collaborating for the future of regulation

2017 Annual Meeting Recap
NURSE LICENSURE COMPACT IMPLEMENTATION  | PEARSON VUE TESTING CENTER UPDATES  |  2017 ICN CONGRESS

Fall 2017

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In just a few minutes, you can self-enroll into Nursys e-Notify® and receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of your license status can help you prevent fraudulent licenses or certificates being issued in your name.

Powered by the U.S. boards of nursing, Nursys e-Notify is the National Council of State Boards of Nursing database. It is the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

Nursys is live and dynamic, and all updates to the system are pushed directly from participating boards of nursing (BON) databases through frequent, secured data updates.

This innovative nurse licensure notification system was previously only available to institutions that employ nurses but is now available free of charge to you.

Creating an account is quick and easy. Enroll at www.nursys.com/e-notify and select “As a Nurse” to complete the registration process.

Learn more about Nursys e-Notify by viewing an introductory video or visiting the Nursys website. For questions, contact nursysenotify@ncsbn.org.

The Enhanced Nurse Licensure Compact (eNLC)
Important Information for All Nurses

Since 2000, licensed practical nurses (LPNs) and registered nurses (RNs) in Nurse Licensure Compact (NLC) states have enjoyed the advantage of a multistate license. Under the NLC, an eligible nurse with primary state of residence in a compact state is able to hold one multistate license issued by the home state granting the nurse the authority to practice in any of the 25 NLC states in-person or via telehealth.

In 2015, the NLC underwent a comprehensive revision that resulted in a new compact known as the enhanced NLC (eNLC). The eNLC will replace the original NLC, which is anticipated to be phased out in the near future. In order for a state to join the eNLC, it must enact legislation.

The eNLC will be implemented on Jan. 19, 2018. To date, 26 states have enacted the eNLC. Of the 25 original NLC member states, 21 states are transitioning to the eNLC and withdrawing from the original NLC, effective Jan. 19, 2018. The four states remaining in the original NLC include Colorado, New Mexico, Rhode Island and Wisconsin. It is critical that nurses stay in the front of the curve with the changes taking place.

1. When does the eNLC go into effect?
   The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The effective date is not the same as the implementation date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf for a multistate license.

2. What is the difference between the effective date and the implementation date?
   Based on the legislation, the effective date of the eNLC was designated as “the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018.” The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact’s governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC. By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf.

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Pearson VUE, the NCLEX® testing vendor, is dedicated to serving the needs of their clients and providing NCSBN with the highest level of efficient, quality service. One of the ways Pearson VUE achieves this goal is through enhancements to their Pearson Professional Testing Centers (PPCs). Annually, Pearson VUE participates in an evaluation process to ensure that necessary capacity at the PPCs is available to accommodate anticipated testing volume.

The enhancements to be expected in 2017 include the development of new PPCs as well as the addition of seats at current testing centers. As individual sites near completion, NCSBN will send updates to the boards of nursing/regulatory bodies identifying the test center locations and seating capacity of each new or enhanced site, and dates when appointments and test activities will begin. See the list at right for the projected 2017 additions to the Pearson Professional Center testing network.

Pearson VUE Testing Center Updates

**Test Center Additions**
- Cambridge, Mass.
- San Antonio, Texas

**Expansions**
- Anaheim, Calif.
- Colorado Springs, Colo.
- Waltham, Mass.
- Ann Arbor, Mich.
- Lansing, Mich.
- St. Louis
- Albuquerque, N.M.
- Cincinnati (Mason)
- Waco, Texas
- Vienna, Va.

In July 2017, NCSBN began presenting a Special Research Section as part of the NCLEX-RN® administration. By participating in the Special Research Section candidates are making valuable contributions to the future development of NCSBN examinations and to the enhancement of the nursing profession.

