BONs. The committee recommends establishing an ad hoc committee/task force of three to four people who will work with NCSBN staff periodically by conference call, webinar or occasionally in person to keep communication open with national nursing accreditors and BONs. Particularly, practical nursing programs will have challenges in becoming accredited. The committee recommends that this ad hoc committee/task force work with NCSBN and NLNAC to host regional meetings for practical nurse programs and BONs to educate programs on achieving
national nursing accreditation. The committee further recommends that NCSBN communicate with the Robert Wood Johnson Foundation about the Nursing Education Committee’s efforts to implement the recommendations of the Future of Nursing report. NCSBN staff should create an online, easy-to-use, engaging toolkit for BONs to access the resources that the Nursing Education Committee developed (see Attachment A).

The committee also recommends to the BOD to convene a committee to explore the regulatory challenges that distance learning programs report they are facing and recommend solutions. With the IOM Future of Nursing goal of increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020, distance learning programs will be one way to meet this goal. Many programs, however, are reporting difficulties with BONs and some are even pulling their programs out of states. Distance learning programs have also been a problem for BONs, as communicated in the education consultant conference calls. It is time to explore this important issue.

The BOD was in agreement with the Nursing Education Committee’s recommendations. The BOD agrees that strategies for moving forward with requiring national nursing accreditation will necessitate support for BONs; therefore, NCSBN will continue to work closely with BONs and national nursing accreditors to promote a mutual understanding of the approval and accreditation processes. Further, NCSBN will provide resources, as needed, to BONs that decide to require national nursing accreditation.

**Attachment**

A. A Preferred Future for Prelicensure Program Approval: Part II. Strategies for Moving Forward

B. Recommendations for Nursing Education Model Rules
Attachment A

A Preferred Future for Preclicksure Program Approval: Part II. Strategies for Moving Forward

NURSING EDUCATION COMMITTEE MEMBERS (2011-2012)

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INTRODUCTION

With the complexity of today’s health care environment, the increasing acuity of patient care needs and a growing body of literature that links higher educated nurses with better patient outcomes, there has been a national call for increasing the education of the nursing workforce (Benner, Sutphen, Leonard, & Day, 2010; Committee, 2011; NCSBN, 2010). Concomitantly, there is a need to meet future workforce needs to prepare nurses for new practice models and to address the critical faculty shortage (NCSBN, 2010).

Yet, many nursing programs are not accredited by a national nursing accreditation agency; therefore, graduates have a very difficult time advancing their education. Accreditation, however, ensures that national standards are achieved at each level of education, thus promoting articulation to the next level. As of February 2012, 96 percent of all baccalaureate or master's entry programs and 80 percent of diploma programs were accredited by national nursing accrediting agencies.
Only 52 percent of associate degree programs, however, were nationally nursing accredited. This percentage is particularly concerning because 57 percent of all first-time NCLEX-RN® test takers in 2011 graduated from associate degree programs (NCSBN, 2011b). Even more striking, only 10 percent of practical nursing programs were accredited by a national nursing accreditation agency during that time period. Without graduating from a program that has national nursing accreditation, it is very difficult for the nurses to further their education (see Appendices I, II and III for the numbers and percentages of approved and accredited programs).

Further, the approval process has presented some challenges to boards of nursing (BONs) (NCSBN, 2011a; Smyer & Colosimo, 2011). Part I of this report describes how new programs are increasing in many jurisdictions while resources are shrinking. Working more collaboratively with national nursing accreditors would be a win-win situation by fostering the advancement of education of the nursing workforce and decreasing the strain on the BONs.

In 2011 NCSBN's Nursing Education Committee made a bold recommendation to member boards. It recommended that BONs work toward requiring national nursing accreditation of all prelicensure programs (practical nursing, associate degree nursing, diploma, baccalaureate and master's entry programs) by the year 2020. This recommendation was based on evidence the committee reviewed (NCSBN, 2011a), specifically the Institute of Medicine's Future of Nursing report (Committee, 2011), the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010), and NCSBN's policy position statement on the advancement of nursing education (NCSBN, 2010).

BACKGROUND

Because most BONs do not require national nursing accreditation, BONs will need support to implement this recommendation. The Minnesota Board of Nursing (Jones, Foote, & Ridgeway, 2012) moved toward requiring national nursing accreditation, and they report the following top barriers for programs not seeking or not maintaining accreditation status:

- Lack of master’s prepared faculty;
- Cost of site visit;
- Cost of National League for Nursing Accreditation (NLNAC) annual membership fees;
- Cost of staff time to complete self study; and
- Limited experience with the accreditation process.

By working collaboratively with stakeholders in Minnesota, the BON was able to seamlessly implement the requirement, thus being a source of advice for other BONs who are beginning this process. Other BONs have been willing to share their expertise as well. The Texas Board of Nursing developed an excellent crosswalk, comparing its rules/regulations to the NLNAC and the Commission on Collegiate Nursing Education (CCNE) standards, and has generously been willing to share these comparisons with BONs.

BONs have also reported that they would like more information about, and collaboration with, national nursing accreditors. In a survey sent to the education consultants at BONs about their use of reports from national nursing accreditors, 14 of the 46 respondents said they did not know that BONs could receive the reports. BONs indicated they would like more information on national nursing accreditation. The following comment from the survey show how requiring national nursing accreditation not only would assist the BONs with reducing their workload, but it also would decrease the burden on programs: “I think that if we received the annual reports that are sent to CCNE or NLNAC, we would not need to have annual reports sent in specifically for the BON. This might be a good rule change.”

To assist BONs with the recommendation to require national nursing accreditation, NCSBN’s Board of Directors (BOD) charged the Nursing Education Committee with the following charges:

1. Facilitate a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation;
2. Hold a collaborative nursing education program accreditation and approval summit by February 2012; and


To accomplish these charges, the committee members held the following meetings and conference calls (other conference calls related to the 2011 World Café™ Education Meeting are not included):

- June 23, 2011 – Conference call
- July 6, 2011 – Conference call
- Sept. 27-28, 2011 – Meeting in Chicago
- Nov. 10-11, 2011 – Meeting in Chicago
- Dec. 8-9, 2011 – Hosted World Café meeting in Chicago
- Dec. 13, 2011 – Conference call
- Feb. 8-9, 2012 – Meeting in Chicago
- Feb. 15, 2012 – Conference call
- March 22-23, 2012 – Meeting in Chicago
- April 27, 2012 (Conference Call)
- May 4, 2012 (Conference Call)

The highlights of this year’s work include:

