



FORMULATING STRATEGY & ALIGNING INFLUENCE

2019 NCSBN ANNUAL MEETING · CHICAGO · AUG. 21-23, 2019



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Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 25 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission

The National Council of State Boards of Nursing (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.

Values

Collaboration: Forging solutions through respect, diversity and the collective strength of all stakeholders.

Excellence: Striving to be and do the best.

Innovation: Embracing change as an opportunity to better all organizational endeavors and turning new ideas into action.

Integrity: Doing the right thing for the right reason through honest, informed, open and ethical dialogue.

Transparency: Demonstrating and expecting openness, clear communication and accountability of processes and outcomes.

Purpose

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

NCSBN's programs and services include developing the NCLEX-RN® and NCLEX-PN® Examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to NCSBN's purpose and serving as a forum for information exchange for members.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

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Address inquiries in writing to NCSBN Permissions: 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277

Section I: **Meeting Resources**

Directions for Obtaining Continuing Education (CE) Contact Hours for the 2019 Delegate Assembly

In an attempt to streamline the CE process, as well as to be environmentally responsible, we will award your CE certificates electronically.

1. Please follow these directions carefully if you'd like to receive your CE contact hours:
2. Check in using the iPads at the registration desk once per day. This is critical for obtaining CE contact hours. If you don't check in, you will not be eligible to receive the contact hours.
3. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
4. Once we receive your electronic evaluation, NCSBN will send you an electronic CE certificate. The deadline to complete the electronic evaluation is Sept. 13, 2019.

If you have any questions, email Qiana McIntosh at qmcintosh@ncsbn.org.

Provider Number: CEP15807, expiration date July 2021

Business Agenda of the 2019 Delegate Assembly

Wednesday, Aug. 21, 2019

9:30–11:45 am

Opening Ceremonies

- Introductions
- Announcements

Opening Report

- Credentials Report

Adoption of Standing Rules

Adoption of Agenda

Report of The Leadership Succession Committee

- Presentation of the 2019 Slate of Candidates
- Nominations from Floor

President's Address

CEO's Address

Thursday, Aug. 22, 2019

8:30–9:00 am

Elections

9:30–9:45 am

Election Results

Friday, Aug. 23, 2019

10:30–11:00 am

Board of Directors' Recommendations

- Approve the proposed Strategic Initiatives for the years 2020-2022
- Approve the proposed APRN Compact Language Changes
- Approve the Puerto Rico Board of Nursing as an Associate Member of NCSBN
- Approve the Spanish General Council as an Associate Member of NCSBN

NCLEX® Examination Committee's Recommendations

- Adopt the proposed *2020 NCLEX-PN® Test Plan*

New Business

Closing Ceremony

Adjournment

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

Section II: **Committee Reports**

Summary of Recommendations to the 2019 Delegate Assembly

Board of Directors' (BOD) Recommendations:

1. Approve the proposed Strategic Initiatives for the years 2020–2022

Rationale:

The proposed strategic initiatives have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2018. The Strategic Initiatives have been subject to consultation with members at the NCSBN Midyear Meeting and are presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that the *Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives.*

Fiscal Impact:

Incorporated into the fiscal year 2019-2022 (FY19–22) budget.

2. Approve the proposed APRN Compact Language changes

Rationale:

Due to lack of progress and failure to reach the critical mass needed for implementation, changes are necessary to increase the likelihood of adoption by states. The APRN Task Force has recommended revisions to the APRN language.

Fiscal Impact:

Incorporated into the FY20 budget.

3. Approve the Puerto Rico Board of Nursing as an Associate Member of NCSBN

Rationale:

The NCSBN Bylaws, article III, section 1d states, “An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction.” The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

4. Approve the Spanish General Council of Nursing as an Associate Member of NCSBN

Rationale:

The NCSBN Bylaws, article III, section 1d states, “An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction.” The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

Leadership Succession Committee (LSC) Recommendation:

7. Present the 2019 Slate of Candidates.

Rationale:

The LSC has prepared the 2019 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 21, 2019.

Fiscal Impact:

Incorporated into the FY19 budget.

NCLEX® Examination Committee (NEC) Recommendation:

6. Adopt the proposed 2020 NCLEX-PN® Test Plan.

Rationale:

The NEC reviewed and accepted the *2018 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2019) as the basis for recommending revisions to the *2017 NCLEX-PN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the *2020 NCLEX-PN® Test Plan*.

Fiscal Impact:

Incorporated into the FY19 budget.

Report of the Board of Directors (BOD)

Highlights of Business Activities

Oct. 1, 2018 – May 31, 2019

Strategic Implementation

Strategic Plan 2017–2019

Excellent progress has been made in relation to the pursuit of the 2017–2019 Strategic Plan with major objectives being met across all four of the Strategic Initiatives. One area relating to exploration of mobility within the NAFTA group of countries has been postponed due to the uncertainty of the wider agreement currently being negotiated between the administrations of Mexico, Canada and the U.S. Fiscal year 2019 (FY19) saw the start of discussions with the membership in preparation for the next three-year cycle.

Enhanced Nurse Licensure Compact (eNLC) Activity

Tremendous progress has been made regarding passage of legislation at state level, culminating in the implementation of the eNLC ahead of the default date of December 2018. This work has only been possible by the coordinated efforts of a wide range of stakeholders at both state and national levels. In addition to the passage of legislation, the Commission was established, rules drafted and implemented, increased numbers of endorsements secured and a wide range of alliances built. This achievement has only been possible through the hard work of regulators and their partners at state level, as well as the support of the NCSBN cross-organizational team working to address the various issues that have emerged as a result of bringing about such large-scale change.

Regulation 2030

The initial work on "Regulation 2030 — First Steps of a Journey," was completed with the publication of a supplement to the *Journal of Nursing Regulation*. Multiple requests for copies of the report have been received, as well as positive feedback from a number of ministries and jurisdictions from across the world. Presentations have been given on request to a number of NCSBN Members and Associate Members. In addition, presentations to other sister regulatory disciplines have been made, as well as discussions with federal level staff at the FTC, the Department of Labor and a number of libertarian groups.

Board Members

Julia L. George, MSN, RN, FRE
North Carolina, Area III, President

James D. Cleghorn, MA
Georgia, Area III, President-Elect

Gloria Damgaard, MS, RN, FRE
South Dakota, Area II, Treasurer

Cynthia LaBonde, MN, RN
Wyoming, Area I Director

Adrian Guerrero, CPM
Kansas, Area II Director

Jay Douglas, MSM, RN, CSAC, FRE
Virginia, Area III Director

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP
Maine, Area IV Director

Cathy Borris-Hale, MHA, RN
District of Columbia, Area IV,
Director-at-Large

Elizabeth Lund, MSN, RN
Tennessee, Area III, Director-at-Large

Mark Majek, MA, PHR, SHRM-CP
Texas, Area III, Director-at-Large

Lori Scheidt, MBA-HCM
Missouri, Area II, Director-at-Large

Staff

David Benton, RGN, PhD, FRCN, FAAN
Chief Executive Officer

Allex Hernandez, MA
Executive Assistant to the Chief
Executive Officer

Ashby Rosenberger
Senior Manager, Business
Administration and Office Services

Next Generation NCLEX®

High momentum progress has been made in developing the scientific underpinnings for the next generation of the licensing exam. Data collection has commenced and the response rate in relation to requests for participation have been extremely high. NCSBN has received an increasing number of requests to provide a presentation on the work from interested stakeholders in the education and measurement sectors.

Substance Abuse

Changes to legislation relating to the medicinal and recreational use of marijuana, as well as the opioid crisis has featured extensively in the work of both NCSBN and individual nursing regulatory bodies (NRBs). The work of the Marijuana Regulatory Guidelines Committee has resulted in the development of a wide range of support materials published during FY19. The decision to make the eLearning resource on substance use disorder available for free has resulted in a significant increase in the use of this learning resource.

Occupational Licensure

NCSBN has, with the support of other sister health professional regulatory bodies, initiated an alternative narrative associated with occupational licensure focusing on the public interest benefits of regulation. In addition, a comprehensive examination of how nursing regulation deals with the various issues raised will be published as a supplement in July. The paper engaged nurse regulators from around the world and it is anticipated that it will act as a good resource for all jurisdictions.

Tri-Council

After completing a year as an auditing member of the Tri-Council for Nursing, NCSBN was invited and accepted full membership. With NCSBN's membership, the Tri-Council now contains representation from education, service and regulatory perspectives on key nursing issues.

For a more comprehensive list of FY19 organizational achievements and actions, see the FY19 highlights and accomplishments detailed later in this report.

Board Meeting Dates

Aug. 17, 2018

Sept. 17–19, 2018

Oct. 15–16, 2018 (Board Retreat)

Dec. 3–4, 2018

Feb. 11–12, 2019

May 6–8, 2019

July 16–17, 2019

Attachments

Attachment A:

[Annual Strategic Plan Progress Report, October 2018 – May 2019](#)

Attachment B:

[Proposed Strategic Initiatives for 2020–2022](#)

Attachment C:

[Puerto Rico Board of Nursing Associate Member Application](#)

Attachment D:

[Spanish General Council of Nursing Associate Member Application](#)

References

[Proposed APRN Compact Language Revisions](#) (page 33)

Recommendations to the Delegate Assembly:

1. Approve the proposed Strategic Initiatives for the years 2020–2022

Rationale:

The proposed strategic initiatives have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2018. The Strategic Initiatives have been subject to consultation with members at the NCSBN Midyear Meeting and are presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that the *Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives.*

Fiscal Impact:

Incorporated into the FY19–22 budget.

2. Approve the proposed APRN Compact Language changes

Rationale:

Due to lack of progress and failure to reach the critical mass needed for implementation, changes are necessary to increase the likelihood of adoption by states. The APRN Task Force has recommended revisions to the APRN language.

Fiscal Impact:

Incorporated into the FY20 budget.

3. Approve the Puerto Rico Board of Nursing as an Associate Member of NCSBN

Rationale:

The NCSBN Bylaws, article III, section 1d states, “An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction.” The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

4. Approve the Spanish General Council of Nursing as an Associate Member of NCSBN

Rationale:

The NCSBN Bylaws, article III, section 1d states, “An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction.” The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance, each new associate member will pay a \$1,500 annual fee.

FY19 Highlights and Accomplishments

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- American Association of Colleges of Nursing (AACN)
- Citizen Advocacy Center (CAC) Annual Meeting
- National Student Nurses' Association (NSNA)
- National Organization for Associate Degree Nursing (N-OADN)
- National League for Nursing (NLN) Education Summit
- Council on Licensure, Enforcement & Regulation (CLEAR) Educational Symposium
- International Nurse Regulator Collaborative (INRC) Business Meeting
- WHO State of the World Nursing and Midwifery report strategic working group.
- ICN/ICM Credentialing and Regulators Forum
- National Quality Forum (NQF) Annual Conference
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- National Patient Safety Foundation (NPSF)
- Tri-Regulator Collaborative Meeting
- Tri-Council for Nursing
- American Nurses Association (ANA)
- World Health Organization (WHO)/Pan-American Health Organization (PAHO) launch of their work on strengthening nursing and midwifery strategy

Governance and Policy

- The BOD were provided with a range of resources relevant to the governance of not for profit 501c(3) organizations.
- President Julia George, along with an external consultant, facilitated a board member briefing and orientation with contributions from Chief Financial Officer, Rob Clayborne, and Legal Counsel Tom Wilde covering issues of fiduciary responsibility, governance, not-for-profit finance and 501c(3) status.
- The BOD updated a number of NCSBN Board Policies through examination of the relevant sections to reflect operational changes in existing processes.
- The BOD identified and appointed BOD liaisons to the various committees and mentors for those newly appointed BOD members.
- The BOD appointed Jay Douglas to the vacant director-at-large position.
- The BOD resolved to establish an expert driven task force to examine the implications on APRN Compact language of a number of problems that had been identified through discussions with legislators.
- The BOD agreed to withdraw from membership of the American National Standards Institute (ANSI) as the standards development process is poorly aligned with the mandate of nursing regulatory bodies.
- The BOD reviewed education and advocacy efforts in Washington, D.C. throughout the year, including collaborative efforts with the government relations firm Prime Policy Group.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics included occupational

licensure, the opioid crisis, issues emerging from the changes to legislation on medicinal and recreational use of marijuana, ongoing issues emerging from the decision of the Supreme Court regarding the Federal Trade Commission (FTC) case against the North Carolina Dental Board, moves towards consolidation of regulatory boards, and attempts to introduce a broad-based licensure compact.

- The BOD hosted a conference call/webinar for members during each BOD meeting. President Julia George highlighted environmental issues identified by the BOD, solicited current issues from members and facilitated dialogue with participating members.
- The BOD continuously reviewed performance outcome data from NCSBN-hosted education meetings and conferences.
- The BOD continuously reviewed and discussed performance measures and outcome data related to the NCSBN Strategic Plan.
- The BOD determined the education session content for the NCSBN Midyear and Annual Meetings.
- The BOD held a retreat in October to review the current purpose, mission, values and vision of the organization and to initiate the development of the strategic initiatives and objectives for the 2020 to 2022 triennium.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD set the initial FY20 BOD meeting and retreat dates.