The Special Research Section is given to select candidates taking the NCLEX-RN® and takes approximately 30 minutes to complete. This section is administered following the regular NCLEX exam and does not count as part of a candidate’s NCLEX score. Candidates may take the entire allotted six hours to complete the NCLEX. All questions on the NCLEX-RN examination and the Special Research Section are confidential.

Updates on the Special Research Section can be found on the Exam Day page of the NCSBN Website.

NCLEX® Special Research Section

**Speed Round**

Get to know NCSBN staff:

**Elizabeth Zhong, PhD, Associate, Research**

**What do you do?**

I work in the Research Department of the Nursing Regulation Division. My focus for the past few years has been on nurse discipline. I oversee the national nursing adverse event database – TERCAP® (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility). I have been analyzing data from TERCAP and other databases to develop deeper insight into what causes nursing practice errors, and how the incidence of such errors could be reduced. I often work closely with state boards of nursing (BONs) to help determine how they could best contribute to and benefit from TERCAP. Through our research projects on nursing discipline, I also get to interact with international nursing regulators.

**What are the best and most challenging aspects of your job?**

I enjoy working with so many talented nursing board staff, regulators, researchers and educators across the U.S. and abroad. I find research and data analysis fulfilling, especially when seeing the impact or potential impact of our research projects on patient safety. It is sometimes challenging to find the time and resources needed to address all the questions from our member BONs and the public.

**If you weren’t working at NCSBN, what would your dream job be?**

I have a passion for research and education. If not at NCSBN, I would work in academia.
The bustling city of Barcelona, which encapsulates a historic timeline stretching from Roman occupation to medieval prosperity to today’s modern and cosmopolitan metropolis, was the backdrop of the 2017 International Council of Nurses (ICN) Congress, Nurses at the Forefront: Transforming Care, May 27–June 1, 2017.

A federation of more than 130 national nurses associations representing millions of nurses worldwide, ICN works to ensure quality care for all and sound health policies globally. This year’s Congress was one of the largest in its history, drawing more than 8,000 nurses from 135 countries. The goals of the Congress were to explore nurses’ leading role in the transformation of care, with a particular focus on universal health coverage, the sustainable development goals (SDG) and human resources for health. The Congress also provided key networking opportunities for nurses to build relationships, and to share nursing knowledge and leadership across specialties, cultures and countries.

NCSBN Board of Directors President Katherine A. Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing, remarked, “It was an incredible experience to attend the ICN Congress with over 8,000 nurses from all over the world speaking different languages and from different health care models and systems, but sharing so much in common with nurses everywhere.”

Hosted by the General Council of Nursing of Spain, the Congress offered more than 1,900 posters, 70 concurrent sessions, 18 symposium sessions as well as integrated and sponsored symposiums. The three ICN pillars—Professional Practice, Regulation and Socio-Economic Welfare—framed the scientific program and the dynamic exchange of experiences and expertise. The themes included Health Care Systems, Sustainable Health Care, Disasters and Conflicts, Quality and Safety, Professional Practice and Policy Innovation. Key speakers included Mary Wakefield, PhD, RN, FAAN, Linda Aiken, PhD, RN, and Leslie Mancuso, PhD, RN, FAAN, as well as many outstanding international leaders.

“For me, attending and speaking at the 2017 ICN conference was the experience of a lifetime,” commented Maureen Cahill, MSN, APN-CNS, AOCNS, associate, Nursing Regulation, NCSBN. “The opportunity to see Barcelona and learn of its Roman history and spectacular architecture was memorable beyond words, but the warmth and welcoming of the conference organizers and the many international nurses I met was the best thing of all. Nursing is progressing globally and impacting people worldwide. It is grounded in knowledge and willingly shared across borders. It was remarkable how similar we are, yet different in culture and experience, and, how excited we are to

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help each other to become better at what we do.”

Mary Wakefield, former acting secretary of the U.S. Department of Health and Human Services, addressed the ways in which nurses must be proactively involved in health policy. She commended ICN on its 2017 International Nurses Day resources and evidence, “Nurses: A Voice to Lead - Achieving the SDGs,” emphasizing that it should be used with non-nursing audiences as it “underscores the SDGs and nurse-led solutions.”