- Reviewed relevant literature since last year’s work.
- Held one face-to-face meeting and three conference calls with representatives from CCNE and NLNAC.
- Held two conference calls with BONs to learn about their thoughts on and/or issues with a national nursing accreditation requirement.
- Held conference call with educators to learn about issues with distance learning programs in order to make future recommendations.
- Hosted the 2011 World Café™ Education Meeting, Dec. 8-9, 2011, in Chicago, to begin a dialogue with nurse educators and regulators about aligning program approval and national nursing accreditation.
- Reviewed and revised the education section of the model rules and presented them to the Model Act & Rules Committee for incorporation.
- Continue to work with qualitative researchers, Joanne Disch, PhD, RN, FAAN, clinical professor & director, Densford International Center for Nursing Leadership, University of Minnesota School of Nursing, and committee members to publish a monograph of the World Café meeting.
- Sent out three surveys:
  - The Nursing Education Approval Processes Survey was sent to executive officers of BONs. The same survey was sent to education consultants at BONs last year.
  - A survey was sent to education consultants about how they use accreditor reports.
  - A survey was sent to all participants of the World Café meeting to learn of any action plans that have been taken based on discussions from that meeting.
- Developed resources for BONs to move forward with requiring national nursing accreditation, including:
  - Differences Between Board of Nursing Approval and Accreditation;
  - Requiring National Nursing Accreditation: Strategies for Boards of Nursing;
  - Overview of CCNE and NLNAC processes;
  - CCNE and NLNAC compliance with U.S. Department of Education Standards; and
  - Guidelines for Joint Prelicensure Nursing Program visits.
- Distributed to all member boards the committee’s recommendations for model rule changes, solicited suggestions and responded to each comment. The model rules document was revised accordingly.
- Presented the committee’s work, including the revisions to the model rules, at the NCSBN Midyear Meeting in March 2012.

**CONTEXT OF THE BON PRELICENSURE PROGRAM APPROVAL PROCESS**

In 2011, the Nursing Education Committee conducted an in-depth analysis of the context of the BON approval process (NCSBN, 2011a). Not a lot has changed since last year related to which process BONs are using to approve programs. This year the committee conducted two surveys to gain a more comprehensive understanding of the topic. It also had conversations with BONs and national nursing accreditors to understand their processes and concerns. Lastly, the committee began a collaborative dialogue with accreditors, nurse educators and regulators at the World Café meeting. It is anticipated that these meaningful conversations will continue.

**2012 Surveys**

The first survey conducted this year was sent to executive officers and was a repeat of last year’s survey sent to education consultants. One BON requested this update since the executive officer sets policy at BONs and, therefore, the responses to the survey could be different from those who work directly with education programs. This survey, titled “Nursing Education Approval Survey,” asked about current processes in BONs. There were 36 responses to the survey; 51 education consultants responded to the 2011 survey. Since there were fewer respondents for the executive officer survey, direct comparisons were difficult. Generally, the surveys were quite similar and the responses did not indicate that executive officers hold different views on national nursing accreditation than do the specialists at BONs who are responsible for program approval and other education issues. Many of the same comments arose about unintended consequences of requiring national nursing accreditation, including worries about how programs (particularly practical nursing programs) will be able to fund this and meet the faculty qualifications requirements of NLNAC. The executive officers particularly pointed out the political environment that they are struggling with, where it is difficult to implement their requirements. Other references were made to the burgeoning numbers of programs in their jurisdictions. One executive officer said, “We need a better way to manage the growth of nursing programs.”

A second survey was sent to education consultants at BONs who approve nursing programs; 46 individuals responded to this survey. Of those who responded, 65 percent indicated that they receive accreditation reports, while 35 percent said they do not. As noted above, 14 of the 16 who do not receive reports did not know that they could. Further, of the 65 percent who do receive reports, many did not realize the extent of the reports they could require or what they entailed. Of those who did receive accreditation reports, the majority used them for ensuring compliance with BON rules/regulations or enhancing their site visits. One BON said that it requires nursing programs to send them their accreditation reports, but the programs do not remember to send them. This omission was also brought up on the conference calls with BONs. While the BONs would prefer receiving the reports from the accreditors, according to the accreditors, the programs own their reports. One comment on this survey that supported the work of the Nursing Education Committee was, “I think collaboration between regulatory and accreditation agencies is very good for nursing.”
Meetings with Accreditors and BONs

During meetings with representatives from CCNE and NLNAC, the Nursing Education Committee developed a collaborative relationship with them; the accreditors and the committee learned a lot from each other. It was clear that accreditors and regulators have the same goal: to graduate competent and safe nurses who are prepared to enter practice. Two issues arose that the committee has begun to address, though more work needs to be done. One is that BONs would like to receive accreditation reports from the accreditors if they are going to use national accreditation for their continued approval process. Representatives from NLNAC and CCNE described their reports, pointing out which would be most beneficial, have not been verified and may not be of as much value to BONs. This information was excellent and has been incorporated into a report for the BONs (see Appendices VII and VIII). Both NLNAC and CCNE representatives noted that while all BONs receive accreditation decisions about programs and communication on adverse actions taken, the other reports are owned by the nursing programs. The Nursing Education Committee has written into the Model Rules that BONs will require nursing programs to send them accreditation reports, as identified by the BON. This requirement may be an issue that we could revisit in the future.

Secondly, faculty qualifications came up, particularly with NLNAC requirements. Many practical nurse programs do not have faculty who meet NLNAC qualifications. It was recommended that NCSBN host (along with NLNAC), some regional meetings to discuss the accreditation process with practical nursing programs and how to meet the requirements. This collaboration will be a step forward for meeting this challenge.

Both NLNAC and CCNE representatives support BONs making joint visits on continued approval (if necessary) with them. The committee developed guidelines for BONs, accreditors and educators to use when joint visits are made (Appendix VI) based on input from the accreditors and BONs.

Other concerns expressed by accreditors were that sometimes, BONs do not share their adverse actions with accreditors. Working collaboratively in the future will benefit BONs, national nursing accreditors and the nursing programs.

Conference calls with BONs were also very informative to the committee. BONs expressed concerns with programs meeting faculty qualifications of NLNAC. Other BONs that do require national nursing accreditation were on the call, and they spoke of their positive experiences with it and made suggestions that BONs should meet with the programs to be sure they understand the requirements and the accreditation process. A few BONs expressed challenges with holding joint visits with national nursing accreditors, though most BONs on the calls said these were very positive. One BON discussed how joint visits “expand the expertise” during a site visit. Many BONs talked about the influx of new programs being a challenge for them now. Another concern BONs had is that sometimes the accreditors have lower standards than BONs do with NCLEX® pass rates. This issue was considered when developing the model rule language for BONs.

World Café™ Meeting Discussions

The 2011 World Café™ Education Meeting was held Dec. 8-9, 2012, in Chicago. It was an excellent venue for BONs, national nursing accreditors and nurse educators to have an open and honest dialogue. The objectives of this meeting were intentionally broad to stimulate conversation. They included:

1. To learn from national thought leaders, both on the stage and among us;
2. To engage in meaningful conversations about the important issues; and
3. To help shape the future of nursing education.

During the World Café meeting, people rotated to tables of four, three different times. The participants were encouraged to listen to each other and to create a story on butcher paper with markers, pens and crayons. These stories were cross-pollinated by each group, thus connecting
diverse perspectives. At each table a host stayed behind to greet the three new discussants and to review what the last table had discussed. The goal was to co-create a collective knowledge. Approximately 46 butcher paper stories were created during these discussions, and qualitative researchers from the University of Nevada, Las Vegas analyzed the illustrative themes from the discussions about what nursing could be if education, approval and accreditation were aligned. The six themes developed from this analysis are:

- Mutual goals for nursing education, practice and regulation;
- Power and influence for the profession;
- Unity and collaboration;
- Economy of time and money;
- Transparent communication; and
- Safety and protection of patients and students.