Finance

- The BOD approved the proposed budget for FY19.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY18.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.
- The BOD accepted the independent auditor's report for the NCSBN 403(b) defined contribution retirement plan for the year ended June 30, 2018.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2018.
- The BOD reviewed the 2018 IRS 990 form.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.

Testing

- The BOD agreed to work on establishing a contract with British Columbia and Ontario for the provision of a new licensed practical nurse (LPN) licensing exam in the two Canadian Provinces.
- The BOD discussed and approved the migration of Pearson VUE staff for the item development as part of the new contract arrangements.
- The BOD reviewed progress on the introduction of a new look and feel product that test candidates can utilize to familiarize themselves with the NCLEX test format.
- The BOD reviewed the NCLEX update reports on the NCLEX examination program.
- The BOD monitored NCLEX implementation in Canada and received an update on a revised report of the language commissioner who found the French translation to be appropriate.
- The BOD reviewed update reports on the National Nurse Aide Assessment Program (NNAAP®) and MACE® examination programs.
- The BOD approved minor revisions to various NCLEX policies.

Information Technology (IT)

- The BOD reviewed operational and performance outcome data related to Nursys® and programs, products and services from the Interactive Services department throughout the year.
- The BOD received an update on progress to support the exchange of licensure and discipline information between Canadian regulatory bodies and members.
- The BOD received the results of an NCSBN data security audit and were pleased to note the results.
- The BOD received a report on the management of a data incident involving the display of personal identifiable data originating from one of the members.
- The BOD received an update on the implementation of the contractual relationship with the National Registry of Emergency Medical Technicians (NREMT) to provide the necessary software code to enable NREMT to implement their licensure compact.
- The BOD reviewed the progress and implementation of the ORBS project and noted that a number of changes to the sequence of those members seeking to introduce the system had been made.

Nursing Regulation and Research

- The BOD received the results of the expansion of the analysis of substance use disorder programs.
- The BOD received the results of research to identify potential metrics to assist members in deciding on the quality of educational programs. The study triangulated information from three perspectives: a Delphi study; a review of the literature; and an analysis of member reports.
- The BOD received an update report on the National APRN campaign and strategy. It was noted that this work is done at the request of individual members and is a collaborative and coordinated activity.
- The BOD reviewed the results of the competencies needed to inform the new leadership development activities of NCSBN. Good progress has been made in developing new content and the intention is that the program will commence in FY20.
- The BOD reviewed and discussed the annual Environmental Scan.
- The BOD reviewed and discussed the biannual Workforce Study.
- The BOD received and discussed a synopsis of the current and planned future research activities.
- The BOD received regular updates on the work associated with eNLC legislative action, as well as the work of the associated implementation group.

Attachment A:

Annual Strategic Plan Progress Report October 2018 – May 2019

The Annual Strategic Progress Report is a summary of the year's activities and accomplishments in the work toward achieving the organization's strategic initiatives. This summary provides feedback around both internal business processes and external outcomes in order to continuously improve strategic performance and results.

A: Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind and recognizing the fast pace of change occurring in the health care environment, NCSBN needs to be on the cutting edge of evidence, knowledge and practice relating to regulatory systems that support contemporary health care. NCSBN must be a thought leader, informed by wider global and regional changes, and fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed licensure. NCSBN will be proactive in identifying emergent trends so as to propose innovative yet pragmatic solutions. To this end NCSBN will communicate extensively with all its stakeholders so as to interpret and prioritize multiple complex perspectives, data and information.

Strategic Objective A1:

Create a global regulatory platform to facilitate understanding, dialogue and collaboration between nurse regulators.

- a. Develop a shared, searchable, digital regulatory Atlas designed to document and communicate regulatory approaches worldwide.
 - The Atlas launched in August 2018 and by May 2019 data collection was complete with 320 entries. There are 26 countries that have not been included due to insufficient information available.
 - Analysis of trends and common themes in the Atlas data will be presented at the International Council of Nurses in June 2019 and will be published in a supplement of the *Journal of Nursing Regulation (JNR)*.

Strategic Objective A2:

Develop and promote measurable performance competencies for achieving excellence in regulatory governance.

- a. Identify and define performance competencies for key positions within board governance and operations and incorporate into the CORE project.
 - Performance competencies were developed by the EO Leadership Group and Stephanie Ferguson; completed in December 2018.
 - Additional competencies will be developed and incorporated into the International Center for Regulatory Scholarship (ICRS) program.

Strategic Objective A3:**Help the boards of nursing (BONs) achieve operational excellence and efficiency.**

- a. Enhance Nursys.com to clearly display practice privileges by jurisdiction for employers, nurses and the public.
 - Completed in December 2017.
- b. Enhance Nursys.org with the introduction of reason codes for enhanced Nurse Licensure Compact (eNLC) boards.
 - During the October meeting the NLC Commission ruled that the single-state reason codes will not be shared between the NLC boards via Nursys.
 - Project closed out in December 2017.
- c. Implement reimbursement agreements for Nursys License Verification for Endorsement with boards currently not utilizing the system.
 - California RN has requested and is in discussion to participate in the Nursys Electronic License Verification.
- d. Via the CORE Portal, the CORE program helps BONs demonstrate their effectiveness and efficiency in protecting the public using a rigorous and valid set of performance measures.
 - The CORE Portal was released in November 2018 including a demo video for users.
 - After review for usage, project is considered complete as of January 2019.

Strategic Objective A4:**Amongst all relevant stakeholders, facilitate the generation and transfer of knowledge that supports decision making and evidence-based regulation.**

- a. Develop a public health policy course with George Washington University, and increase the participant's public policy knowledge and skill as a nurse.
 - Four students completed the program in summer 2018 and four students are enrolled for 2019.
 - 2020 applications are being accepted over the summer of 2019.
- b. Identify the gaps in scientific evidence around nursing regulatory issues, conduct rigorous studies and analysis and publish them in peer-reviewed journals.
 - The National Workforce Study was published in a supplement to the JNR in October 2018.
 - The 2019 Environmental Scan was published in a supplement to the JNR in January 2019.
 - An APRN publication was published in the JNR in January 2019.
 - Multiple reports are in progress and will be disseminated in the JNR and other journals.
- c. Develop the Regulatory Scholars Program for nursing students at various levels to advance the knowledge of nursing regulation throughout the profession.
 - The summer 2018 intern, Eileen Fry-Bowers and the clinical experience summer student, Julie Darley, have completed their experiences, which were great successes.
 - The name of the intern program has been changed to "Scholar in Residence" and the clinical experience program has become the "Unpaid Internship" program.
 - Marketing and advertisement for the programs was developed and is being used for active recruitment at exhibits and presentations; in addition, cards were created and sent out to all nursing programs.
 - An interview with our summer Scholar in Residence was published in *Leader to Leader* and the experience on was highlighted on the NCSBN website.
 - Recruitment for the 2019 Scholar in Residence is currently underway.

- d. Increase the number of proposals submitted to the Center for Regulatory Excellence (CRE) Program from doctoral students as well as international researchers.
- There were 16 proposals received and three were funded.
 - The next round of proposals will take place in April 2019.

Strategic Objective A5:

Increase the visibility and impact of the organization and establish it as the preeminent voice in regulation.

- a. Conduct a rebranding of the NCSBN message and value-added contribution.
- All collateral materials have been transitioned to the new logo and branding.
 - The Year in Review microsite was launched in May 2019.
 - As of May 2019, this initiative has moved into a new phase looking into additional vehicles to carry the NCSBN brand's message.

B: Champion regulatory solutions to address borderless health care delivery.

Defining the nurse licensure regulatory framework for borderless health care delivery over the next few years will be complex and challenging. It will require increased collaboration with multiple stakeholders and involve working synergistically by utilizing advanced technology to deliver optimal results. Telehealth's influence in health care has increased over the last two decades. It has taken on new political influence that will impact jurisdiction-based licensure systems and will require new ways of working outside our traditional jurisdictional borders. Being cognizant of the legislative process, keeping an eye on current and emergent issues, as well as knowledgeable of where and how regulators can get involved will help accelerate the achievement of desired results for BONs and public protection.

Strategic Objective B1:

Promote and implement mechanisms that facilitate trans-jurisdictional practice.

- a. Build relationships with state stakeholders to achieve consensus on this model of licensure in order to enable practice beyond jurisdictional boundaries.
- The Legislative Team continues to build relationships with individuals at the state and federal level including forming coalitions in key states with pending legislation.
- b. Implement a solution to exchange nurse licensure and discipline information with Canadian regulatory bodies.
- The Nursys for Canada Charter agreement was created.
 - Canadian regulatory bodies are in the process of hiring a program manager for the project.
 - NCSBN staff is working on drafting a Statement of Work.
- c. Support the eNLC and assist states in adopting and implementing it.
- Legislation was filed in Alabama, Illinois, Indiana, Massachusetts, Michigan, Minnesota, New Jersey, Vermont and Washington.
 - Alabama and Indiana have enacted the NLC this session.
 - The Washington NLC bill has died. Vermont, Illinois and Minnesota will most likely die in session in the next month.
 - There are still pending bills in Massachusetts and Michigan.
 - New Jersey is awaiting the governor's signature.

- It is believed that Pennsylvania will file an NLC bill this session.
 - New Mexico and Montana had filed bills that repeal or significantly change the NLC, but both bills died in session.
 - Georgia bill that corrected problematic language in original NLC bill was passed.
- d. Assist states in adopting and enacting the consensus model and the APRN Compact.
- The APRN Compact Task Force met in November 2018 and January 2019.
 - The task force presented policy recommendations at the February 2019 BOD meeting and to the membership at Midyear Meeting. Feedback was collected from the membership.
 - NCSBN's APRN Consensus Model Campaign (NursingAmerica) is active in six states in the 2019 legislative session: Florida, Kentucky, Mississippi, Nebraska, North Carolina and Tennessee with a mixture of both advocacy and media resources deployed in those states.

Strategic Objective B2:

Develop a North American model of licensure with U.S. trading partners.

- a. Convene a consensus conference between U.S., Canada and Mexico to develop a model for borderless practice between countries.
- On Hold. Prime Policy is analyzing the replacement agreement for NAFTA. NCSBN has reached out to Mexico regarding their legislation but are still waiting for a response

Strategic Objective B3:

Identify normative tools that facilitate trans-jurisdictional mobility at the international/global level.

- a. Conduct practice analysis in CARICOM nations.
- On Hold. Its status will be re-evaluated based on BOD strategy for global use of the NCLEX and the NCLEX items.
- b. Develop and deploy ORBS licensing system to the boards of nursing.
- Implementation completed for Louisiana RN (August 2018), Arizona (September 2018), Wyoming (January 2019) and West Virginia RN (March 2019).
 - Louisiana PN implementation and NLC roll out to go live July 1, 2019.
 - Louisiana RN NLC configuration in progress to go live on July 1, 2019.
 - Arkansas data migration meeting continues. If data migration issues resolved and went live could be scheduled for either end of May or 1st week of June.
 - Texas discussion continues with their technical staff.
 - Guam is exploring NLC implementation in 2020 and ORBS deployment is part of the NLC implementation plan. Team is working with Guam to discuss data integrity and data migration options.
 - The Oklahoma BON and Oregon BON have preliminarily expressed interest in 2020 implementation
 - ORBS team conducted a post go-live survey and interview with Arizona BON staff.
 - ORBS user group sessions are scheduled in April 2019 with all ORBS participating nursing regulatory bodies.
- c. Increase the number of boards submitting standardized minimum data set (MDS) nurse supply workforce data to the Nurse Workforce Repository managed by NCSBN.
- The following regulatory bodies are now submitting data to the Nurse Workforce Repository utilizing the new MDS: Alaska, Arizona, Delaware, Florida, Georgia, Idaho, Louisiana RN, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, North Carolina, Northern Mariana Islands, Ohio, Washington, West Virginia PN, West

Virginia RN and Wyoming.

- Iowa, Mississippi and South Dakota are in the process of updating the workforce collection process to utilize the new MDS.

Strategic Objective B4:

Develop contemporary regulatory language and models.

- Identify, agree and enact Regulation 2030 outcomes.
 - Preliminary strategic objectives for the 2020 strategic plan have been identified and will move a portion of the 2030 regulation work forward.
 - An inter disciplinary group convened to discuss common disciplinary terms (also a part of 2030).
 - Development of ICRS program is an outcome of regulation 2030 and more projects are being planned for the 2020–2022 strategic plan

C: Expand the active engagement and leadership potential of all members.

NCSBN's success in achieving its vision, mission and goals is directly proportional to the active engagement and leadership of its members. NCSBN is committed to developing programs and services that support BON performance and facilitate sharing of best practices, mentoring of talent and diffusion of expertise. This initiative concentrates on: exploring structured methods for leadership development to build and further the dissemination of regulatory expertise; implementation of leadership succession planning; address the specific needs of the executive officer; embrace and respond to generational changes in nursing regulation; and leverage the role of the regulator in complex interdependent systems that collectively secure public safety.

Strategic Objective C1:

Support BONs in identifying policy and legislative change that drives and advances the attainment of the organizations vision and mission.