NCSBN was represented with two main sessions, three parallel presentations, five posters and an exhibit booth. The presentations were very well-received and the booth hosted many interested attendees. At the NCSBN booth, attendees were encouraged to contribute to its Global Regulatory Atlas that is due to be published in July 2018 (see sidebar).

Linda L. Olson, PhD, RN, NEA-BC, FAAN, senior program advisor, Nursing Regulation said, “When my abstract was accepted as a presentation at the 2017 ICN Congress, I was excited to be presenting at this prestigious international conference as well as experiencing Barcelona. Many sessions were so popular that attendees waited in lines to participate. Topics related to ethics, scope of practice, global health, health policy and international research were especially well attended.”

Reflecting on their time at the Congress, all NCSBN attendees expressed what a wonderful and enriching experience it was. They noted that having the opportunity to network with attendees from some of the most far-flung areas of the world expands one’s own view of nursing and its place in society across the globe.

NCSBN Board of Directors President-elect Julie George, MSN, RN, FRE, executive director, North Carolina Board of Nursing, was struck by how little representation the U.S. had at the conference given the large number of licensees in the country. She observed, “Many small countries were well represented with young, diverse and very enthusiastic nurses. That was very encouraging, but at the same time very perplexing for the lack of presence from the U.S. This is such a valuable and enriching experience that I know that U.S. nurses would learn much from their colleagues from all over the globe. Additionally, they would have the opportunity to share their own knowledge and experience with others. I hope that more U.S. nurses take advantage of this unique opportunity in the future.”

The 2019 Congress will be held in Singapore, hosted by the Singapore Nurses Association; and the 2021 Congress will be held in Abu Dhabi, hosted by the Emirates Nursing and Midwifery Council and supported by Abu Dhabi Convention Bureau.

NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, said, “We already have plans to continue to have a strong presence at both of these Congresses. We feel it is very important to share the essential work that regulators in the U.S. are pursuing in this time of complex and rapid change.”

Some of the session topics included:

- How well do Boards of Nursing Protect the Public?
- Collecting & Reporting Critical Nursing Health Workforce Supply Statistics
- Using a National Consensus Process to Develop Delegation Guidelines
- An Evidence-based Transition Program

NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, received the Great Cross of Spanish Nursing in the Gold Category from the Spanish General Council of Nursing in Barcelona May 26, 2017. Benton was presented with this honor for his work in support of nursing regulatory bodies and his key role in defining necessary regulatory changes for professional nursing. This award also recognized his advancement of the principle that nursing is an essential and fundamental profession in national health care systems and the concept that all citizens have the right to adequate health care. Additionally, Benton’s longstanding commitment to the international advocacy of the nursing profession through his various roles, most notably in his former position as the CEO of the International Council of Nurses (ICN) from 2008-2015, was lauded.
3. When will nurses have multistate licenses in eNLC states? Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Florida, Georgia, Oklahoma, West Virginia and Wyoming) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation? States that do not pass the eNLC will remain in the original NLC until (a) the state enacts the eNLC, (b) the state withdraws from the original NLC, or (c) the original NLC ends due to having less than two states as members. As of now, Colorado, New Mexico, Rhode Island and Wisconsin are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts? Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Colorado, New Mexico, Rhode Island and Wisconsin will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.

6. Which nurses are grandfathered into the eNLC and what does that mean? Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC? The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC? Primarily, the eNLC adopts 11 uniform licensure requirements (ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at nursecompact.com/privateFiles/NLC_Key_Provisions.pdf

9. Who are the primary proponents of a state’s decision to join the compact? Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition? The minimum number of states (25) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining.

11. Why would a nurse need a multistate license? What are the benefits for a nurse? The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located or the state board of nursing. A number of nurses who need to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care and countless more.