Attendees also discussed indicators of successful prelicensure nursing education programs, which included the following questions:

- What would be desirable student outcomes?
- How would the faculty role be different?
- Who would be the faculty?
- What implications are there for how nursing programs are structured?
- What constitutes clinical experiences?
- Who would be the new partners?

Currently qualitative researchers are analyzing the themes from this discussion. These themes will be an excellent starting point for future discussions of quality prelicensure nursing program indicators for BONs to consider as they make approval decisions.

NCSBN sent a survey to learn whether there have been any action plans developed after participants attended the World Café meeting. These themes clearly support the work of the Nursing Education Committee over the past two years and the requirement for national nursing accreditation.

THE FUTURE OF APPROVAL

In 2011, the Nursing Education Committee developed a diagrammatic model to represent its recommendations for moving forward with requiring accreditation. This year the committee slightly revised the model based on feedback from accreditors and member boards. On the right and left sides are the uniqueness of BONs and national nursing accreditors, each with its own perspectives. The center, or the overlap of the two outside ovals, represents the shared responsibilities and accountabilities of BONs and accreditors. By working collaboratively and developing shared goals, educators, national nursing accreditors and BONs will be able to move to the preferred future.
NEXT STEPS

Based on conference calls with BONs and their responses to the surveys conducted, it was decided that BONs would benefit from some written resources as they move forward with requiring national nursing accreditation. The committee recommended that NCSBN develop an online, easy-to-use, engaging toolkit for BONs. The first group of resources will provide BONs with a description of strategies for moving ahead:

- Appendix IV describes the differences between approval and accreditation. This comparison can be used for legislators, policymakers, educators or other stakeholders who want to know the difference between approval and accreditation, and why BONs should be approving programs.

- Appendix V describes some strategies for BONs as they move ahead with requiring national nursing accreditation.

- Appendix VI describes guidelines for BONs, educators and national nursing accreditors when making joint site visits of nursing programs.

The second group of resources will provide BONs with information about national nursing accreditation.

- Appendices VII and VIII present an overview of the CCNE and NLNAC processes for accreditation. Included in these two documents is a summary of the CCNE and NLNAC accreditation reports.

- Appendices IX and X provide BONs with a brief summary of the elements of the nursing programs that accreditors evaluate, along with the accreditors’ websites for further information.

REFERENCES


APPENDIX I: 2011 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS

<table>
<thead>
<tr>
<th>NCSBN NCLEX® Code Approved Programs</th>
<th>CCNE Website (2/2012)</th>
<th>NLNAC Website (2/2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN: 1722</td>
<td>PN: 0</td>
<td>PN: 163</td>
</tr>
<tr>
<td>Associate: 1246</td>
<td>Associate: 0</td>
<td>Associate: 671</td>
</tr>
<tr>
<td>Diploma: 68</td>
<td>Diploma: 0</td>
<td>Diploma: 53</td>
</tr>
<tr>
<td>Baccalaureate: 740</td>
<td>Baccalaureate: 540</td>
<td>Baccalaureate: 230</td>
</tr>
</tbody>
</table>

Total Programs:
- NCSBN: 3,776
- CCNE: 540
- NLNAC: 1,117
APPENDIX II: 2012 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS

NCSBN NCLEX® Code Approved Programs
PN: 1665
Associate: 1285
Diploma: 63
Baccalaureate: 811

CCNE Website (2/2012)
PN: 0
Associate: 0
Diploma: 0
Baccalaureate: 574

NLNAC Website (2/2012)
PN: 166
Associate: 673
Diploma: 51
Baccalaureate: 224

Total Programs:
NCSBN: 3,824
CCNE: 574
NLNAC: 1,114
APPENDIX III: 2011-2012 PERCENTAGE OF ACCREDITED PROGRAMS

<table>
<thead>
<tr>
<th>Education Level</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Associate</td>
<td>54%</td>
<td>52%</td>
</tr>
<tr>
<td>Diploma</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>N/A</td>
<td>96%</td>
</tr>
</tbody>
</table>

*There are 16 programs that are accredited by both accrediting bodies.
APPENDIX IV: DIFFERENCES BETWEEN BON APPROVAL AND ACCREDITATION

As background, licensure in nursing is a two-pronged system. In order for nursing graduates to be eligible to take the NCLEX, the U.S. nursing regulatory model dictates that the new nurse must show evidence of graduating from a BON-approved nursing program. By making students eligible to take the NCLEX, nursing faculty verify that nursing students are competent to practice. Therefore, nurse educators have enormous power in the licensure model in the U.S. BONs rely on each other to make sound program approval decisions so that mobility across jurisdictions can be as seamless as possible. There is no doubt that redundancy currently exists between program approval by BONs and national nursing accreditation. However, there are some important differences in BON approval and national nursing accreditation:

1. The missions of national nursing accreditations and BONs approval differ. Accreditors assess quality and continuous quality improvement and program effectiveness while BONs, with their mission of public protection, evaluate and enforce standards.
2. BONs are strategically positioned to assure that all of these programs meet standards. BONs are particularly in close touch with developing programs.
3. BONs, by virtue of being state/jurisdiction-based, have the unique opportunity of being able to understand the nursing education issues in that specific jurisdiction, as compared to national accreditors.
4. National nursing accreditors do not have statutory authority to close nursing programs that don’t meet standards, while BONs have this legal authority over nursing programs.
5. BONs are seeing increased numbers of new programs and routinely investigate fraudulent nursing programs, working closely with state agencies to issue cease and desist orders.
6. A BON’s oversight of nursing education programs serves the public’s best interest by curtailing programs that are shown to have high attrition and/or licensure exam failure rates.
7. BONs may share information about fraudulent programs through conference calls and webinars, and are able to communicate with each other about questionable programs through NCSBN's members-only, Web-based program, the Falsified Identity Tracking System (FITS).
8. If there are sufficient grounds, BONs can act right away when there are problems with nursing programs. The national nursing accrediting agencies are reliant on their boards’ of directors meeting twice a year to take action and therefore cannot act as quickly.
APPENDIX V: REQUIRING NATIONAL NURSING ACCREDITATION: STRATEGIES FOR BONS

Given recent calls for innovations in nursing education and for nurses to advance their level of education (Benner et al., 2010, Committee, 2011, NCSBN, 2009, NCSBN, 2010), the BONS’ desires to consider a new model for the future (NCSBN, 2011), and the dialogue that took place at NCSBN’s 2011 World Café meeting (NCSBN, 2012b), the time is ripe for BONS to work toward harmonizing their approval processes with national nursing accreditors.

Based on the evidence reviewed, NCSBN has recommended requiring national accreditation by 2020 (NCSBN, 2012a). This date is in line with the Institute of Medicine’s Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (Committee, 2011). If nurses from practical, associate degree or diploma programs graduate from nonaccredited programs, it will be more difficult, and sometimes impossible, for them to further their education.