- Link and align regulatory outcomes to specific actions and drill down and disseminate those actions to all levels of the boards.
 - Findings from the Citizen Advocacy Center (CAC) study were presented at the December 2018 BOD meeting.
 - The evaluation will be published and distributed at the 2019 NCSBN Annual Meeting.

Strategic Objective C2:

Promote standardization and the use of evidence-based criteria and decision making when supporting BONs in the achievement of regulatory excellence.

- Review and revise the Model Acts and Rules.
 - At the July 2018 BOD meeting, the BOD modified the charter of the NCSBN Standards Development Committee to include the following:
 - Withdraw from ANSI;
 - Subsume the responsibilities for the development of standards related to the Model Act and Rules;
 - Perform ongoing review, revision, and development of Model Acts and Rules to reflect the current regulatory environment;
 - Develop standards to assist member boards to operationalize Model Acts and Rules;

- Ensure alignment of Model Act and Rules with the work of NCSBN Committees;
- Engage with national and international subject matter experts to identify knowledge of best practices and areas of collaborative work.
- The Model Act and Rules Committee met Oct. 29–30, 2018, Jan. 14–15, 2019, March 4–5, 2019 and May 29–30, 2019 to review the Model Act.
- The committee will meet in July 2019 to begin Model Rules review.

Strategic Objective C3:

Continue to identify and promote behaviors that transform how the BONs define and accomplish value-added work, and challenge innovative ways of getting things done.

- a. Develop leadership competencies for the membership to adopt that create a pathway from service to leadership.
 - Leadership competencies continue to be developed and incorporated into courses for the ICRS Program.

Strategic Objective C4:

Alert and support members to proactively address contemporary legal, environmental and social issues and challenges that impact nursing regulation.

- a. Develop and disseminate educational content (position statements, reports, etc., on topics such as cannabis and substance use).
 - NCSBN website Medical Marijuana page, JNR supplement is now FREE.
 - NCSBN National Nursing Guidelines for Medical Marijuana , JNR supplement forwarded to many nursing and health care organizations.
 - Presentations:
 - AAN poster;
 - AACN three-part webinar program in November, December and January; and
 - Two NSNA presentations in November.
 - Completed in early 2019.

D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

NCSBN is dedicated to providing state-of-the-art competency assessments that are psychometrically sound, secure and legally defensible. Maintaining the industry benchmark for consistency and value, and defining its future development and application requires a team effort. Areas of focus include further enhancing precision of measurement, optimizing ease of delivery of NCLEX® to candidates through the use of technologies as well as exploring alternative usage of exam items.

Strategic Objective D1:

Enhance precision of the measurement of NCLEX® candidates through the use of state-of-the-art technologies and unfolding scoring models.

- a. Develop assessment processes that ensure the fidelity as well as the reliability/validity of the measurement of entry to practice.
 - Completed August 2018

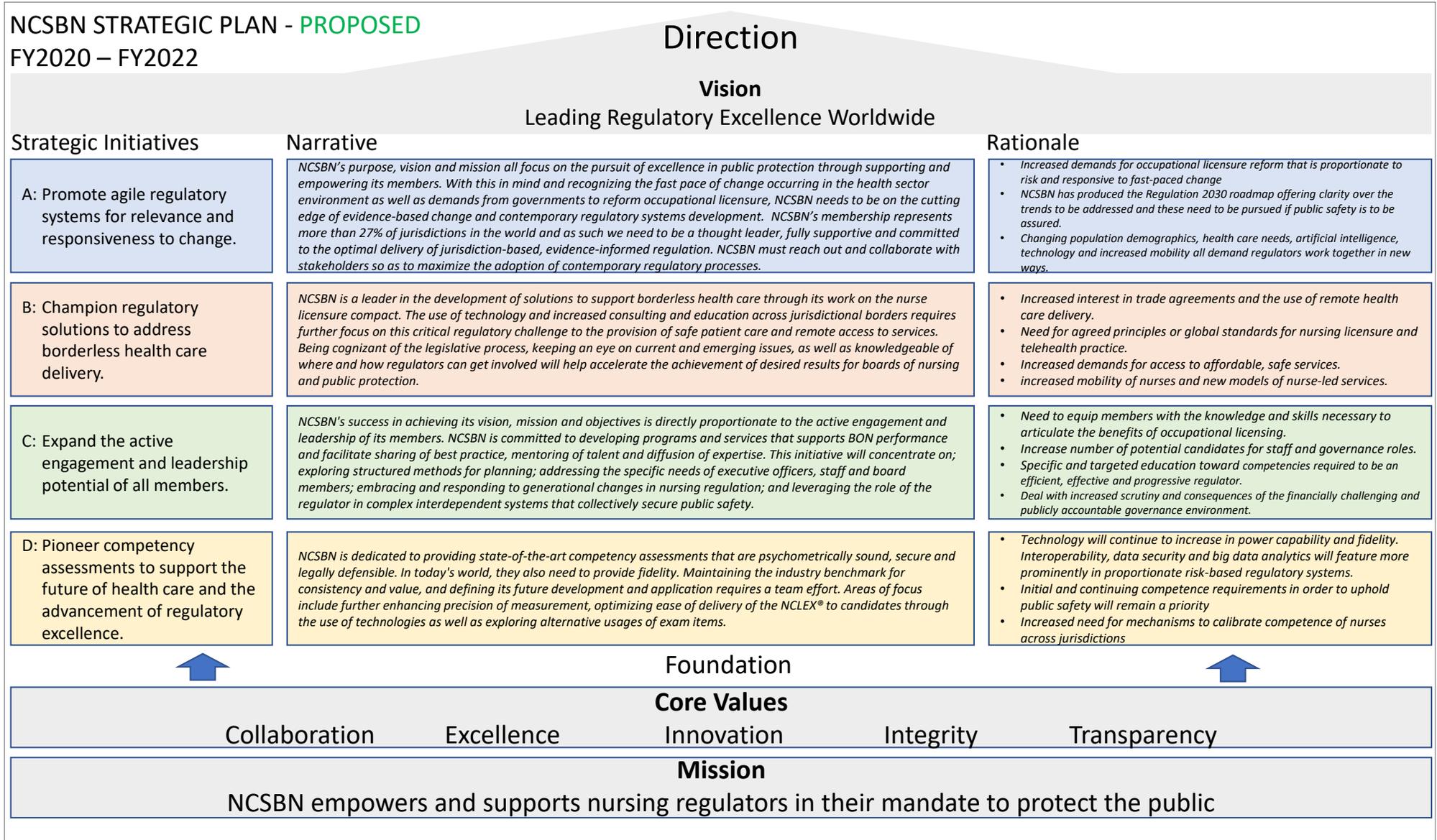
- b. Recommend test plans to the Delegate Assembly.
 - Completed August 2018 (NCLEX-RN) and August 2019 (NCLEX-PN).
- c. Develop NCLEX prototype items that use technology enhanced item types focused on measuring clinical decision making/judgment.
 - Next Generation NCLEX Panels are ongoing. The special research section data from each quarter is continuing to be analyzed to support further research.

Strategic Objective D2:

Investigate the use of NCSBN's exam resources to support the work of the regulatory boards and educational institutions.

- a. Explore development of RN/PN licensure maintenance assessment tools which can be used by nurses and member boards to help identify strengths and weaknesses related to knowledge, skill and ability necessary for safe and effective nurse practice.
 - Potential solution research is ongoing.
- b. Explore development of a primary source data portal for U.S. Member Boards and education programs that would provide flexible and direct access of NCLEX data by boards of nursing and education programs.
 - Potential solution research is ongoing.
- c. Develop a NCLEX practice examination designed to provide candidates who are registered to take the NCLEX with the opportunity to experience the look and feel of the NCLEX examination prior to sitting for the actual examination while providing a positive revenue to NCSBN.
 - Completed August 2018.

Attachment B: Proposed Strategic Initiatives for 2020–2022



Attachment C: Puerto Rico Board of Nursing Associate Member Application



NCSBN Associate Member Application

Organization Information

Full Legal Name of Organization <i>Puerto Rico Board of Nursing</i>	
Chief Staff Person <i>Dr. Carmen T. Lopez</i>	Credentials <i>DNP, FNP, ANP, BC, FAAN+</i>
Email Address <i>dr.clopez@yahoo.com</i>	Direct Phone Number <i>(787) 502-2946</i>

Organization Mailing Address <i>1590 Ave. Juan Ponce de León</i>			
City <i>San Juan</i>	State <i>P.R.</i>	Country <i>Puerto Rico</i>	Postal Code <i>00926</i>
Organization Physical Address (if same as mailing address, enter "N/A") <i>N/A</i>			
City	State	Country	Postal Code
Organization Main Phone Number	Organization Email Address	Website	

Organization Description

- List all the professions the organization regulates:
 - Registered Nurse; BSN, ADN
 - Practical licensed Nurse
 - Advanced Practice Nurses; NP, CNS, Midwife, CRNA
- List the number of persons regulated (by profession):
 - Seven members in the Board of Nursing
 - Regulate approximately RN - 40,000 APRN - 10,000
 - LPN - 30,000
- Describe the authority under which the organization regulates:
 - Government of Puerto Rico

4. Include the organization's mission statement in the space below:

Promote and assure quality of nursing services in Puerto Rico

5. Is this a membership organization?

No

6. List the date the organization was founded:

1930 with the establishment of the law 77
to create the First Board of Nursing

7. Describe why the organization wants to be an NCSBN Associate Member:

-Active collaborate with the committees of NCSBN to create policies and regulations to improve Nursing services in Puerto Rico and USA
-Gain communication and participation for the development of the NCLEX

8. Is the organization incorporated?

Yes

No

8a. If yes, check one of the following:

For-profit

Nonprofit

9. List the number of staff working within the organization:

15 Staff Members	8-Licensed Staff-New Licensees
1 Board Director Office	2-Continuous Education Process
1 Secretary	3-Renewal Licensed Staff

10. How many members are on the organization's governing board?

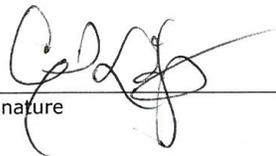
Seven members for the Governing Board

1 Advance Practice Nurse Representative	1 Specialist Nurse - Education
1 Nurse Associate ABN	1 Specialist Nurse - Administration
1 Bachelor Nurse	
2 LPN	

2

Upon completion, submit this application form via email to memberrelations@ncsbn.org along with a copy of the organization's Bylaws as an attachment.

By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee of \$1,500 USD may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.


Signature

Board of Nursing President
Title

August 17, 2018
Date

Attachment D: Spanish General Council of Nursing Associate Member Application



NCSBN Associate Member Application

Organization Information

Full Legal Name of Organization Consejo General de Enfermería de España / Spanish General Council of Nursing	
Chief Staff Person Florentino Pérez Raya	Credentials President
Email Address presidentecge@consejogeneralenfermeria.org	Direct Phone Number +34 913345502

Organization Mailing Address C/ Fuente del Rey, 2			
City Madrid	State Madrid	Country Spain	Postal Code 28023
Organization Physical Address (if same as mailing address, enter "N/A") N/A			
City	State	Country	Postal Code
Organization Main Phone Number +34 913345520	Organization Email Address cge@consejogeneralenfermeria.org	Website www.consejogeneralenfermeria.org	

Organization Description

1. List all the professions the organization regulates:

Nurses:

- Registered Nurses (Generalist)
- Specialist Nurses (Advanced practice nurses)

2. List the number of persons regulated (by profession):

- Registered Nurses (Generalist): 270.000 (included specialist nurses)
- Specialist Nurses (Advanced practice nurses): 47.114

3. Describe the authority under which the organization regulates:

ROYAL DECREE 1231/2001, of the 8th of November by which the general By-Laws of the Nursing College Organization of Spain, of the General Council and of the nursing professional activity regulations are passed into Law. And Law 2/1974, of February 13, on Professional Associations.
The General Council of the Official Colleges of Nursing of Spain is the senior body for their representation and coordination in the national and international fields, with the nature of a public law corporation for all purposes, own legal personality and full capacity to fulfill its aims. Its registered office shall be situated in the capital of the State, without prejudice of holding meetings in any other place in Spanish territory. The General Council is the entity that groups together, coordinates and represents as sole agent the nursing profession and all of the Official Colleges of Nursing of Spain in the national and international fields; it rules the professional practice, within the scope of its competence and pursuant to the provisions in the Constitution and laws, and defends and protects the interests of the professionals and of Nursing itself, by exercising disciplinary powers and deciding on the appeals brought, on the terms set out in these Statutes.
The purposes of the General Council of Nursing are the organization of the exercise of the professions, the exclusive institutional representation, the defense of the professional interests of the members and the protection of the interests of the consumers and users of the services of their members.

4. Include the organization's mission statement in the space below:

Organization of the exercise of the professions, exclusive institutional representation, defense of the professional interests of the members and protection of the interests of consumers and users of the services of its members, all without prejudice to the competence of the Public Administration by reason of the official relationship.
Protect the health of people and ensure the safety of patients, from a professional, ethical, humanistic, autonomous and competent practice.