12. How can nurses stay well informed of the changes in the compact? Nurses can subscribe to receive email updates at www.nursecompact.com, review their state board of nursing website and newsletter, and review the implementation page on the NCSBN website at www.ncsbn.org/enhanced-nlc-implementation.htm. Follow the NLC on social media: Twitter @NurseCompact or Facebook at www.facebook.com/nurselicensurecompact.
13. How will the transition from NLC to eNLC affect employers of nurses?

The transition may impact employers in eNLC states that have nurses practicing in the four states that remain in the original NLC. As of the implementation date, those nurses with an eNLC multistate license will not have the authority to practice in those four states without applying for a single state license in those states.

The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.

Nurses residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the Jan. 19, 2018 implementation date until they have completed an eligibility process. This process will determine if the licensee meets the licensure requirements for a multistate license. In some eNLC states, the nurse may need to proactively engage in this eligibility process. By October 2018, nurses in all eNLC states should receive a letter from the respective board of nursing with more information.

For more information about the eNLC:

- Contact nursecompact@ncsbn.org
- Visit www.nursecompact.com
- Members can access eNLC resource documents on NCSBN’s Hive site (member login required).
The 2017 NCSBN Annual Meeting was held in Chicago Aug. 16-18, giving attendees the opportunity to meet and network with nursing regulators from all over the country. There were 57 member boards represented by delegates at the meeting during which important regulatory issues were discussed and pertinent association business was conducted.

Quite a few early risers gathered for a walking tour and early workouts on Wednesday and Thursday mornings, just as the sun rose in the east over Lake Michigan from the Hyatt Regency’s fantastic location along the Chicago River.

Thursday evening Awards Dinner attendees were entertained by the Midwest Connection a community-driven drum corps project serving the greater Chicagoland area.

NCSBN President Katherine Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing, noted, “The delegate assembly was inspired by two keynote speakers who challenged us to intentionally enhance collaborative efforts to prepare for the future of regulation. Dr. Mary Wakefield, the first nurse to serve as the acting deputy secretary of the U.S. Department of Health and Human Services, encouraged us to leverage new partnerships with diverse stakeholder groups to ensure safe delivery of nursing care in the next era of regulation. Dr. John Hasse, curator of American Music at the Smithsonian Institution’s National Museum of American History, eloquently illustrated the power of musical collaborations to yield beautiful, unexpected and creative results.”

Highlights of significant actions approved by member boards of nursing at the Annual Meeting:

- Approved proposed amendments to the NCSBN Bylaws.
- Elected new members of the NCSBN Board of Directors and Leadership Succession Committee.
- Approved College of Registered Psychiatric Nurses of Alberta (CRPNA), College of Registered Psychiatric Nurses of Manitoba (CRPNM) and Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as associate members of NCSBN.

NCSBN delegates also elected new members of the Leadership Succession Committee (LSC):

- Members-at-Large
  - Kaci Bohn, PhD, secretary, Arkansas State Board of Nursing
  - Patricia Dufrene, PhD, RN, director of Education and Licensure, Louisiana State Board of Nursing
  - Tracy Rude, LPN, commissioner, Washington State Nursing Care Quality Assurance Commission

Save the date for next year’s annual meeting which will be held in Minneapolis on Aug. 15-17, 2018.
Congratulations to Our Annual Award Recipients
NCSBN recognized its dedicated and exceptional membership and guests at its annual awards ceremony. Specific award recipients included:

1. Mary Blubaugh, MSN, RN, former executive administrator, Kansas State Board of Nursing, was honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

2. Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE, board staff, North Carolina Board of Nursing, received the Meritorious Service Award, which is granted to a member for significant contributions to the mission and vision of NCSBN.

3. Valerie J. Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP, board president, Maine State Board of Nursing, received the Elaine Ellibee Award that is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.