In order for BONS to begin the process of requiring accreditation, below are the recommendations from NCSBN’s Nursing Education Committee and suggestions for moving forward:

1. All BONS will have statutory authority over nursing programs.
2. All prelicensure nursing programs will be accredited by a national nursing accreditation agency recognized by the U.S. Department of Education by 2020.
3. It is helpful for each BON to crosswalk their rules/regulations with NLNAC’s and CCNE’s standards. NCSBN has some example crosswalks from other jurisdictions that can be shared.
4. BONS will still conduct initial approval of visits. Initial approval will include a feasibility study. The latter is specified in NCSBN’s Model Education Rules.
5. BONS may accept national nursing accreditation for continued approval and would use accreditation self studies to decrease redundancy, though BONS may require additional data. BONS might make site visits for continued approval, when deemed necessary.
6. For continued approval BONS will require the programs to share specified documents/reports with them. Suggested reports to require include:
   a. From CCNE: Program self studies, program annual reports, continuous improvement progress reports (CIPR), substantive change notification and the action letter. If a BON decides to require team reports, it should also require program responses. See Overview of the CCNE Accreditation Process (Appendix VII) for a description of these reports.
   b. From NLNAC: Program self studies, program annual reports, accreditation team letter, and substantive change reports. See Overview of the NLNAC Accreditation Processes (Appendix VIII) for a description of these reports.
7. If site visits are made for continued approval, it is recommended that they be made jointly with national nursing accreditors. BONS and accreditors making joint visits should refer to the Guidelines for Joint Prelicensure Nursing Program Visits (Appendix VI).
8. To reduce redundancy, it is recommended that BONS use program annual reports, though BONS may require additional data.

References


APPENDIX VI: GUIDELINES FOR JOINT PRELICENSURE NURSING PROGRAM VISITS

Introduction:
In order to provide a seamless prelicensure BON approval and national nursing accreditation process, it is recommended that nursing program site visits be made jointly by the BON and national nursing accreditation agency. The goal of joint visits is to use resources more prudently, decrease duplication of effort and increase the diversity of expertise. Advantages of joint visits include:

- Provides a learning opportunity for both parties as there is quite a variation of nurse practice acts, expands the expertise and allows for input from different perspectives;
- Offers an opportunity for additional input from both parties, which is valuable for clarity and accuracy;
- Addresses overlap of both entities in ensuring quality nursing programs that are preparing nursing graduates for employment;
- Facilitates communication and dialogue among educators, national nursing accreditors, and BONs; and
- Enhances mutual understanding between BONs and national nursing accreditors.

Background
The mission of the BON, a governmental agency, is to protect the public through the regulation of nursing licensees and nursing education programs. Nursing education programs are regulated because nurse licensure is a two-pronged process. First, nursing faculty has the responsibility of ensuring that students graduate from a BON-approved nursing program and are clinically competent to practice entry-level nursing at the level of licensure being sought. Second, the student must pass the NCLEX examination. Program approval is an integral part of the licensure process because it assures that the program is in compliance with the BON's rules/regulations. BONs in most states/jurisdictions have statutory authority and responsibility to set regulatory standards for nursing education.

The mission of national nursing accrediting agencies, which are private, nonprofit organizations, is to promote quality education practices. While BONs evaluate whether the nursing program conforms to regulatory standards, as required in the nurse practice act and the administrative rules in the jurisdiction, national nursing accrediting agencies evaluate the program’s adherence to quality and effectiveness standards set by the nursing profession.

Roles During Joint Site Visits for Approval and Accreditation
The following are recommended roles in this collaborative process:

Role of the program dean/director:
- Initiates the request, and communicates to each for a joint visit between national nursing accreditors and BONs;
- Establishes one agenda, in collaboration with the accreditors and BON;
- Facilitates and promotes a collegial interaction;
- Prepares and distributes to both the BON and the national nursing accrediting agency the self-study report; and
- Coordinate collaborative visits with faculty, students, administration, clinical agencies and the public; observational clinical experiences; curricular activities; classroom activities; and review student records, faculty records, facilities and resources.

Role of the national nursing accreditation agency site visitors:
- Review self-study report before the visit and note areas requiring clarification, amplification, verification and validation;
- Attend meetings set up by the dean/director and collect data/observe;
- Facilitate and promote a collegial interaction;
- Review program for meeting national nursing accreditation standards; and
- Meet with dean/director and BON visitor to provide exit report.

Role of BON site visitors:
- Review self-study report before the visit and note areas requiring clarification, amplification, verification and validation;
- Attend meetings set up by the dean/director;
- Facilitate and promote a collegial interaction;
- Review program for compliance with education administrative rules;
- Meet with dean/director to provide exit report (accreditor site visitors will be included); and
- Identify additional information that is not available in self study, as needed.

It is also recommended that BONs use the same self-study provided to the accrediting agency as the basis for the visit.

Joint site visits can be valuable experiences for the national nursing accrediting agencies, BONs and nursing programs when they are collaboratively planned and executed.
APPENDIX VII: OVERVIEW OF THE CCNE ACCREDITATION PROCESS

**Scope:** CCNE accredits bachelor of science in nursing (BSN) and graduate nursing programs that are located in institutions of higher education accredited by an accrediting agency recognized by the U.S. Department of Education (DOE).

**Purpose:** The purpose is to accredit BSN and graduate nursing programs that are in compliance with standards and to monitor programs’ continuous quality improvement (CQI) efforts.

**General Process:** A self-study addressing compliance with CCNE’s standards is written, which for BSN programs includes compliance with the American Association of Colleges of Nursing (AACN) baccalaureate standards.

- An evaluation team visits the program.
- The team prepares a report.
- The program responds to the team report and can include additional information.
- These three documents are reviewed by the Accreditation Review Committee (ARC), which makes a recommendation regarding accreditation to the board.
- The CCNE’s Board of Directors grants, denies, reaffirms or withdraws accreditation, or issues a show cause directive.
- This process is reinitiated every 10 years or sooner.

**Monitoring Process:** CCNE periodically reviews accredited programs between onsite evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the educational program (midpoint of term: 2.5 years for five-year term and five years for 10-year term).

**Reports:** CCNE will always share with BONs program accreditation decisions and any adverse actions taken.

**Action Letter:** This letter indicates the final accreditation action taken by the CCNE Board of Directors. Actions could include accreditation, accreditation denied, accreditation withdrawn, show cause, termination of accreditation, closed programs, voluntary withdrawal from accreditation or adverse actions. Specifics of these actions can be found at www.aacn.nche.edu/ccne-accreditation/Procedures.pdf.

**Annual Reports:** Includes statistical data and other information about the parent institution, program(s), faculty and students that is reported annually to AACN. These data are evaluated and referred as needed. This information would be beneficial for BONs to use if they require annual reports, though they might ask for additional information.

**Continuous Improvement Progress Reports (CIPR):** Includes evidence of CQI and is submitted in year five of a 10-year accreditation period or at the midpoint of any other designated accreditation period. The program should also provide information on its progress in correcting any areas of concern that were specifically identified by the BON in the accreditation action letter. The report contains documentation and statistical data about policy revisions; new or revised planning documents; significant increase or decrease in resources available to the program; significant increase or decrease in enrollment or student achievement; addition or deletion of any tracks within the program(s); and the decision to cease offering a school nurse option at the master’s level. CIPRs are reviewed by the Report Review Committee (RRC) and makes recommendations to the BON.