5. Is this a membership organization?

6. List the date the organization was founded:

1902

(February 12, 1902)

7. Describe why the organization wants to be an NCSBN Associate Member:

- Spanish General Council of Nursing (SGCN) is the regulatory body for nurses in Spain.
- SGCN represent, at international level, spanish nurses and it is our interest to be included in the most important organization about regulatory bodies.

8. Is the organization incorporated?

Yes

No

8a. If yes, check one of the following:

For-profit

Nonprofit

9. List the number of staff working within the organization:

40

10. How many members are on the organization's governing board?

- 8:
- President
 - 3 Vice-president
 - Secretary General
 - Vice-Secretary General
 - Treasurer
 - Vice-Treasurer

Upon completion, submit this application form via email to memberrelations@ncsbn.org along with a copy of the organization's Bylaws as an attachment.

By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee of \$1,500 USD may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.



Signature

President

Title

15-April-2019

Date

Report of the APRN Compact Task Force

Background

Since January 2016, only three states, Idaho, North Dakota and Wyoming, enacted the APRN Compact. The uncertain response to two questions raised by legislators complicated adoption.

These questions are:

- (1) Does the compact supersede state practices laws that require physical supervision of APRNs?
- (2) Do transitions to practice (TTP) apply to nurses practicing under the compact?

In September 2018, the NCSBN Board of Directors (BOD) appointed a task force to evaluate these questions and provide recommendations for amending the compact, if needed.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

The charge of the task force was to identify legal and policy considerations for the adoption and implementation of the APRN Compact and proposed solutions for necessary change to the compact.

The committee made the following recommendations:

- **Mandate 2,080 hours of experience (equivalent to one year full-time practice) as a requirement for a multistate license.** Physician supervision is not required. Prior to completing the 2,080 hours, the APRN may be issued a single-state license and must adhere to any supervisory/ collaborative agreement requirements mandated by the state, until he/she receives a multistate license. Any additional TTP hours (beyond 2,080) that may be required by a state will be superseded by the compact once the APRN obtains a multistate license.
- **The compact will supersede all ancillary supervisory provisions in state law.** Ancillary provisions require physician supervision over an APRN.
- **Decrease the number of states required for the compact to become effective from 10 to seven.** The three states that have already passed the APRN Compact will not be grandfathered and will be required to enact the new legislation.
- **Include uniform licensure requirements:** role, population, certification, licensure, education, and state and federal

Members

Katherine Thomas, MN, RN, FAAN
Texas, Area III, Chair

Jennifer Burns, MSN, RN, NE-BC, PHNA-BC
Wyoming, Area I

Shirley Brekken, MS, RN, FAAN
Minnesota, Area II

Stacey Pfenning, DNP, APRN, FNP, FAANP
North Dakota, Area II

Stephen Feldman, JD

Rick Masters, JD

Tom Wilde, JD

Staff

Maryann Alexander, PhD, RN, FAAN
Chief Officer, Nursing Regulation

Rebecca Fotsch, JD
Director, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Nicole Livanos, JD, MA
Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Committee Meeting Dates

Nov. 15-17, 2018

Jan. 10-11, 2019

Relationship to Strategic Plan

Strategic Initiative B:

Champion regulatory solutions to address borderless health care delivery.

criminal background checks. Deny a multistate license to applicants who have been convicted of felonies related to patient safety as well as misdemeanors **related to the practice of nursing**. An APRN enrolled in an alternative to discipline program is not eligible for a multistate license.

- **Amend the compact to include an affirmative statement that the compact has no jurisdiction over the single-state license, and an individual can elect to apply for a single-state license even if they qualify for a multistate license.**
- **Allow prescribing of noncontrolled substances.** Controlled substances will continue to be regulated under state law.
- **Additional recommendations:**
 - 1) Provide the Commission power to issue advisory opinions;
 - 2) Clarify the definition of party state laws and encumbrance;
 - and 3) Revise the “findings and declarations” to address the wide range of actors who benefit from the compact.

Strategic Initiative B1:

Promote and implement mechanisms that facilitate trans-jurisdictional practice.

Attachments

Attachment A:

APRN Compact Revisions

Attachment A:

APRN Compact Revisions

Advanced Practice Registered Nurse Compact

Approved by the ~~May 4, 2015~~ August, 2019 ~~Special~~
Delegate Assembly

ARTICLE I

Findings and Declaration of Purpose

- a. The party states find that:
 1. The health and safety of the public are affected by the degree of compliance with APRN licensure requirements and the effectiveness of enforcement activities related to state APRN licensure laws;
 2. Violations of APRN licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
 3. The expanded mobility of APRNs and the use of advanced communication and intervention technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure and regulation;
 4. New practice modalities and technology make compliance with individual state APRN licensure laws difficult and complex;
 5. The current system of duplicative APRN licensure for APRNs practicing in multiple states is cumbersome and redundant for both healthcare delivery systems, payors, state licensing boards, regulators and APRNs and states;
 6. Uniformity of APRN licensure requirements throughout the states promotes public safety and public health benefits as well as providing a mechanism to increase access to care.
- b. The general purposes of this Compact are to:
 1. Facilitate the states' responsibility to protect the public's health and safety;
 2. Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
 3. Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
 4. Promote compliance with the laws governing APRN practice in each jurisdiction;

5. Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state ~~licenses~~privileges to practice;
6. Decrease redundancies in the consideration and issuance of APRN licenses; and
7. Provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.

ARTICLE II

Definitions

As used in this Compact:

- a. “Advanced practice registered nurse” or “APRN” means a registered nurse who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the Interstate Commission of APRN Compact Administrators (“Commission”), and who is licensed to perform advanced nursing practice. An advanced practice registered nurse is licensed in an APRN role that is congruent with an APRN educational program, certification, and Commission rules.
- b. “Adverse action” means any administrative, civil, equitable or criminal action permitted by a state’s laws which is imposed by a licensing board or other authority against an APRN, including actions against an individual’s license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s practice, or any other encumbrance on licensure affecting an APRN’s authorization to practice, including the issuance of a cease and desist action.
- c. “Alternative program” means a, non-disciplinary monitoring program approved by a licensing board.
- d. “APRN licensure” means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
- e. “APRN uniform licensure requirements” means the minimum uniform licensure, education and examination requirements ~~as adopted by the Commission set forth in Article III.b of this Compact.~~
- f. “Coordinated licensure information system” means an integrated process for collecting, storing and sharing information on APRN licensure and enforcement activities related to APRN licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- g. “Current significant investigatory information” means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
- h. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board in connection with a disciplinary proceeding.
- i. "Home state" means the party state that is the APRN's primary state of residence.
- j. "Licensing board" means a party state's regulatory body responsible for regulating the practice of advanced practice registered nursing.
- k. "Multistate license" means an APRN license to practice as an APRN issued by a home state licensing board that authorizes the APRN to practice as an APRN in all party states under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.
- l. "Multistate licensure privilege" means a legal authorization associated with an APRN multistate license that permits an APRN to practice as an APRN in a remote state, in the same role and population focus as the APRN is licensed in the home state.
- m. "Non-controlled prescription drug" means a device or drug that is not a controlled substance and is prohibited under state or federal law from being dispensed without a prescription. The term includes a device or drug that bears or is required to bear the legend "Caution: federal law prohibits dispensing without prescription" or "prescription only" or other legend that complies with federal law.
- n. "Party state" means any state that has adopted this Compact.
- o. "Population focus" means ~~a specific patient population that is congruent with the APRN educational program, certification, and Commission rules~~ one of the six population foci of family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related and psych/mental health.
- p. "Prescriptive authority" means the legal authority to prescribe medications and devices as defined by party state laws.
- q. "Remote state" means a party state that is not the home state.

r. “Role” means one of the four recognized roles of certified registered nurse anesthetists (CRNA), certified nurse-midwives (CNM), clinical nurse specialists (CNS) and certified nurse practitioners (CNP).

f.s. “Single-state license” means an APRN license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

s.t. “State” means a state, territory or possession of the United States and the District of Columbia.

u. “State practice laws” means a party state’s laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice, ~~including prescriptive authority,~~ and create the methods and grounds for imposing discipline except that prescriptive authority shall be treated in accordance with Article III.f and g of this Compact. “State practice laws” ~~de does~~ not include:

1. A party state’s laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances;

2. the requirements necessary to obtain and retain an APRN license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A state must implement procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by APRN applicants for the purpose of obtaining an applicant’s criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state’s criminal records.
- b. ~~By rule, the Commission shall adopt the APRN Uniform Licensure Requirements (“ULRs”). The ULRs shall provide the minimum requirements for APRN multistate licensure in party states, provided that the Commission may adopt rules whereby an APRN, with an unencumbered license on the effective date of this Compact, may obtain, by endorsement~~Each party state shall require an applicant to satisfy the following APRN uniform licensure requirements to obtain or otherwise, and retain a multistate license in a party the home state.:

- ~~1. In order to obtain or retain a multistate license, an APRN must meet, in addition to the~~
~~ULRs, Meets~~ the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable ~~home~~ state laws;
2. i. Has completed an accredited graduate-level education program that prepares the applicant for one of the four recognized roles and population foci; or
ii. Has completed a foreign APRN education program for one of the four recognized roles and population foci that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved APRN education program;
3. Has, if a graduate of a foreign APRN education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;
4. Has successfully passed examinations approved by the Commission that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program;
5. Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN;
6. Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable;
7. Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training. For purposes of this section, practice shall not include hours obtained as part of enrollment in an APRN education program;
8. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state or, if applicable, foreign country's criminal records;
9. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal or foreign law, where such felony offense relates to patient safety as determined by factors set forth in rules adopted by the Commission;

10. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined by factors set forth in rules adopted by the Commission;

11. Is not currently enrolled in an alternative program;

12. Is subject to self-disclosure requirements regarding current participation in an alternative program; and

4.13. Has a valid United States Social Security number.

c. ~~By rule, the Commission shall identify the approved APRN roles and population foci for licensure as an APRN.~~ An APRN issued a multistate license shall be licensed in an approved APRN role and at least one approved population focus.

d. An APRN multistate license issued by a home state to a resident in that state will be recognized by each party state as authorizing the APRN to practice as an APRN in each party state, under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state. ~~If an applicant does not qualify for a multistate license, a single state license may be issued by a home state.~~

e. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license, except that an individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license. However, the failure of such an individual to affirmatively opt for a single state license may result in the issuance of a multistate license.

e.f. Issuance of an APRN multistate license shall include prescriptive authority for noncontrolled prescription drugs, ~~unless the APRN was licensed by the home state prior to the home state's adoption of this Compact and has not previously held prescriptive authority.~~

1. ~~An APRN granted prescriptive authority for noncontrolled prescription drugs in the home state may exercise prescriptive authority for noncontrolled prescription drugs in any remote state while exercising a multistate licensure privilege under an APRN multistate license; the APRN shall not be required to meet any additional eligibility requirements imposed by the remote state in exercising prescriptive authority for noncontrolled prescription drugs.~~

2. ~~Prescriptive authority in the home state for an APRN who was not granted prescriptive authority~~

~~at the time of initial licensure by the home state, prior to the adoption of this Compact, shall be determined under home state law.~~

~~3. Prescriptive authority eligibility for an APRN holding a single state license shall be determined under the law of the licensing state.~~

f.g. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by such state in granting and/or renewing such authority.

g.h. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of ~~a any~~ supervisory or collaborative relationship ~~with a physician~~. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege. ~~For an APRN issued a single state license in a party state, the requirement for a supervisory or collaborative relationship with a physician shall be determined under applicable party state law.~~

h.i. All party states shall be authorized, in accordance with state due process laws, to take adverse action against an APRN's multistate licensure privilege such as revocation, suspension, probation or any other action that affects an APRN's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

i.j. ~~Except as otherwise expressly provided in this Compact, An an~~ APRN practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. APRN practice is not limited to patient care, but shall include all advanced nursing practice as defined by the state practice laws of the party state in which the client is located. APRN practice in a party state under a multistate licensure privilege will subject the APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

j.k. ~~Except as otherwise expressly provided in this Compact, This this~~ Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be

recognized by other party states as satisfying any state law requirement for registered nurse licensure as a precondition for authorization to practice as an APRN in that state.

k.l. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state APRN license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state.