4. Nathan Goldman, JD, board staff, Kentucky Board of Nursing.

5. Mindy Schaffner, PhD, MSN, CNS, RN, board staff, Washington State Nursing Care Quality Assurance Commission, and

6. Catherine C. Woodard, board staff, Washington State Nursing Care Quality Assurance Commission, each received the Exceptional Contribution Award, which is given for significant contribution and demonstrated support of NCSBN’s mission.

7. Minnesota Board of Nursing was awarded the Regulatory Achievement Award that recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.
The 2017 class of Fellows includes:

1. Jennifer Best, MN, RN, practice consultant, College of Registered Nurses of Nova Scotia
2. Kerry Howell, MA, LPN, board member, College of Licensed Practical Nurses of British Columbia
3. Lynn Miller, DNP, NP, policy consultant, College of Registered Nurses of Nova Scotia
4. Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, manager of education and practice, North Carolina Board of Nursing
5. Alison Wainwright, MSc, RN, policy research coordinator, Policy, Practice and Quality Assurance, College of Registered Nurses of British Columbia
6. Cynthia York, MSN, RN, CGRN, director, RN Practice & Credentialing, Louisiana State Board of Nursing

Centennial Awards
BONs celebrating 100 years of nursing regulation in 2017
- South Dakota Board of Nursing (photo a)
- Hawaii Board of Nursing (photo b)
- Utah State Board of Nursing (photo c)
- Saskatchewan Registered Nurses’ Association (not pictured)

To see more photos from this year’s NCSBN Annual Meeting, visit our Flickr account.

Founders Award
The Founders Award was given to Thomas G. Abram, MA, JD, NCSBN Legal Counsel.

This prestigious award is given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.

Everything in the universe has a rhythm, everything dances.
—Maya Angelou, American Poet
Service awards were given to the following executive officers of BONs, presented by BOD President Katherine Thomas:

**Five Years**
- Lynn Ansardi, RN, executive director, Louisiana State Board of Practical Nurse Examiners (not pictured)
- Carina Herman, MSN, RN, executive director/registrar, College of Licensed Practical Nurses of British Columbia (photo a)
- Cynthia Johansen, MAL, MSc, registrar and chief executive officer, College of Registered Nurses of British Columbia (photo b)
- Cynthia LaBonde, MN, RN, executive director, Wyoming State Board of Nursing (photo c)
- Ann Mann, MN, RN, executive director/registrar, College of Licensed Practical Nurses of Nova Scotia (photo d)
- Denise Nies, MSN, RN, BC, executive director, New Hampshire Board of Nursing (photo e)
- Caralyn Mary Reed, MA, RN, FCNA, chief executive/registrar, Nursing Council of New Zealand (not pictured)
- Paula Schenk, MPH, RN, executive director, Kentucky Board of Nursing (photo f)
- Suzanne Sullivan, JD, RN, executive secretary, New York State Board of Nursing (not pictured)

**15 Years**
- Gloria Damgaard, MS, RN, FRE, executive director, South Dakota Board of Nursing (photo g)
- Jay Douglas, MSM, RN, CSAC, FRE, executive director, Virginia Board of Nursing (photo h)
- Laurette D. Keiser, MSN, RN, executive secretary/section chief, Pennsylvania State Board of Nursing (not pictured)
- Karen Scipio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing (photo i)
News & Notes

Rene Cronquist
Chair, Dr. Theodore Rigney
Dr. Fuller and her dissertation

College of Licensed Practical Nurses of Nova Scotia Celebrates 60 Years
The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is celebrating 60 years of existence this year. CLPNNS recently hosted a 60th Anniversary banquet, in conjunction with their Annual Meeting. The theme was 60 years of Excellence in Regulatory Leadership. Commendations were received from the honourable Lt. Gov. of Nova Scotia, the minister of health and the mayor of Halifax.

Cronquist Receives Excellence in Nursing Award
Rene Cronquist, JD, RN, director for Practice and Policy, Minnesota Board of Nursing, recently received the Excellence in Nursing Award from Gustavus Adolphus College in St. Peter, Minn. Cronquist was recognized for her dedication and contributions to the profession of nursing. She is a graduate of the nursing program at Gustavus and serves on the Advisory Council.