**Self-study:** This report would be beneficial for BONs to use as they make continued approval decisions, though they may require additional information. See general process.

**Special Reports:** Required for programs that did not meet one or more of the standards.
Program must satisfactorily address the area(s) of concern and demonstrate compliance with the standard(s) within two years. If a program fails to do so, the BON will take adverse action. The report will be reviewed by the RRC, which will make a recommendation to the BON.

**Substantive Change Notification:** Includes usual program changes but also includes an explanation and action plan for any of the following: degree completion less than 80 percent; annual NCLEX-RN® pass rates for all test takers (first time and repeat) over a three-year period that are less than 80 percent; job placement rates within 12 months following degree completion that are less than 80 percent; and certification pass rates for all test takers (first time and repeat) for any specialty area over a three-year period are less than 80 percent.

**Team Reports:** Includes the findings from CCNE’s visit. This report has not been verified and some information could be inaccurate, so this is a poor report for BONs to rely on. There is also a program’s response to team report, which would clarify any mistakes that had been reported in the Team Report. See general process.

**Other Reports:** As needed, may be submitted to provide additional information, clarification, or an update regarding any matter about which the BON has concerns or questions.

**Initial Accreditation:** Institutions that seek initial accreditation, and institutions that have had accreditation withdrawn and desire to regain accreditation must first submit an application for accreditation. New applicants are eligible for a maximum term of five years. New applicant status signifies an affiliation with CCNE, not a status of accreditation. Accreditation decisions are retroactive to the first day of the program’s most recent onsite evaluation.

**Communication:** CCNE shares information regarding accreditation actions, including decisions to award or reaffirm accreditation and adverse actions with other appropriate accrediting agencies, appropriate state and territorial agencies, and the U.S. Department of Education. CCNE also, upon request, shares with other appropriate recognized accrediting agencies, and recognized state licensing and approval agencies information about the accreditation status of a program and any adverse actions it has taken against a program.

**Systematic Review of Standards:** CCNE has in place a systematic, planned and ongoing program of review to determine the effectiveness of the standards used in the accreditation process. The standards are reviewed every five years or sooner, if needed. The Standards Committee assists in coordinating the review of the standards. The systematic review of the standards incorporates notification about the opportunity for CCNE constituents and other interested parties to validate the current standards, and provide input about any problems in the interpretation or application of the standards or any gaps that might exist. It also incorporates broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.

**References**


Personal Communication with Jennifer Butlin, executive director, CCNE.
APPENDIX VIII: OVERVIEW OF THE NLNAC ACCREDITATION PROCESS

Scope: Initial accreditation and continuing accreditation of practical nursing programs, diploma programs, associate programs, master’s programs, postmaster’s certificate programs and clinical doctorate programs. NLNAC is a gatekeeper for Title IV funds.

Purpose: The purpose of the NLNAC is to provide specialized accreditation for programs of nursing education, both postsecondary and higher degree, which offer either a certificate, a diploma or a recognized professional degree (e.g., clinical doctorate, master’s, baccalaureate, associate, diploma and practical degrees).

General Process: The NLNAC accreditation process includes the following:

- Candidacy (for programs seeking initial accreditation);
- Program preparation of the Self-study Report;
- Team site visit for program evaluation by program specific site visitors;
- Site Visitors’ Report;
- Staff review;
- Evaluation Review Panel with program specific expertise;
- Staff review and referral to the NLNAC;
- Commission accreditation decision; and
- Appeal panel (when appropriate).

The NLNAC process for the evaluation of nursing education programs is a comprehensive four-step process with the program self-review and Self-study Report as the first step. The second step is the site visit conducted by peer evaluators resulting in the Site Visitors’ Report. In the third step, a peer Evaluation Review Panel examines the reports written by and about the program (Self-study Report and Site Visitors’ Report). The final step is a review of the process and the decision on accreditation status by the NLNAC Board of Commissioners.

NLNAC has a candidacy process where all programs seeking initial accreditation must apply for candidacy. Candidacy is granted after a successful professional staff review of a program’s potential to meet NLNAC accreditation. A program that has achieved candidate status must complete the accreditation process within two years.

Monitoring Process: All accredited programs are required to submit an annual report. The annual report will request the following information (at a minimum):

- Enrollment figures;
- Graduation figures;
- Faculty numbers and credentials;
- Substantive change information; and
- Complaints against the program.

Reports: NLNAC will always share with the BONs program accreditation decisions and any adverse actions taken.

Accreditation Team Letter: This is the decision letter from accreditation team members.

Follow-up Report: May be required by NLNAC when nursing programs are out of compliance with one or two of the NLNAC Accreditation Standards. Based on the Follow-up Report and the recommendation of the Evaluation Review Panel, the decision regarding the accreditation status of the nursing program is made by the NLNAC.
Decision Options

- Affirm continuing accreditation as the program is in compliance with all NLNAC standards.

- For initial accreditation the next visit will be in five years, if the standards are met. For continuing accreditation, the next visit will be in eight years, if the standards are met.

- If the program is noncompliant with one or two standards, the next visit will be in two years for all programs, except practical nurse programs. For the latter, the next visit will be in 18 months. See the NLNAC website for other variations.

- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with NLNAC standard(s).

Self-study Report: Any program applying for accreditation must prepare a Self-study Report to demonstrate the extent to which the program meets the NLNAC Accreditation Standards and Criteria. The process of self-study represents the combined effort of the governing organization administrators, nursing education unit administrators, faculty, staff, students and other individuals concerned with the nursing program. All those associated with the program should participate in the self-study process. Broad participation leads to an understanding of the total program.

Team Report: The visit team chairperson is responsible for presenting an accurate, complete and well-organized report to the NLNAC one week after the conclusion of the site visit. Team members will provide the chairperson with comments and draft sections of the report. This report may be 20-40 pages long, and the evidence must be verified and clarified.

Substantive Change Report: Any program proposing a substantive change in the ownership or form of control, mission, program offerings, curriculum, credentials conferred, length of program, method of delivery, relocation or establishment of an additional location must report it to the NLNAC and obtain prior approval. The process must be followed immediately after the proposed change has been approved internally by the governing organization, but no later than four months before the planned implementation date. Accompanying this notification, the program must include a detailed report for review that identifies the change, provides rationale for the change, and addresses each of the NLNAC Standards and Criteria that are or may be impacted by this change.

Substantive changes requiring immediate notification of NLNAC include change in BON’s approval status; change in accreditation status of the governing organization; decline in program outcomes, including licensure or certification examination pass rates, job placement rates, job satisfaction, or program completion rates; a default rate in student loan program that exceeds the regulation; identified fraud in the program; or any communication related to an adverse federal action.

Initial Accreditation: Initial accreditation of a nursing program is granted when the program demonstrates compliance with all NLNAC Accreditation Standards. The next review is in five years.

Communication: Communication is promoted by:

- Solicitation of comments on proposed new or revised policies from all interested parties;
- Report to constituents of the annual report findings (Report to Constituents and website) as aggregate data trended over time; and
- Broad consultation across constituencies.