ARTICLE IV

Applications for APRN Licensure in a Party State

- a. Upon application for an APRN multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a licensed practical/vocational nursing license, a registered nursing license or an advanced practice registered nurse license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.
- b. An APRN may hold a multistate APRN license, issued by the home state, in only one party state at a time.
- c. If an APRN changes primary state of residence by moving between two party states, the APRN must apply for APRN licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable Commission rules.
 1. The APRN may apply for licensure in advance of a change in primary state of residence.
 2. A multistate APRN license shall not be issued by the new home state until the APRN provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate APRN license from the new home state.
- d. If an APRN changes primary state of residence by moving from a party state to a non-party state, the APRN multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

- a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:
1. Take adverse action against an APRN's multistate licensure privilege to practice within that party state.
 - i. Only the home state shall have power to take adverse action against an APRN's license issued by the home state.
 - ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct that occurred outside of the home state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 2. Issue cease and desist orders or impose an encumbrance on an APRN's authority to practice within that party state.
 3. Complete any pending investigations of an APRN who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
 4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a party state licensing board for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing licensing board shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses and/or evidence are located.
 5. Obtain and submit, for an APRN licensure applicant, fingerprints or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and

use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN.
 7. Take adverse action based on the factual findings of another party state, provided that the licensing board follows its own procedures for taking such adverse action.
- b. If adverse action is taken by a home state against an APRN's multistate licensure, the privilege to practice in all other party states under a multistate licensure privilege shall be deactivated until all encumbrances have been removed from the APRN's multistate license. All home state disciplinary orders that impose adverse action against an APRN's multistate license shall include a statement that the APRN's multistate licensure privilege is deactivated in all party states during the pendency of the order.
 - c. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any APRN for the duration of the APRN's participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

- a. All party states shall participate in a coordinated licensure information system of all APRNs, licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each APRN, as submitted by party states, to assist in the coordinated administration of APRN licensure and enforcement efforts.
- b. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.
- c. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and APRN participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic and/or confidential under state law.

~~d. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.~~

e.d. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

f.e. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

g.f. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be removed from the coordinated licensure information system.

h.g. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

1. Identifying information;
2. Licensure data;
3. Information related to alternative program participation information; and
4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.

h.h. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of APRN Compact Administrators

- a. The party states hereby create and establish a joint public agency known as the Interstate Commission of APRN Compact Administrators.
 1. The Commission is an instrumentality of the party states.
 2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission

is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

b. Membership, Voting and Meetings

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.

5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

- i. Noncompliance of a party state with its obligations under this Compact;
- ii. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- iii. Current, threatened, or reasonably anticipated litigation;
- iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;
- v. Accusing any person of a crime or formally censuring any person;
- vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- vii. Disclosure of information of a personal nature where disclosure would constitute a clearly

- unwarranted invasion of personal privacy;
- viii. Disclosure of investigatory records compiled for law enforcement purposes;
 - ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or
 - x. Matters specifically exempted from disclosure by federal or state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including but not limited to:
- 1. Establishing the fiscal year of the Commission;
 - 2. Providing reasonable standards and procedures:
 - i. For the establishment and meetings of other committees; and
 - ii. Governing any general or specific delegation of any authority or function of the Commission.
 - 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
 - 4. Establishing the titles, duties and authority and reasonable procedures for the election of the

officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment and/or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission;
 - e. The Commission shall maintain its financial records in accordance with the bylaws; and
 - f. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
 - g. The Commission shall have the following powers:
 1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept or contract for services of personnel, including but not limited to employees of a party state or nonprofit organizations;
 5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;
 6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

7. To accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;
10. To establish a budget and make expenditures;
11. To borrow money;
12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;

~~12-13.~~ To issue advisory opinions;

~~13-14.~~ To provide and receive information from, and to cooperate with, law enforcement agencies;

~~14-15.~~ To adopt and use an official seal; and

~~15-16.~~ To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of APRN licensure and practice.

h. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
2. ~~The Commission may levy on and collect an annual assessment from each party state to cover the cost of the operations and activities of the Interstate Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states. The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by~~

the Commission, which shall promulgate a rule that is binding upon all party states.

3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
 4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- i. Qualified Immunity, Defense, and Indemnification
1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.
 2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.
 3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that

occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

ARTICLE VIII

Rulemaking

- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.
- b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 1. On the website of the Commission; and
 2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- d. The notice of proposed rulemaking shall include:
 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time, and date of the scheduled public hearing.

1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.
 2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.
 - i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
 - j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
 - k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety or welfare;
 2. Prevent a loss of Commission or party state funds; or
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
 - l. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the

revision may not take effect without the approval of the Commission.

ARTICLE IX

Oversight, Dispute Resolution and Enforcement

- a. Oversight
 1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.
 2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.
- b. Default, Technical Assistance and Termination
 1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - ii. Provide remedial training and specific technical assistance regarding the default.
 2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
 3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board, the defaulting state's licensing board, and each of the party states.

4. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 5. The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated, unless agreed upon in writing between the Commission and the defaulting state.
 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.
- c. Dispute Resolution
1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.
 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
 3. In the event the Commission cannot resolve disputes among party states arising under this Compact:
 - i. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.
 - ii. The decision of a majority of the arbitrators shall be final and binding.
- d. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact

and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal and Amendment

a. This Compact shall come into limited effect at such time as this Compact has been enacted into law in ~~ten-seven (407)~~ party states for the sole purpose of establishing and convening the Commission to adopt rules relating to its operation ~~and the APRN ULRs.~~

~~b. On the date of the Commission's adoption of the APRN ULRs, all remaining provisions of this Compact, and rules adopted by the Commission, shall come into full force and effect in all party states.~~

e-b. Any state that joins this Compact subsequent to the Commission's initial adoption of the APRN uniform licensure requirements shall be subject to all rules that have been previously adopted by the Commission.

d-c. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

e-d. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

f-e. Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure agreement or other cooperative arrangement between a party state and a non-party state that does not conflict with the provisions of this Compact.

g-f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon any party state until it is enacted into the laws of all party states.

h-g. Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of ~~th~~the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Report of Leadership Succession Committee (LSC)

Committee Recommendations to the Delegate Assembly:

1. Present the 2019 Slate of Candidates

Rationale:

The LSC has prepared the 2019 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate follows. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 21, 2019.

Fiscal Impact:

Incorporated into the fiscal year 2019 (FY19) budget.

Background

During FY19, the LSC met in four meetings beginning October 2018 through May 2019. Activities to inform and engage members in the process to seek an elected NCSBN office included hosting a LSC table at the Midyear and Annual Meetings, and actively interacting with members to explore their leadership potential. Using the Leadership Recognition Card, members were encouraged to identify themselves or another member as a leader who may be interested in running for office. A new strategy this year involved a collaboration between the LSC committee and NCSBN Interactive Services to develop a series of leadership videos titled "Why Participate in NCSBN?" that featured interviews with leaders within the membership. The final video was presented at the Midyear Meeting during the LSC chair's presentation.

2019 LSC Charge:

The charge of the LSC as outlined in Article VII in the NCSBN Bylaws is to:

FY19 CHARGE:

1. Present a slate of candidates through determination of qualifications and geographic distribution for the inclusion on a ballot for the election of the Board of Directors (BOD) and the LSC.

Committee Members

Kaci A. Bohn, PhD

Arkansas, Area III, Member-at-Large, Chair

Patricia Dufrene, PhD, RN

Louisiana, Area III, Member-at-Large

Sara Griffith, MSN, RN

North Carolina, Area III Member

Melissa Hanson, MSN, RN

North Dakota, Area II Member

Jennifer Laurent, PhD, FNP-BC

Vermont, Area IV Member

Susan Odom, PhD, RN

Idaho, Area I Member

Tracy Rude, LPN

Washington, Area I, Member-at-Large

Committee Staff

Alicia Byrd

Director, Member Relations

Committee Meeting Dates

Oct. 1–2, 2018

Dec. 10–11, 2018

Feb. 19–20, 2019

April 29–30 & May 1, 2019

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Attachments

Attachment A:

2019 LSC Brochure

Attachment B:

2019 Recognition Card

Attachment C:

2019 Slate of Candidates

FY19 Highlights and Accomplishments

- The LSC held four leadership calls in FY19 to recognize leaders within the membership and to discuss their path to leadership and the impact NCSBN had on their journey.
- Created messaging to communicate and promote the leadership calls to membership.
- Published articles in NCSBN's *In Focus* that highlighted the four leadership calls held during FY19.
- Established a page on the NCSBN website for members to access the taped leadership calls/interviews and the leadership engagement video series.
- Arranged for a kiosk at the Midyear Meeting for members to access the LSC leadership video series.
- Supported a table at the Midyear Meeting for the LSC to engage members and distribute LSC materials.
- Collaborated with NCSBN Marketing & Communications to review, update and implement a new color theme for all LSC collateral materials.
- Distributed to the members at the Midyear Meeting, Leadership Recognition Cards to acknowledge themselves or another member as a potential leader.
- LSC performed follow up contact with members who had been acknowledged on a Leadership Recognition Card and members who requested information on running for office.
- Reviewed and revised the candidate application questions for the BOD and the LSC.
- Review and revised the candidate interview questions for the BOD and the LSC.
- Reviewed and revised the Scoring Rubric for Candidate Applicants.
- Conducted candidate interviews April 29- May 1, and presented a slate of candidates for FY19.
- Conducted a series of three webinars focused on running for office for BOD and LSC Candidates.

Attachment A: LSC Brochure

Individuals who serve in NCSBN leadership positions and committees have much to gain:

- Impact nursing regulation;
- Network with state, national and international health care leaders;
- Advance leadership and professional development;
- Stay abreast of emerging global events affecting nursing regulation; and
- Recognition by peers.



2019 LEADERSHIP SUCCESSION COMMITTEE

Kaci Bohn, Chair, Member-at-Large (2017–2019)
kbohn@harding.edu

Susan Odom, Area I Member (2018–2019)
susan.odom@lbn.idaho.gov

Melissa Hanson, Area II Member (2016–2020)
mhanson@ncbn.org

Sara Griffith, Area III Member (2018–2019)
sgriffith@ncbn.org

Jennifer Laurent, Area IV Member (2018–2020)
jennifer.laurent@med.uvm.edu

Tracy Rude, Member-at-Large (2015–2019)
tracyrude58@gmail.com

Patricia Dufrene, Member-at-Large (2017–2019)
dufrenep@lsbn.state.la.us

2019 BOARD OF DIRECTORS

Julia George, President (2018–2020)

Jim Cleghorn, President-elect (2018–2020)

Gloria Damgaard, Treasurer (2014–2019)

Cynthia LaBonde, Area I Director (2017–2019)

Adrian Guerrero, Area II Director (2015–2019)

Jay P. Douglas, Area III Director (2018–2019)

Valerie Fuller, Area IV Director (2017–2019)

Elizabeth J. Lund, Director-at-Large (2017–2020)

Cathy Borris-Hale, Director-at-Large (2018–2020)

Mark Majek, Director-at-Large (2018–2020)

Lori Scheidt, Director-at-Large (2016–2020)



10/18



**ADVANCING POTENTIAL:
DISCOVER THE
LEADER WITHIN**

Leadership
Succession is Everyone's
Responsibility

NCSBN needs experienced and emerging leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain the success and viability of NCSBN;
- Represent diversity in opinions and perspectives; and
- Cultivate good relations, stewardship and service.

ELIGIBILITY AND COMPETENCIES

Board members and staff of NCSBN Member Boards are eligible to apply. Each individual should consider the skills and competencies necessary to be successful in the position if elected.

BOARD OF DIRECTORS COMPETENCIES:

Knowledge and skills that add to the strength and value of the collective governing body, including governance, investment policy, regulation, negotiation, consensus building, critical thinking, forecasting, and state, national and international health care policy.



LEADERSHIP SUCCESSION COMMITTEE COMPETENCIES:

Knowledge and skills that add strength and value to the committee in carrying out its charges, including effective communication, leadership, critical thinking, and public policy.

TIME COMMITMENT

BOARD OF DIRECTORS:

Two 3-day meetings, three 2-day meetings and one 2-day strategy retreat per year, in addition to Midyear and Annual Meetings.

LEADERSHIP SUCCESSION COMMITTEE:

Four 2- to 3-day meetings per year, in addition to Midyear and Annual Meetings.