Missouri Board of Nursing Approves Air Force Practical Nurse Program
The Missouri State Board of Nursing (MSBN) voted unanimously to approve the Air Force BMTCP 4NOS 1 (Skill Level) program as a practical nurse program. The timing of this new licensure category corresponded with National Nurses Day. Missouri is the first state to formally approve the program, which provides increased educational and job opportunities for service members, veterans and families.

Bibi Schultz, MSBN’s director of education, who represents Missouri on the Multi-State Collaborative on Military Credit Steering Committee, was instrumental in championing this action. MSBN Director Lori Scheidt said, “We are very excited to make this landmark announcement during National Nurses Week. We are honored to work with all military branches to strengthen access to quality health care to the citizens of Missouri, and to assisting veterans in transitioning into civilian careers.”

Jennifer Burns
Burns Receives Board Certified Nurse Executive Credential
Jennifer Burns, RN, Practice and Education consultant for the Missouri State Board of Nursing, successfully passed her exam and is a new Board Certified Nurse Executive from the American Nurses Credentialing Center (ANCC).

Cynthia York
York Receives Doctor of Nursing Practice Degree
Cynthia York, director of the RN Practice and Credentialing Department at the Louisiana State Board of Nursing, has received her Doctor of Nursing Practice degree from Southeastern Louisiana University. Prior to graduation, York was selected for the Doctor of Nursing Practice Distinguished Scholar Award for the College of Nursing and Health Sciences. She was recognized at the Honors Convocation for her capstone project on Data Driven Health Policy Analysis of Southern State Prescription Monitoring Programs.

Carol Moreland
Moreland Appointed Executive Administrator of Kansas State Board of Nursing
The Kansas State Board of Nursing (KSBN) is proud to announce that Carol Moreland, MSN, RN, will assume the executive administrator position of Kansas State Board of Nursing in 2013 as an investigator; most recently in the role as the education specialist, working with continuing nursing education (CNE) and IV Therapy providers. Miriah holds a BSN and an MBA degree and will complete her Master of Science in Nursing degree in October 2017.

Josephine Silvestre
Nursing Economics Article Examines Return on Investment (ROI) of New Graduate Registered Nurse (RN) Transition to Practice Programs
A study, published in Nursing Economics reports the ROI results from the NCSBN Transition to Practice study. According to the study, “Many health care organizations have been reluctant to implement evidence-based transition to practice programs due to concerns about costs.” The ROI study by NCSBN Regulatory Innovations Associate Josephine Silvestre, MSN, RN, demonstrates the monetary value of providing a structured transition to practice program for new graduate RNs.

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Nursing Economics Article Examines Return on Investment (ROI) of New Graduate Registered Nurse (RN) Transition to Practice Programs
A study, published in Nursing Economics reports the ROI results from the NCSBN Transition to Practice study. According to the study, “Many health care organizations have been reluctant to implement evidence-based transition to practice programs due to concerns about costs.” The ROI study by NCSBN Regulatory Innovations Associate Josephine Silvestre, MSN, RN, demonstrates the monetary value of providing a structured transition to practice program for new graduate RNs.

Jennifer Burns
Burns Receives Board Certified Nurse Executive Credential
Jennifer Burns, RN, Practice and Education consultant for the Missouri State Board of Nursing, successfully passed her exam and is a new Board Certified Nurse Executive from the American Nurses Credentialing Center (ANCC).

Cynthia York
York Receives Doctor of Nursing Practice Degree
Cynthia York, director of the RN Practice and Credentialing Department at the Louisiana State Board of Nursing, has received her Doctor of Nursing Practice degree from Southeastern Louisiana University. Prior to graduation, York was selected for the Doctor of Nursing Practice Distinguished Scholar Award for the College of Nursing and Health Sciences. She was recognized at the Honors Convocation for her capstone project on Data Driven Health Policy Analysis of Southern State Prescription Monitoring Programs.