Systematic Review of Standards

Data analysis is used to:

- Maintain validity and relevance of the NLNAC Standards and Criteria;
- Maintain reliability of the NLNAC accreditation processes and practices;
- Continue to identify and disseminate information in appropriate arenas regarding specific...
education needs of programs and program evaluators as groups;

- Continue to identify and disseminate information in appropriate arenas regarding specific developmental needs for individual programs and program evaluators; and

- Continue to identify and disseminate information in appropriate arenas regarding areas in which change needs to be facilitated.

**References**


Personal Communication with Sharon Tanner, executive director, NLNAC.
APPENDIX IX: CCNE COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS

This is a brief summary of the elements of nursing education that CCNE reviews when accrediting programs.

**Student achievement must:**
- Be congruent with those of the parent institution;
- Reflect professional nursing standards and guidelines;
- Provide graduation rates within the expected time rate;
- Provide NCLEX-RN® Examination pass rates;
- Consider the needs and expectations of the community of interest; and
- Provide employment rates and employer satisfaction.

**Curriculum is developed, implemented and revised to:**
- Include a foundation of the arts, sciences and humanities;
- Incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice;
- Contain relevant professional nursing standards and guidelines; and
- Reflect ongoing efforts to improve program quality.

**Faculty members are:**
- Sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
- Academically prepared for the areas in which they teach;
- Experientially prepared for the areas in which they teach;
- Participate in program and in the ongoing efforts to improve program quality; and
- Supported in teaching, scholarship, service and practice in keeping with the mission, goals and expected faculty outcomes

**Facilities:** Physical resources are sufficient to enable the program to fulfill its expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

**Fiscal and Administrative Capacity:** Periodic review and subsequent support ensures fiscal resources available to program to fulfill its mission, goals and expected outcomes.

**The chief nurse administrator:**
- Is a registered nurse (RN);
- Holds a graduate degree in nursing; and
- Is academically and experientially qualified, is vested with the administrative authority, and provides effective leadership to accomplish the mission, goals and expected student and faculty outcomes.

**Student Support:** Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

**Recruiting/Admissions/Grading:** Institutional documents and publications accurately describe the nursing program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and that fees are accurate.

**Program Length:** Length is sufficient for the students to meet the nine Essentials of Baccalaureate Education for Professional Nursing Practice.
**Student Complaints:** There are established policies by which the nursing unit defines and reviews formal complaints. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

**Compliance with Title IV:** Institution must be accredited by an approved program of the Department of Education and maintain Title IV eligibility. CCNE is not a gatekeeper for Title IV.

**References**

Personal Communication with Jennifer Butlin, executive director, CCNE.
APPENDIX X: NLNAC COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS FOR PRELICENSURE NURSING EDUCATION

This is a brief summary of the elements of nursing education that NLNAC reviews when accrediting programs.

**Student Achievement:** Must address attainment of student learning outcomes. Program outcomes are focused on first time passing of NCLEX®, placement, employee and graduate satisfaction.

**Curriculum:** Must incorporate professional standards, clear student learning outcomes and program outcomes. Evaluation methodologies may be varied. There must be appropriate practice learning environments.

**Faculty:** Baccalaureate, associate degree and diploma program faculty members (full time and part time) are academically and experientially qualified with expertise in their areas of responsibility; and must be credentialed with a minimum of a master's degree with a major in nursing. Rationale for acceptance of other than the minimum required graduate credential is considered.

Practical nursing faculty members (full time and part time) are academically and experientially qualified with expertise in their areas of responsibility. Majority (at least 50 percent) of full-time nursing faculty engaged in didactic teaching are credentialed with a minimum of a master’s degree in nursing. Other faculty must have a baccalaureate in nursing degree with current evidence of progress toward a master’s degree in nursing, evidence of course work, continuing education or certification relevant to the teaching role.

**Facilities:** Must be adequate to ensure achievement of program outcomes.

**Fiscal and Administrative Capacity:** Baccalaureate program administrator must have a graduate degree with a major in nursing and an earned doctorate. Program administrators of associate degree, diploma and practical/vocational nurse programs must have a minimum of a graduate degree in nursing. There must be sufficient time and authority to administer, and the communities of interest must have input.

**Student Support:** There must be clear information regarding policies and they are congruent with governing organization. There must also be an orientation to technology. Any changes must be clearly communicated.

**Recruiting/Admissions/Grading:** Evaluation methodologies are key and must reflect achievement of student learning outcomes and program outcomes. All admission, recruiting and grading policies must be clear, consistent and represent integrity of information.

**Program Length:** Length must be congruent with outcomes and consistent with policies of organization, standards and best practices.

**Student Complaints:** Must have records documenting due process and resolution.

**Compliance with Title IV:** Must clearly address Title IV eligibility with written, comprehensive student loan repayment program. Maintain compliance with Title IV. They are the gatekeepers for Title IV.

**References**


Personal Communication with Sharon Tanner, executive director, NLNAC.
Attachment B

Recommendations for Nursing Education Model Rules

INITIAL AND CONTINUING APPROVAL PROCESSES

Major changes: Previous rules did not require nursing programs to be accredited by a national nursing organization; to send communication from national nursing accreditors to the board of nursing (BON); or accept national nursing accreditor self-studies and annual reports.

1. All prelicensure nursing programs shall be accredited by a national nursing accreditation agency, as recognized by the U.S. Department of Education, by Jan. 1, 2020.
   a. After Jan. 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education-recognized agency shall, upon request, be granted a one-year extension by the BON to comply with this requirement.

2. BONs have statutory authority over nursing programs and:
   a. Will conduct initial nursing program visits and make decisions;
   b. May accept national nursing accrediting body approval decisions for continuing approval, though may conduct site visits of nursing programs at any time, when deemed necessary; and
   c. Require that nursing programs send BONs any communication, as identified by the BON, from the national nursing accrediting bodies within 30 days of receipt.

Rationale: This recommendation facilitates nurses in advancing their education because it enhances mobility across nursing programs. Further, it is in harmony with the 2011 Institute of Medicine's (IOM) Future of Nursing report, NCSBN's 2010 policy position statement on the advancement of nursing education and the 2010 Carnegie study of nursing education, all of which call for advancement of nursing education. Specifically, the IOM Future of Nursing report recommends that 80 percent of RNs have a baccalaureate degree by 2020. Currently, while the majority of baccalaureate nursing programs are accredited by a national nursing accrediting body, only 80 percent of diploma, 52 percent of associate degree and 10 percent of practical nurse programs are accredited. Lastly, this recommendation, by fostering cooperation and collaboration with the national nursing accreditors, reduces redundancy for the nursing programs and saves on resources for BONs.

FACULTY/ADMINISTRATION QUALIFICATIONS

Major changes from previous rules for licensed practical/vocational nurse (LPN/VN) administrator qualifications: broadening the qualifications.