2019 ELECTION POSITIONS

BOARD OF DIRECTORS

Treasurer (2019 – 2021)

- Serves as the chair of the Finance Committee
- Assures quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly

Area Directors

- Ensure geographic diversity on the Board of Directors
- Serve as a representative of all member boards
- Transact the business and affairs, and act on behalf of NCSBN

Area I Director (2019-2021)

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming

Area II Director (2019-2021)

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin



Area III Director (2019-2021)

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia

Area IV Director (2019-2021)

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands



LEADERSHIP SUCCESSION COMMITTEE

Area Members (2 positions)

Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

Area I Member (2019 – 2021)

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming

Area III Member (2019 – 2021)

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia

RESOURCES

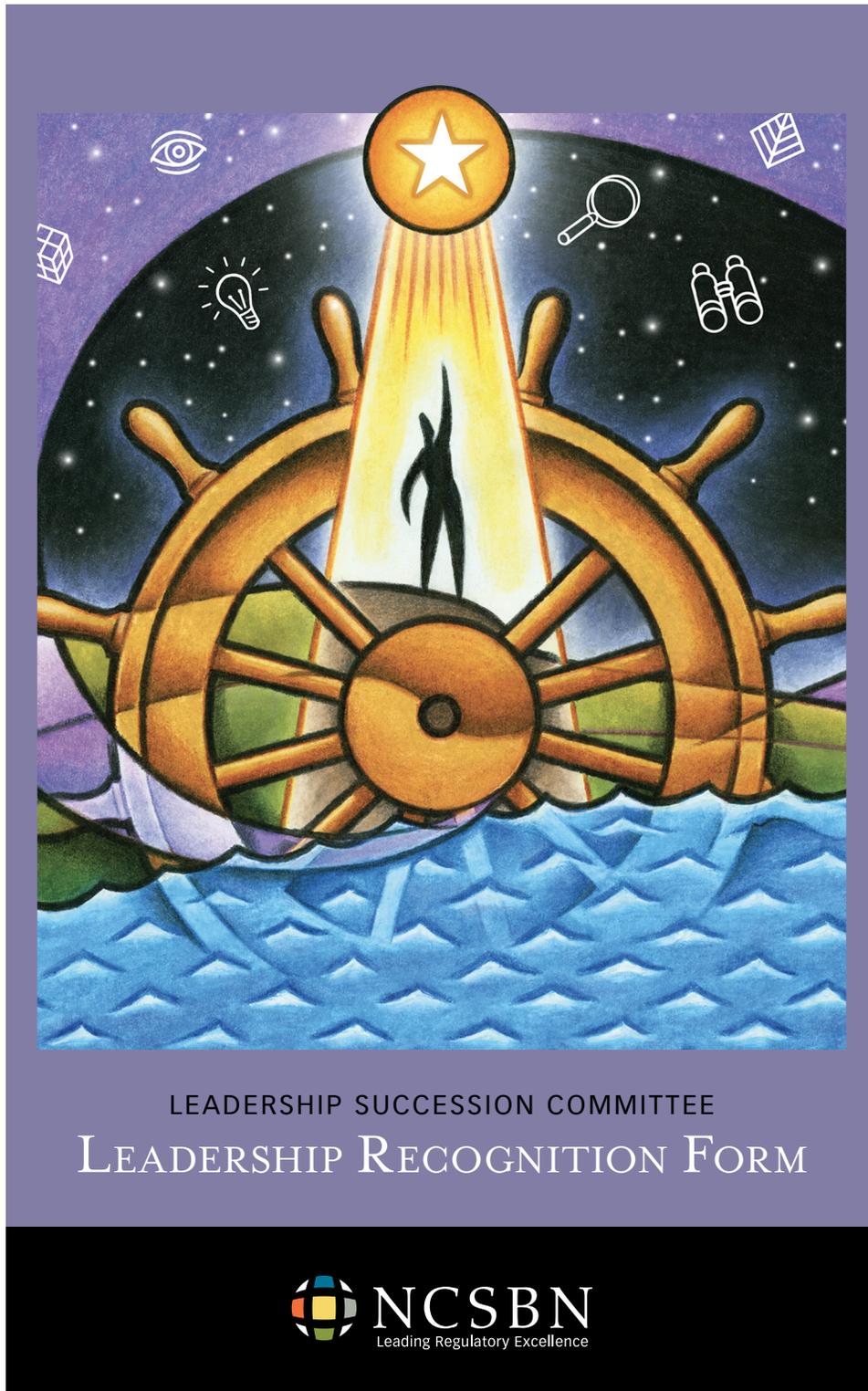
The Leadership Succession Committee page of NCSBN's website provides opportunities to assist you in learning more about NCSBN. In addition, NCSBN holds various annual conferences that assist boards of nursing in achieving their regulatory missions. The following are a few available educational listings:

Leadership Development Plan: ncsbn.org/lcp.htm

NCSBN Courses: <https://ncsbn.myabsorb.com>

- NCSBN 101
- President's Governance Role on a Board of Nursing
- Delegate Orientation
- Governing Responsibly

Attachment B: 2019 Recognition Card



The Leadership Succession Committee (LSC) is interested in identifying potential applicants for elected positions at NCSBN. We would like to hear which of your colleagues may have the leadership qualities needed to help NCSBN advance in global regulatory excellence.

The person you name will be notified by an LSC member that she or he has been recognized as having outstanding leadership skills. Additionally, resources and links to information about serving in an elected position at NCSBN will be provided.

Your Name _____

Your Jurisdiction _____

Potential Applicant _____

Please list three or more leadership qualities this individual possesses:

Additional comments:

Would you like your submission to remain anonymous? Yes No

Please turn this completed card into the LSC table for a thank you gift!

Additional recognition cards are available at the LSC table.

Attachment C: 2019 Slate of Candidates

The following is the slate of candidates developed and adopted by the LSC. Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2019 Delegate Assembly.

Board of Directors

Treasurer

Adrian Guerrero	Kansas, Area II	page 62
Karen Lyon	Louisiana RN, Area III	page 65

Area I Director

Cynthia LaBonde	Wyoming, Area I	page 67
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Area II Director

Vacant

Area III Director

Jay Douglas	Virginia, Area III	page 69
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Area IV Director

Valerie Fuller	Maine, Area IV	page 71
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Leadership Succession Committee

Area I Member

Gretchen Koch	Oregon, Area I	page 73
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Area III Member

Sara Griffith	North Carolina, Area III	page 74
Randy Smith	Kentucky, Area III	page 76
Sandra Culpepper	Mississippi, Area III	page 78

Detailed Information, as taken directly from application forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board of nursing position, board of nursing name
3. Application Questions:

Board of Directors:

1. Describe your professional, regulatory and community experience.
2. What characteristics make you a good fit for the Board of Directors?
3. Identify and describe two key issues affecting nursing regulation.
4. Select one issue from question 3 and describe a strategy you would use to address the issue.

Leadership Succession Committee:

1. Describe your professional, regulatory and community experience.
2. What characteristics make you a good fit for the Leadership Succession Committee?
3. Why do you want to serve on the Leadership Succession Committee?

Board of Directors

Treasurer

Adrian Guerrero, CPM

Director of Operations, Kansas State Board of Nursing



Describe your professional, regulatory and community experience.

I have served as the Director of Operations of the Kansas State Board of Nursing for over nineteen years. I am responsible for the strategic direction and implementation of advanced technology and business solutions for the agency. I oversee the Licensing, Human Resources, Information Technology and Procurement Departments and I serve as the Finance Officer for the agency's budget. I have leveraged my knowledge of technology along with my leadership skills to institute innovative solutions to streamline regulatory processes and increase operational efficiency.

NCSBN has provided me with numerous opportunities to develop my leadership skills and broaden my view of nursing regulation. I have had the privilege of serving as a member and chair of numerous NCSBN committees and task forces and was elected to the NCSBN Board of Directors as the Area II Director in 2015 and re-elected in 2017 to serve the membership.

NCSBN Experiences:

- Board of Directors – Area II Director – 2015-2019
- NCLEX Exam Committee – Board Liaison
- CORE Committee – Board Liaison
- NLC Policy Committee
- Nursys® Committee/Advisory Panel – Chair
- Fraud Detection Committee
- Presenter – 2019 Midyear Meeting – Alexa – Regulator's Tool for Voice Enabled A.I.
- Presenter – 2008 Annual Meeting - Nursys®/NPDB
- Presenter/Moderator – IT Summit – 2018, 2014, 2013, 2012, 2011, 2010, 2008, 2007, 2006, 2005
- Facilitator/Moderator/Presenter – Nursys® Users Meeting - 2007, 2006

Kansas State Boards & Committees:

- State of Kansas IT Advisory Board
- FOCUS Committee for Accounting & HR Systems
- ASTRA Committee for Accounting Officers
- IT Security Council
- Architecture and Standards Committee
- Health Workforce Committee
- HR Policy Committee
- Training Services Committee

Certifications & Awards:

- 2018 – Horizon Interactive Bronze Award
- 2014 – Topeka’s Top 20 Under 40
- 2013 – George Askew National Award
- 2012 – University of Kansas Public Management Center - CPM
- 2000 – Alpha Beta Kappa Honor Society

Community Experience:

- USD #345 School District – IT Advisory Committee / Debate Judge
- Faith Bible Church – Community Volunteer
- Topeka Rescue Mission – Volunteer

What characteristics make you a good fit for the Board of Directors?

As the current NCSBN Area II Director, I have made great efforts to serve the entire organization by being accessible and ready to listen to the issues and concerns of the membership. I am proud of the reputation that follows me as being a go-to person in areas of operations, finance, technology and office automation. One of my most valuable traits is that I thrive being around people and have done many things in my personal and professional life that have exposed me to those with different personalities, views, backgrounds and cultures. I make personal connections with those around me and when working in groups, can bring diverse teams together to accomplish a common goal; moreover, I understand complex real-world organizational processes and envision ways to reinvent and streamline those processes. I can recognize when there is a need to change direction to address organizational challenges and stay relevant to those we serve. I understand the necessity to think strategically and as the world continues to change around us, I am someone who keeps my eyes on the horizon, ready to engage new opportunities while remaining fiscally sound.

I have presented and moderated conferences and led committees on the state and national level. I have worked with board members and staff to make the Kansas Board become a model for others to follow both within our state and across the nation. Our agency has won several awards including national recognition for e-government licensing, which was innovative, saved time, increased efficiency and got nurses to work quicker.

I am honored to serve the membership on the NCSBN Board of Directors! If elected as the NCSBN Treasurer, I will continue to focus on the needs of our membership from a strategic and financial framework with the focus of leading regulatory excellence worldwide.

Identify and describe two key issues affecting nursing regulation.

1) Borderless Healthcare Delivery and Cybersecurity - Through modern technology, state and national borders are becoming invisible. The advances in technology have improved the ability to assure safe nursing care across borders and efficient licensing by the adoption of the nurse licensure compact. One important aspect to remember is that the mission of boards of nursing is public protection and that must be the driving force and keep as the center of developing borderless healthcare delivery policies. Another challenge for regulators is the increasing use of technology to deliver services to our licensees. Technology can provide “real-time” information but safe guards and security measures must be taken to prevent data breaches or fraud. Member boards have become increasingly dependent on creating, collecting and analyzing data. At the same time hackers and nation-state sponsored cyber-criminals are also interested in this same type of information. Our dependence on technology and sensitive data has

the potential to place our agencies at risk for intrusion and theft. As these threats continue to grow, we will need to analyze our operations to ensure we protect our information assets so that we can continue to maintain the public's trust in our operations.

2) Increased Fiscal Constraints and Continued Scrutiny of Occupational Licensing Boards - A continued challenge is the ever-increasing pressure from state legislatures to “right-size” government and to do more with less. The limited resources can be from consolidation, budget cuts or fee fund sweeps, which puts the member boards in financial difficulty. Likewise, the U.S. Supreme Court ruling on the Federal Trade Commission v. North Carolina Dental Board case, state occupational licensing boards are grappling with how best to understand and respond to these pressures that at times, has drawn criticism from across the political spectrum. Nursing regulation is not immune to these political realities.

Select one issue from question 3 and describe a strategy you would use to address the issue.

Boards of Nursing face increased fiscal constraints, as well as scrutiny, as a result of occupational licensure reform efforts. This may result in budget cuts, consolidation with other agencies, or regulation by other professions. Each of these factors can impact a member board's ability to perform the critical functions and services that are essential to protecting the public. I believe we should remain committed to assisting member boards by providing updates, guidance, formal presentations and informal networking sessions to keep members informed.

NCSBN's creation of a government affairs director based in Washington, D.C. has been tremendously helpful for member boards. This has enabled the membership to have a recognizable presence at the federal level to ensure that our collective voices are being heard on issues impacting nursing regulation.

NCSBN is uniquely able to assist member boards by providing resources, technology and research to develop and implement strategies to increase operational efficiency and regulatory effectiveness. The CORE program is an example of how boards can provide evidence of the effectiveness of the self-regulatory model of nursing regulation.

The next few years will present both challenges and opportunities for nurse regulators. NCSBN is in a unique position to assist member boards with fiscally responsible research, public policy, legislative responses focused on patient safety, and evolving litigation. Exciting times are ahead of us! We should seize these opportunities!

Board of Directors

Treasurer

Karen Lyon, PhD, MBA, APRN, NEA
Chief Executive Officer, Louisiana State Board of Nursing



Describe your professional, regulatory and community experience.

National Council of State Boards of Nursing

Finance Committee, 2015 – Present;

IRE Expert Advisory Panel for 2-year grant entitled "Director of Nursing Guidelines for Delegation in Nursing Homes: Guideline Development and Pilot Testing" 2015-2017;

EO Mentor to Dr. Susan Odom, Idaho Interim EO, 2019;

Lyon, K.C. and Wade, A.R. Is Your State Board of Nursing an "Arm of the State"? *Journal of Nursing Regulation*, 7 (3), October 2016.

American Nurses Association: Audit Committee, 2012 – 2018

National Association of Clinical Nurse Specialists: Treasurer, 2001 - 2004; Board of Directors, 2001 - 2004; Annual Conference Co-Chair, 2003 and 2004

In Dr. Lyon's 5 year tenure in Louisiana, she has collaborated with the Louisiana Medical Board and she has overseen policy changes in LSBN rules allowing for APRN disaster permits, CRNA provision of ancillary services within their scope of practice, medication delegation to certified medication attendants under direct supervision of RNs and APRNs, revision of the entire chapter on nursing education program development and regulation and revision of section 3331 related to discipline, delay and denial of nurses and nursing students based on specific misdemeanors and felonies. In 2018, she coordinated the efforts of LSBN with Senator Barrow Peacock to pass SB 202 enacted as Act 577 establishing Louisiana as the 31st state to become a member of the Nurse Licensure Compact. She came to Louisiana from Houston, Texas where she served as Associate Dean for Nursing at Texas Woman's University Nelda C. Stark College of Nursing. During her tenure there, she was PI on over \$4.5 million in program and research grants.