Carol Moreland
Moreland Appointed Executive Administrator of Kansas State Board of Nursing
The Kansas State Board of Nursing (KSBN) is proud to announce that Carol Moreland, MSN, RN, will assume the executive administrator position of Kansas State Board of Nursing in 2013 as an investigator; most recently in the role as the education specialist, working with continuing nursing education (CNE) and IV Therapy providers. Miriah holds a BSN and an MBA degree and will complete her Master of Science in Nursing degree in October 2017.

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to fill the position vacated by the retirement of Mary Blubaugh, MSN, RN. Moreland has worked for KSBN for seven years as the education specialist, working with schools of nursing and education regulations. Moreland holds a Master of Science in Nursing and a Bachelor of Science in Nursing from Wichita State University. She also obtained an Associate Degree in Nursing from Cloud County Community College and a Practical Nursing Degree from North Central Kansas Vocational Technical School. Moreland’s nursing career includes extensive experience in medical-surgical and critical care nursing in addition to nursing education. Moreland will head KSBN and will be responsible for the operations of the agency and will serve as main public contact, legislative and agency spokesperson, and will represent KSBN at state and national meetings. Her first official day as executive administrator was July 1, 2017.

Multi-board Workgroup Convened in Florida

Florida Surgeon General & Secretary of Health Celeste Philip, MD, MPH, recently asked the Division of Medical Quality Assurance to coordinate a meeting of members from the Boards of Dentistry, Medicine, Nursing, Osteopathic Medicine and Pharmacy. The group of 15 board members and staff gathered on June 2, 2017, in Orlando to address improving patient care through a multi-disciplinary team approach to health care regulation, with discussions focused on wrong-site surgery/retained foreign objects, controlled substances/opioid epidemic, anesthesia, and telehealth. This initial gathering of the workgroup went well and sub-groups will meet in the future to address specific ways for the boards to work together.

Congratulations to Mary Trucksa on 35 Years at NCSBN

On Sept. 15, NCSBN staff honored Accounting Associate Mary Trucksa with a party, gifts and flowers to celebrate her 35 years at NCSBN. When Mary was hired in 1982, NCSBN was located in the Time-Life building at 303 E. Ohio St., and would move to 626 N. Michigan Ave. in 1984 and then 676 N. Saint Clair St. in 1989 before settling in at 111 E. Wacker Dr. in 2003.

In 1982 NCSBN had fewer than 10 employees. "I was hired by Ann Watkins, and like Esther White, I found the job in the Chicago Tribune classifieds," says Mary. "We used typewriters—if you made a mistake on a letter, you had to retype it, so you had to be a good typist. We didn't have computers at first, and when that came aboard it was good because we learned a new skill. The computer changed everything. When the organization started growing, I moved into accounting."

Mary learned on the job and took college classes in order to perform the functions of her new role. "MIP (nonprofit accounting software Micro Information Products) was brought in and I was trained on that," she says. "It was new at the time and I helped to discover a lot of bugs and worked with P.J. Donahue to fix them when we got the system started."

As the years have passed, Mary has seen the Finance department grow and become more streamlined as projects have increased. "We have more staff at NCSBN, more committees and more travel," she says. "Employees used to have to fill out their time sheets by hand and they were processed in house. We started off with four lateral file cabinets and now there are over a hundred."

Mary shares one particular anecdote that illustrates how times have changed. "Back when NCSBN was still growing, when we had Board or committee members visiting the office, we didn't call in catered meals. We would go out to a hotdog stand down the street to pick up Italian beef sandwiches. People loved it because they were from out of town."

Mary has proven to be a valuable asset to NCSBN and we congratulate her on her milestone! Her long-time colleague and friend Ann Watkins reflects on their years at NCSBN: "Mary and I have gone where no one else has, 35 years at NCSBN. She should be congratulated for her loyalty and dedication to NCSBN over the past years, as well as to me as a colleague and friend."