1. Administrator qualifications in a program preparing for practical licensure shall include:
   a. A current, active, unencumbered registered nurse (RN) license or privilege to practice and meet requirements in the jurisdiction where the program is approved;
   b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
      Previous: b) A minimum of a baccalaureate degree in nursing and masters in nursing or related field, or a nursing doctorate.
   c. Experience in teaching and learning principles for adult education, including nursing curriculum development, administration and evaluation; and
      Previous: c) included at least two years clinical practice.
   d. A current knowledge of nursing practice at the LPN/VN level.
Rationale: Broadening the qualifications is in line with the IOM Future of Nursing report and Carnegie Study of Nursing Education, which called for more diversity in education of faculty. Simplifying the qualifications will facilitate LPN/VN programs with recruiting qualified faculty.

Major changes from previous rules for registered nurse (RN) administrator qualifications: broadening the qualifications.

2. Administrator qualifications in a program preparing for RN licensure shall include:
   a. A current, active, unencumbered RN license or privilege to practice and meet requirements in the state where the program is approved and/or accredited;
   b. A doctorate degree in nursing; or a graduate degree in nursing and a doctorate degree; Previous: b) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field.
   c. Educational preparation or experience in teaching and learning principles for adult education, including nursing curriculum development, administration and evaluation; and Previous: c) included at least two years clinical practice.
   d. A current knowledge of RN practice.

Rationale: The qualifications are in line with the IOM Future of Nursing report and the Carnegie Study of Nursing Education.

Major changes for faculty include removing years of experience; preparation in teaching and learning, including curriculum development and implementation; and current knowledge of LPN/VN or RN practice and replacing it with “must be academically and experientially qualified.” Broadening of master's degree for LPN/VN faculty. “Interdisciplinary” faculty was changed to “interprofessional” faculty.

3. Faculty
   a. There shall be a sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program.
   b. The nursing faculty shall hold a current, active, unencumbered RN license or privilege to practice and meet requirements in the jurisdiction where the program is approved and/or accredited.
   c. Faculty supervising clinical experiences shall hold a current active and unencumbered RN license or privilege to practice and meet requirements in the jurisdiction where the clinical practicum is conducted.
   d. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified:
      i. A minimum of a graduate degree in nursing or bachelor’s degree in nursing with a graduate degree.
         Previous qualifications: minimum of a master’s degree in nursing.
         Removed:
         - Have > years of clinical experience.
         - Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.
         - Have current knowledge of LPN/VN nursing practice.
e. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified:
   i. Have a minimum of a graduate degree in nursing.

   Previous qualifications: Minimum of a master's degree in nursing or a nursing doctorate degree. Removed:
   - Have < > years of clinical experience.
   - Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.
   - Have current knowledge of RN nursing practice.

f. Interprofessional faculty teaching nonclinical nursing courses shall have advanced preparation appropriate to these areas of content.

Rationale: Making the language less prescriptive gives BONs more discretion in making decisions. Yet, adding that the faculty should be “academically and experientially prepared” maintains the standards for faculty. Broadening the academic preparation of the faculty makes the recommendation more in line with IOM Future of Nursing and Carnegie recommendations, where diversity of faculty is advantageous.

Major changes included simplifying the language of the preceptor's role and added language about licensure.

4. Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and shall serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license in the jurisdiction where they are precepting students to practice as a nurse at or above the level for which the student is being prepared.

   Previous language: Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.

Rationale: There was some redundancy in the previous language about role of the preceptor. Clarified the question about where a preceptor should be licensed.
Report of the TERCAP® Committee

Background

The TERCAP® (Taxonomy of Root Cause Analysis and Practice-responsibility) database project began in 1999. Its goal is to collect and analyze the details of cases of nursing practice breakdown nationwide to uncover the roots of practice breakdown and to discover characteristics of nurses at risk. The uniqueness of TERCAP is that it attempts to capture the human causes of error and at the same time, allows for the analysis of complex system-related issues that often occur within the health care environment.

The TERCAP® Committee (formerly the Practice Breakdown Advisory Panel) was charged with various aspects of development of the TERCAP data collection tool. The TERCAP tool has undergone many reiterations. The newest version, 2011 TERCAP, is currently in use. To make the TERCAP database more accessible and useful to participating boards of nursing (BONs), TERCAP staff, with the support from NCSBN's Information Technology department, developed a new web-based information platform, which was released on March 29, 2012. This integrated platform offers data download, revision and auto report features to all participating BONs, and facilitates applications such as trend analysis at the state level.

Data collection using the TERCAP tool began in 2008. Since the implementation of the 2011 TERCAP instrument, the committee has focused on: (1) analyzing and publishing TERCAP data; (2) promoting the use of the updated instrument; and (3) recruiting new participating BONs.

An article analyzing data from the 2008 TERCAP database was published in the Journal of Nursing Regulation in January 2012. Currently, more than 1,500 cases have been submitted to the TERCAP database over the past four years, with more than 570 cases submitted to the revised 2011 TERCAP database. The second round of data analysis will begin when the total number of cases in the 2011 TERCAP database reaches 1,000.

Highlights of FY12 Activities

- Publication of the first TERCAP data study.
  - An article focusing on the impact of negative job history on nursing errors was published in the Journal of Nursing Regulation in January 2012 (Attachment A). A second manuscript with full data analysis is currently being developed.

- Recruiting new participants and contributors to the TERCAP database.
  - To enhance the visibility and attractiveness of TERCAP to potential new member BONs, the TERCAP® Committee utilized two approaches. First, during its October meeting, the committee considered conducting a study aimed at measuring the efficiency and cost-effectiveness of using TERCAP. Due to a lack of resources, the committee quickly realized that a comprehensive study could not be carried out from scratch as planned. An independent study conducted by the Idaho Board of Nursing (IDBON) demonstrates that BONs can benefit from participation in TERCAP because the use of the tool reduces the time needed to investigate nursing practice breakdown cases. The TERCAP® Committee distributed the findings of the IDBON study to all BONs via the NCSBN website and a webinar.
  - Second, the committee developed plans to publicly recognize TERCAP contributors. NCSBN presented TERCAP awards to 16 currently participating BONs to acknowledge their pioneering commitment and continued support of the project at the 2012 NCSBN Attorney/Investigator Conference on June 4, 2012, in Fort Lauderdale, Fla.
The committee plans to finalize and submit a second TERCAP paper to the Journal of Nursing Administration.

The second round of data analysis using the newest 2012 TERCAP database will start as soon as the total case number reaches 1,000.
The committee agreed that the key to the future success of the TERCAP project is to increase the number of cases in the database through more vigorous retention and recruitment efforts.

The committee recommends a team-based pilot program that would promote TERCAP through mentoring new BONs, structured phone calls to potential new TERCAP users and providing TERCAP webinars.

It is recommended that the Board of Directors evaluates the efficiency of this new TERCAP team structure with a one-year pilot period.