What characteristics make you a good fit for the Board of Directors?

I have broad experience as a Board member, having served on the Boards of the National Association of Clinical Nurse Specialists, Texas Nurses Association, Texas Affiliate of the American Heart Association, Louisiana Action Coalition and the Gulf Coast Health Services Steering Committee of the Greater Houston Partnership. In total, I have served these organizations for over 25 years. I believe the most important characteristics I would bring to the position of Treasurer for the NCSBN Board of Directors include my financial expertise, having administered grants exceeding \$4.5 million in my academic experience as well as oversight of fundraising in excess of \$19 million during my tenure as President of the Texas Affiliate of the American Heart Association. I also believe I would bring the characteristics that I hold dear in my actions as a leader including honesty, integrity, consistency, transparency, empathy and effective communication.

Identify and describe two key issues affecting nursing regulation.

Challenge One: Removing scope-of practice barriers. The evolving nature of scope of practice mandates that both RNs and APRNs be allowed to practice to the full extent of their education and training. A systematic review of published literature between 1990 and 2008 indicated that patient care outcomes for APRNs were equal or better than that provided by MDs. Unfortunately, only 26 states and US territories allow full practice for APRNs while 18 have reduced practice and 12 have restricted practice (AANP 2018). Strategies to remove scope-of practice barriers and improve collaboration among health care providers include: 1. Inter-professional education, training and practice in order to facilitate understanding among providers of the various roles of health care team members. 2. Establishment of integrated, collaborative, patient-centered health teams.

Challenge Two: Expanding capital and human resources to increase preparation of baccalaureate and higher degreed nurses. As care becomes more complex and moves into the community, nurses need to be better prepared. Studies by Aiken, Estabrook, Friese, Tourangeau, and their teams support an association between educational level and patient outcomes in acute care settings. We need more nurses with baccalaureate and advanced degrees. Strategies to address this challenge include: 1. Development of state or regional common curricula; 2. Development of competency- based curricula; and 3. Increased development of RN to MS(N) programs.

Select one issue from question 3 and describe a strategy you would use to address the issue.

The strategies for both issues are identified above. To recap: Strategies to remove scope-of practice barriers and improve collaboration among health care providers include: 1. Inter-professional education, training and practice in order to facilitate understanding among providers of the various roles of health care team members. 2. Establishment of integrated, collaborative, patient-centered health teams.

Strategies to address the challenge of educating increasing numbers of baccalaureate and higher degreed nurses include: 1. Development of state or regional common curricula; 2. Development of competency- based curricula; and 3. Increased development of RN to MS(N) programs

Board of Directors

Area I Director

Cynthia LaBonde, MN, RN Executive Director, Wyoming State Board of Nursing



Describe your professional, regulatory and community experience.

My nursing education, knowledge and experience lend themselves well to being a contributing member of the NCSBN Board of Directors (BOD). I currently serve as the Area 1 Director and desire to serve another two-year term. My nursing regulation roots were established in 2011 when I was hired at the Wyoming State Board of Nursing (WSBN) as a Nurse Investigator/Supervisor. In 2012, I was hired as the Executive Director (ED) of WSBN and continue to function in that role.

Prior to nursing regulation, I spent many years in perioperative services, honing my skills in all roles as a perioperative nurse i.e., circulating, scrubbing, pre and post operative recovery care and management. In these roles, I learned effective organizational, communication, negotiation and critical thinking skills, while being an advocate for my anesthetized ("sleeping") surgical patient. I also learned there were many ways to "make a cake"...the recipe or surgical technique not as important as the outcome....a successful surgery or "tasty cake" and a satisfied patient! While in perioperative services, I also obtained my Masters Degree in Nursing Management, further enhancing my management skills and knowledge.

What characteristics make you a good fit for the Board of Directors?

The characteristics that make me a good fit for the Board of Directors include:

- analytical
- perpetual learner
- organized
- detail oriented
- inquisitive
- vested in state, national and international nursing regulation issues.

Identify and describe two key issues affecting nursing regulation.

Two key issues affecting nursing regulation are the push for deregulation and the measurement of continuing competency for licensure renewal. The first issue to be described is deregulation. As regulatory agencies, boards of nursing across the US are tasked with identifying their relevance. That relevance not only has to be identified in quantifiable terms but successfully communicated to various stakeholders, including legislative bodies, in order to remain viable.

The second key issue affecting nursing regulation is the inconsistent measurement of continuing competency for licensure renewal. Amongst the Boards of Nursing, there are a variety of requirements to measure continuing competency for licensure renewal. The most common measurement tools can include a certain number of practice hours, a combination of practice hours and continuing education, just continuing education or with some Boards no requirements at all. These inconsistencies create confusion for applicants, make it difficult for Boards to justify

using any particular method of continuing competency for renewal and provide ammunition for those opposing the Nurse Licensure Compact.

Select one issue from question 3 and describe a strategy you would use to address the issue.

The literature regarding continuing competency measurement is limited and outdated. To address the issue of continuing competency measurement for licensure renewal, a research study should be sanctioned by the NCSBN Board of Directors and financially supported through NCSBN funds. A logical group to design and compete the study would be the NCSBN research team. The results of the study would provide evidence Boards of Nursing could utilize to establish consistent requirements for continuing competency during licensure renewal.

Board of Directors

Area III Director

Jay Douglas, MSM, RN, CSAC, FRE
Executive Director, Virginia Board of Nursing



Describe your professional, regulatory and community experience.

My professional career as a nurse began following graduation in 1975 from the West Australian School of Nursing where I worked at Royal Perth Hospital, the same 1000 bed facility where I was trained. Since my move across "the pond" in the late seventies I have worked in a variety of practice settings to include, general medicine/surgery, substance abuse treatment, home health, cardiology and employee assistance. I have held management and leadership positions for the majority of my career. I obtained a Master's Degree from Lesley University in Cambridge, MA and my certification as a Substance Abuse Counselor following course work at Virginia Commonwealth University. Experience as substance abuse treatment Program Director and Administrator of a Home Care Agency provided a good foundation for entrance into nursing regulation where I joined the Virginia Board of nursing staff as the Deputy for Discipline in 1999. I was then promoted to Executive Director and have held this position since 2002 overseeing the regulation of approximately 225,000 nurses, advanced practice nurses, assistive personnel and 150 pre licensure nursing education programs. My involvement with NCSBN has been consistent through attendance and participation in meetings, NCSBN Awards Committee, NCSBN 25th Anniversary Committee and annual presentations at Delegate Assembly orientation for the last eight years. Since 2010 I have served as Director at Large on the NLC Administrator Executive Committee for a total of six years and then Vice Chair of the Interstate Commission of Nurse Licensure Compact Administrators from 2017-2018. I was selected to participate in the ICN Global Nurse Leadership Institute in Geneva Switzerland in 2014. I have completed the NCSBN Institute of Regulatory Excellence Program and the Center for Creative Leadership Executive Coaching program.

Following the 2018 Delegate Assembly I was appointed by the NCSBN Board of Directors to fill an unexpired term as Area III Director on the Board of Directors. Since being appointed to the Board of Directors I have become more familiar with the work of the organization, the needs of Member Boards and the essential nature of the strategic, collaborative and evidence based work of the Board and staff to move nursing regulation forward while focusing on public protection in an ever changing practice environment.

I am now seeking election to a full two year term as Area III Director.

What characteristics make you a good fit for the Board of Directors?

I believe I am a good fit for the Board of Directors as I am an experienced nursing regulator who is familiar with the role having served on the Board of NCSBN for almost a year. I have the full support of my board, my staff and my agency head who sees the value of service on a national level as beneficial to the Virginia Board of nursing. I believe I bring a broad, global, perspective demonstrating strategic thinking, innovative problem solving and a common sense approach to issues. I am not afraid of crucial conversations and I am accustomed to participating in professional dialogue in a manner that gets to the root of an issue. I am an active listener who looks for commonalities not differences.

Through mentoring relationships with five Executive Officers, I have learned about boards with different structures than my own and have developed a knowledge and appreciation for the challenges and resource needs of Executive Officers in other jurisdictions.

Identify and describe two key issues affecting nursing regulation.

Issue # 1: Health care delivery systems have changed and with increase in technology the nursing workforce, including advanced practice nurses need updated skills and to have the ability to practice safely and more extensively across borders. A “Compact Nation” strategy that expands the NLC and implements the APRN Compact will reduce regulatory barriers, increase access to care and enhance public protection in situations where cross border practice is necessary. Preparation of nurses for alternate delivery models and assessment of competencies in associated technologies is essential.

Issue # 2: The relationship and exchange of information between Nursing Education, Practice and Regulation is essential to the delivery of safe competent care to the patients of today and the future.

Select one issue from question 3 and describe a strategy you would use to address the issue.

Nursing Education, Practice and Regulation. Are we collaborating effectively to minimize disconnects and prepare the nurse for the patients of the future in sufficient quantity?

My strategy to address this issue would be to engage the leadership at the jurisdiction and national level in a dialogue to move forward examining preparation of nurses and the real and perceived barriers to nurses practicing fully to the extent of their training and education. Work has been done in this area however, a more in-depth examination is needed and a national agreed upon action plan implemented that involves all stakeholders. The strategy for this work has to include those nurses who are delivering the care and who are the greatest in number who can affect the safety and quality of care. The professional nursing associations and the consumer voice is needed at the table. We have to come together and examine what we can all agree on in terms of the role of the nurse, looking at what does the patient population need and examine the evidence to support and define scope. We have to answer the question, what is really holding us back from moving forward regarding scope issues and inconsistencies in regulation across the country? Our licensees and our patients need clarity and to understand the basis for our decisions. Education, Practice and Regulation needs to be agile enough to address the diversity of patient population both economically, geographically and culturally today and tomorrow.

Board of Directors

Area IV Director

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP
Board President, Maine State Board of Nursing



Describe your professional, regulatory and community experience.

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP

My professional, regulatory and community experiences have been shaped by a strong desire to serve, a commitment to scholarly and clinical excellence, honesty and integrity. I believe my background reflects the expertise and skills needed to serve as your Area IV Director and to uphold NCSBN's mission of regulatory excellence.

Professional Experience/Education:

University of Arizona College of Nursing, Doctor of Philosophy in Nursing, August 2017

MGH Institute of Health Professions, Doctor of Nursing Practice, August 2008

Boston College, Master of Science in Nursing, May 1998

Boston College, Bachelor of Science in Nursing, May 1991

Assistant Professor of Nursing – University of Southern Maine School of Nursing, 2017 to present

Assistant Professor of Surgery – Tufts University School of Medicine, 2009 to present

Acute Care Nurse Practitioner, Department of Surgery – Maine Medical Center, 2003 to present

Certifications:

Family Nurse Practitioner

Adult Gerontology Acute Care Nurse Practitioner

Certified Wound Ostomy RN (CWON)

Certified Foot Care RN (CFCN)

Registered Nurse First Assist (RNFA)

Teaching Certificate for Healthcare Educators

Regulatory Experience:

National Council of State Boards of Nursing

- Board of Directors, Area IV Director, 2017–2019

NCSBN Committee Service

- BOD Liaison to the Nursing Education Outcomes and Metrics Committee, 2018-2019
- APRN Education Committee Chair, 2015–2016
- APRN Distance Education Committee, 2014–2015
- APRN Consensus Committee, 2012–2014

Maine State Board of Nursing

- Board President 2013–present
- APRN Member, 2010–present
- Created the first APRN Advisory Board to the Maine State Board of Nursing, 2009

Community Experience:

Legislative Committee – Maine Nurse Practitioner Association, 2016– present

Fellow of the National Academies of Practice in Nursing, 2017–present

Fellow of the American Association of Nurse Practitioners 2016–present

Hanley Health Leadership Fellow 2015–present

Executive Board Member – Maine Nurse Practitioner Association, 2005–2010

President – Maine Nurse Practitioner Association, 2007–2009

Professional Development Chair – Maine Nurse Practitioner Association, 2005–2007

What characteristics make you a good fit for the Board of Directors?

I feel I bring a unique set of characteristics and leadership skills to the Board of Directors as an experienced clinician, educator and regulator. I can thoroughly appreciate the impact that NCSBN has on nursing practice, patient safety and public protection from these different roles. I also believe that having a mix of professionals on the Board of Directors creates an environment where a diversity of opinions and perspectives can be fully appreciated.

Identify and describe two key issues affecting nursing regulation.

- 1. Workforce Mobility** – Our current healthcare system requires an RN and APRN workforce that is agile, able to respond in times of need, and evolve with the new and innovative ways in which healthcare is being delivered. Access to care (where the patient needs care) is of vital importance, whether it be in times of disaster, census fluctuation or in underserved areas.
- 2. Nursing Education** –A well-educated nursing profession improves patient outcomes, healthcare quality and public safety. As regulators, we need to continue to work with nursing education programs to develop highly educated nurses who can work in complex healthcare delivery systems and support the transition to competency-based education and assessment. Ongoing work is needed to ensure that we are adhering to the APRN consensus model in terms of education and facilitate opportunities and/or reduce regulatory barriers for the use simulation based clinical experiences in graduate programs.