**Attachment**

A. “Association Between Job History and Practice Error: An Analysis of Disciplinary Cases”
Association Between Job History and Practice Error: An Analysis of Disciplinary Cases

Elizabeth H. Zhong, PhD, and Mary Beth Thomas, PhD, RN

This study aimed to determine possible risk factors associated with error events or practice breakdowns for nurses that were reported to boards of nursing (BONs). We evaluated 861 cases submitted by BONs to the National Council of State Boards of Nursing's Taxonomy of Error, Root Cause Analysis, and Practice-Responsibility database. Standard statistical analysis was used. A high percentage of nurses involved in practice breakdowns that were reported to BONs have a negative job history (discipline or termination for practice issues by their employers). Among the 725 nurses with complete job histories available, 60% (n = 437) had been disciplined or terminated by their employers in the past. A nurse's job history may serve as a useful index to identify a small group of nurses with a risk of being involved in a practice breakdown. In addition to conventional disciplinary actions, a tailored remediation program should be considered to prevent additional practice breakdowns.

Case-Selection Criteria
Between February 2008 and December 1, 2010, 20 BONs submitted 884 cases to the TERCAP database. Cases that met the following criteria were included in our analysis:

- A nurse was involved in the practice breakdown.
- One or more identifiable patients were involved.
- The case was not fully dismissed by the BON; that is, the BON took disciplinary or nondisciplinary action, the nurse enrolled in an alternative program, or the BON issued a letter of concern.

Of the 884 cases, 861 met these criteria and were included in the analysis. These cases should include the most severe cases of practice breakdown, which merit the closest study because of their potential to endanger public health and safety.

Confidentiality
The TERCAP database does not register identifiable personal information. Using an automatic coding system, a unique case identifier is assigned to each case when it is entered into the system. In this report, the data are reported in aggregated form only. Therefore, the confidentiality of the study subjects is guaranteed.

Participating BONs
NCSBN does not require that all qualifying practice breakdown cases investigated by a BON be submitted to TERCAP. As of December 1, 2010, 20 BONs had submitted cases to the TERCAP database. The number of cases submitted by BONs varied from 1 to 240.
**Results**

**Demographics**

The majority of the nurses who committed a practice breakdown were female (85%, \( n = 716 \) female; 17%, \( n = 143 \) male). Gender data were missing in two cases. The average age of the nurses was 46.2 years (SD = 11.6, \( n = 854 \)), ranging from 21 to 77. Age information was missing on 27 nurses (3%). With regard to license levels, 60% of the nurses (\( n = 513 \)) held registered nurse (RN) licenses; 37% (\( n = 319 \)) held licensed practical/vocational nurse (LPN/VN) licenses, and 1% (\( n = 5 \)) held advanced practice RN (APRN) licenses. Also, 3% (\( n = 24 \)) held either RN and LPN/VN or RN and APRN licenses.

At the time of the practice breakdown, the nurses had been licensed for an average of 14.3 years (SD = 11.1, \( n = 708 \)), ranging from less than 1 year to 54 years. The length of licensure was reported as unknown for 153 nurses (18%). Consistent with previous NCSBN studies (Zhong & Kenward, 2009; Zhong, Kenward, Sheets, Doherty, & Gross, 2009), the current data show a disproportionally high percentage of male nurses and LPN/VNs who committed a practice breakdown.

**Employment Settings**

About 38% of the practice breakdowns occurred in hospitals, and 32% occurred in long-term care/assisted living facilities. (See Table 1.) At the time of the practice breakdown, 56% of LPN/VNs (\( n = 177 \)) and 14% of RNs (\( n = 69 \)) worked in long-term care facilities. The high proportion of LPN/VNs working in long-term care facilities was also reported in the NCSBN remediation study (Zhong et al., 2009).

**Job History**

A review of the 725 cases with a known job history for both discipline and termination showed that 60% of the nurses involved in a practice breakdown were disciplined by their employers for practice-related issues in the past or were terminated by their previous employers. (See Figure 1.) Specifically, 37% (\( n = 319 \)) of the nurses had been disciplined by their employers for practice issues in the past, and 39% (\( n = 334 \)) had been terminated by their employers (See Table 2). Among the 334 nurses terminated by previous employers, 49% (\( n = 162 \)) were also disciplined by their current or previous employers. The previous discipline history was unknown for 15 cases (4%). According to these data, a high percentage of nurses who had a negative job/discipline history committed a practice breakdown.

More than half (55%, \( n = 476 \)) of the practice breakdowns involved a nurse who had worked in a patient care location for 2 years or less. This information was unknown in 10% (\( n = 89 \)) of the cases. Further review showed that even though 476 nurses had a practice breakdown in a location where they worked for 2 years or less, 73% (\( n = 348 \)) of them had been licensed for 2 years or longer, which implies that these nurses could have worked in other places before. This information was not available in 17% (\( n = 82 \)) of the cases. (See Figure 2.) Among the 348 nurses who had been licensed for 2 years or longer, 36% (\( n = 125 \)) had been disciplined by their current or previous employers for practice-related issues, and 38% (\( n = 131 \)) had been terminated by their previous employers. The high sanction rates are consistent with data obtained from all 861 nurses who committed a practice breakdown (See Table 2). In 56% (\( n = 479 \)) of the cases we included in the analysis, the nurses were terminated by their previous employers after committing practice breakdown.

**Limitations**

This study was based on a review of the entire set of practice breakdown cases submitted by 20 BONs to the TERCAP database from 2008 to 2010. Because TERCAP is designed to collect practice breakdown cases only, no control group data were available for direct comparison. Because of the lack of appropriate data in the existing database, we could not evaluate how, after being disciplined or terminated for practice issues, these nurses performed subsequently in their original or new workplaces. This type of longitudinal data would be most interesting. The proportion of nurses who changed employers after committing practice breakdown is also unknown; thus, no definitive conclusions can be drawn from the data as to what extent a change of workplace contributes to further practice breakdowns.
Discussion

The current data show that 60% of the nurses who were reported to the BONs and entered into the TERCAP database for practice breakdowns had been disciplined or terminated by their current or previous employers. This reveals a significant association between a nurse’s negative job history and the risk of additional practice breakdowns. NCSBN, in a previous study, found that nurses who had a criminal conviction or previous violations committed in the workplace in the past, or had a history of disciplinary actions, had a high risk of recidivism (Zhong et al., 2009). Our current finding is consistent with the previous study.

No data are available on how nurses perform after being disciplined or terminated by their employers; thus, we are not able to determine the recidivism rate among those nurses. However, the discipline rate in the nursing workforce is less than 1% (Kenward, 2008), so among the cases reported to the TERCAP database, the discipline rate is 16% (Zhong et al., 2009). Thus, instead of hoping a new environment will bring a positive change, these nurses, with the help of their employers, should make every effort to improve their professional skills and their work attitudes to achieve positive change.

More detailed analysis will determine the extent to which BONs and employers can use job history to identify nurses with a high risk of committing practice breakdowns. Identifying this small group can lead to improved safety for patients and a better career path for nurses willing to take part in remediation.

Nurses who have a negative job history should understand that they need to evaluate their own performance critically and actively seek assistance, if needed. Simply changing employers to get a new start may not be an effective way to prevent problems. In fact, an NCSBN study revealed that the odds of recidivism among nurses who changed employers during their probation is 3.87 times higher compared with those who remained working with the same employer (Zhong et al., 2009). Thus, instead of hoping a new environment will bring a positive change, these nurses, with the help of their employers, should make every effort to improve their professional skills and their work attitudes to achieve positive change.

References


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