Select one issue from question 3 and describe a strategy you would use to address the issue.

Nursing Education – It has been well documented that schools of nursing continue to turn away qualified candidates in both baccalaureate and graduate nursing programs secondary to shortages of faculty, clinical sites and clinical preceptors. I believe the seminal study undertaken by NCSBN in 2014 examining the use of simulation in undergraduate programs bears repeating in graduate APRN programs. More data is needed to determine whether these simulation experiences translate to safe and effective patient care at the graduate level and whether simulation compares to the traditional one-on-one preceptor model currently in use.

Leadership Succession Committee

Area I Member

Gretchen Koch, MSN, RN

Policy Analyst, Oregon State Board of Nursing



Describe your professional, regulatory and community experience.

My practice journey has afforded me a wealth of professional, regulatory, and community experience. I began my undergraduate nursing education knowing that my life's work would proceed outside of the traditional hospital setting. Just two years post licensure, I transitioned with deliberate intent from hospital-based practice into my first regulatory position. I evaluated Title XIX-funded nursing and habilitative services provision against Code of Federal Regulations for Intermediate Care Facilities for persons with Mental Retardation (ICF/MR). Changes to federal and state law, a department of Justice consent decree, and Oregon's movement for self-directed care and community supports triggered closure of the ICF/MRs and the transition of my practice to the development of regulations and policy for Title XIX-funded community-based nursing and habilitative services and the subsequent enforcement of said regulations. This new practice role afforded me my first of many experiences with leading and facilitating local and state-wide stakeholder groups in the development of community-based nursing policy and program regulations. My next practice position was as administrator of a state-level RN Medicaid provider program where competencies with budgeting, policy development, professional peer-review, and collegial coaching were continuously honed. Longing to fulfill my passion for teaching, I accepted a faculty position at an undergraduate baccalaureate nursing program where I developed, implemented and evaluated Oregon Consortium for Nursing Education (OCNE) didactic and clinical curriculum for senior students. During this time I also owned an LLC and independently practiced within the boundaries of Oregon's Nurse Practice Act. My current position as RN/LPN Policy Analyst exercises my regulatory brain daily within a nursing practice environment informed by the continued expansion of nursing and other scientific knowledge, advancements in technologies, shifting social norms, court decisions, the enactment of federal and state law, changing health demographics, client choice, and the growing fluidity of practice across geographic boundaries.

What characteristics make you a good fit for the Leadership Succession Committee?

My characteristics of integrity, commitment, and the ability to effectively communicate make me a good fit for the Leadership Succession Committee. I hold high the value of self-regulation of one's actions and behaviors and for always taking the high road to arrive at the collaborative charge of a group. I am steadfast in seeing through that which has been placed in my charge. Engaging with others through sharing, by listening, by facilitating group discussions, and by acknowledging individual competencies and contributions are hallmarks of my practice as a team member and as a leader.

Why do you want to serve on the Leadership Succession Committee?

My desire to serve on the Leadership Succession Committee is rooted in expanding my regulatory experience beyond my state-based practice. I look forward to partnering with other Committee members in adherence to NCSBN by-laws in the identification of candidates suited to fulfill the mission and vision of nursing's regulatory professional organization.

Leadership Succession Committee

Area III Member

Sara Griffith, MSN, RN
Regulation Consultant, North Carolina Board of Nursing



Describe your professional, regulatory and community experience.

On July 11, 2000, I was issued my license to practice nursing. For the first 16 years, I cared for a variety of patient populations in an acute care hospital and then transitioned to a role in nursing administration for about 3 years. In 2007, I was elected to NCBON as board member and served the public for 7½ years. During my tenure on the Board, I served on a variety of committees which enhanced my knowledge of regulatory functions.

I was elected as the Board's Vice-Chair serving for two consecutive years. As Vice-Chair, my role included Chair of Board Governance which oversees the Board's processes for conducting business and congruence with Mission, Vision, and Values.

In 2014, I transitioned from serving the public as a board member to board staff. My current responsibilities as a Regulation Consultant II are supervisory duties of other staff, conducting investigations, interpretation of NC Nursing Practice Act and collaborating with other agencies to meet the mandate of public protection. I focus, primarily, on investigating advanced practice nurses. I am active on multiple board staff committees such as Board Orientation Education and Succession Planning, Research, Quality, and Staff Engagement and Appreciation.

My NCSBN service has included: NIRSC from 2012 to 2015 and CORE from 2015 to 2017. At the 2018 Delegate Assembly, I was elected to serve on the Leadership Succession Committee for a one-year term.

In 2017, with a little encouragement from a nursing mentor, I started the PhD journey at East Carolina University with a research focus on substance use disorder in nursing.

In 2018, I was part of a team that helped organize a fundraiser to support Rise Against Hunger. The NCBON staff donated over \$3000 which helped package over 10,000 meals.

What characteristics make you a good fit for the Leadership Succession Committee?

The top three characteristics that I exemplify as a candidate to serve on the Leadership Succession Committee are dependability, integrity, and the ability to be open-minded. Being dependable is the top quality needed to serve on a committee. Committee work is time-sensitive, and charge driven. There is a predetermined period to meet goals which requires all members to actively engage and complete the work needed. Over the past year, my actions while on LSC are evidence of my ability to meet the aims of the committee, actively participate in the dialogue of committee decisions and ask the "why" and "how" questions.

The care I provided as a bedside nurse required high levels of integrity. The same is true for the work I do as a regulator of the nursing profession and as a member of a committee. With integrity there is also trust, the membership trusts the committee to complete the duties and meet the charge as directed by the BOD.

Our healthcare and regulatory landscape is evolving continually. In order to meet the needs of the organization and the membership, having an open-mind to elicit change is imperative. Change is not forced but instead achieved through open, thoughtful, and direct communication while focusing on the mission of the organization and the implicit charge of the committee.

A colleague recently said to me “I don’t know how you do all that you do.” My reflective response is I have a strong support system. I am organized. I have a strong work ethic. I believe in the mission of my role and I have faith in collaborative efforts to meet goals.

Why do you want to serve on the Leadership Succession Committee?

Through continual engagement via NCSBN conferences, offered NCSBN conference calls, and service on NCSBN committees, I have seen the growth of the organization in meeting the mission and strategic initiatives. Being an active participant in pursuing the mission, growing with the organization, and engaging in the strategic plan of NCSBN, would meet personal and professional goals while enhancing my jurisdictional responsibilities and commitments.

Encouraging, motivating, and eliciting interest in recognizing your own potential is sometimes hard to identify. I thrive on the challenge of helping people recognize their leadership attributes and abilities. I am a firm believer in mentoring and coaching roles (formal and informal). I have had mentors that believed in my ability and planted seeds to assist me in identification and pursuit of goals. Sometimes that seed can be planted related to one’s leadership expertise, qualities, and strengths that makes the difference in pursuing a formal leadership role. Rosalynn Carter stated “A leader takes people where they want to go. A great leader takes people where they don’t necessarily want to go, but ought to be.”

The sustainability of NCSBN leadership is vital in ensuring the mission of NCSBN is met while supporting the mission of every member board within the organization. Through my experiences with NCSBN committee work, I have developed a strong understanding of the mission and strategic plan of NCSBN. I am committed to the work of NCBON and of the NCSBN. Serving on the Leadership Succession Committee will continue to develop me as a leader while actively engaging the membership to consider being placed on the ballot for either the BOD or LSC.

Leadership Succession Committee

Area III Member

Randy Smith, MA

Operations Manager, Kentucky Board of Nursing



Describe your professional, regulatory and community experience.

My professional career consists of a mixture of administrative, leadership, human resources, and operations in state government, private, and the military sectors. In addition, I am also a Realtor, which adds to my professional focus on customer service, negotiation, and marketing.

My military background taught me that being a leader also means you have to be technically competent in your area along with being able to make the hard decisions that is best for the organization. This experience highlighted my processes toward decision making rather than ongoing pontificating. Most important lesson learned is to not micromanage subordinates, but give them the overall goal and allow them to take actions to accomplish the goal. Leadership qualities are not taught by reading books, but by experience.

As a policy and budget analyst for a legislative body in a governmental environment, required me to collect the data and present the facts to legislative leadership. The primary goal is to present the information and to avoid tailoring it to meet specific needs.

I am currently the Operations Manager at the Kentucky Board of Nursing and oversees the Administrative Services Section, Information Management Section, and the Credentialing Branch. In this role I provide guidance to managers for effective and efficient processes and procedures while focusing on achieving high quality customer services.

Community experience involves professional and nonprofit work. I am currently serving my last year on the Finance Committee at NCSBN, so I am familiar with the operations of the National Council. I also have served on the RCPAC Board for the Lexington Bluegrass Association of Realtors that focused on promoting Realtors and policy in the public arena to support the Real Estate community.

What characteristics make you a good fit for the Leadership Succession Committee?

1. Highly self-motivated individual with excellent organizational skills,
2. Strong communicator with superb follow-up skills,
3. Customer service oriented with 100% satisfaction in dealing with both internal and external customers,
4. Analytical thinker that consistently resolves ongoing issues while paying close attention to detail,
5. Proficiency in leading and mentoring individuals to maximize levels of productivity while forming cohesive team environments,
6. Outstanding motivator and extremely resourceful,
7. Strong "Project Management" skills with proven ability to plan, organize and lead other team members,
8. Excellent researcher while focusing on deadlines,
9. Dependable, and
10. A Team Player.

Why do you want to serve on the Leadership Succession Committee?

I am interested in serving on the Leadership Succession Committee, because I am looking for opportunities to utilize my experience while continuing to serve the National Council of State Boards of Nursing. This opportunity allows me to expand on my experience outside of the financial arena and to experience different aspects of the Council.

After reviewing the Committee's Charge, it appears that the most important qualifications are to have people and marketing skills, along with the ability to communicate effectively. My background is suited for this type of position as I am a team player, have experience working with leaders in all environments, and experience working in the customer service arena. I also have the ability to negotiate, which is also a strong characteristic of a team player.

With over 30 years of working for organizations, it is vital that the right individuals are selected for leadership positions. I have experienced the damage to an organization, through selection of unqualified individuals for leadership positions. The damages resulting from this mistake has ramifications that can harm an organization and its employees for years. Selecting qualified leaders also result in the overall improvement of employee morale, which is lacking in many organizations today. Employees want leaders who do what's best for the organization, while also appreciating and recognizing employees for their work in making the organization successful.

WITHDRAWN

Leadership Succession Committee

Area III Member

Sandra Culpepper, LPN

LPN Board Member, Mississippi Board of Nursing



Describe your professional, regulatory and community experience.

Dear NCSBN Delegates,

My name is Sandra Culpepper from the Mississippi State Board of Nursing as an LPN Representative. I am reaching out to you to share some history and background information about myself, both professionally and personally, that will assist in your decision in regards to the Leadership Succession Committee Nomination for Area III. I greatly appreciate your time and interest in me.

Being an LPN has given me several opportunities to work in the nursing field. Some of these different areas I have experienced are: Emergency Department, Med-Surg, Long Term Care, Post-Op, Group Homes for the disabled, Home Health and educating Certified Nursing Aides. These diverse nursing environments have allowed me to expand my knowledge base and experiences while adding to my skills as an LPN on different levels.

My involvement and responsibilities within the MBON includes the following committees: Administrative Code Committee, Practice Committee, Compliance Committee, and the Telehealth Committee. I am also the Chairperson of the Taskforce to transfer the Licensed Practical Nursing Educational Programs to the Mississippi Board of Nursing. I am proud to be able to report this transfer is scheduled to take place in July 1, 2019.

Most recently I was approved by NCSBN to participate in the development and aid in the writing of the next NNAPP Exam for the Certification of Nursing Aides. After teaching this course for 9 years, it is such an honor to have the chance to be able to contribute my experience as an educator in this manner.

On a more personal note, I have been married to my husband Keith for 21 years and we have 3 beautiful children. Together, we run and operate an exotic animal farm, including tours, on our homestead. The tours enable visitors to learn about the livestock and daily farm life and are especially enjoyed by children. I enjoy volunteering for community events such as Painting the Town Pink, assisting the High School Color Guard Team, and tutoring Nursing students at no charge simply to see them succeed. Since my husband is a nurse as well, we enjoy traveling abroad on medical mission trips that provide health care to people that truly need it.

Dedication and ease of working with others are some of my strongest personality assets. The flexibility to be able to attend meetings has helped this to be a more fruitful experience. To be a part of NCSBN has been a valuable learning tool for Nursing Regulation and I look forward to becoming more involved in the processes.

After learning more about me both professionally and personally, I hope you will consider voting me onto the Leadership Succession Committee Area III. I look forward to seeing you in Minneapolis soon!

What characteristics make you a good fit for the Leadership Succession Committee?

To be a good fit for the Leadership Succession Committee it takes dedication, hard work, professionalism, and the ability to be flexible to the needs of NCSBN and Member Boards. These qualities you will assuredly find in me because from a very young age I acquired a tenacious work ethic that encompasses all of those qualities. The effort and dedication that I can offer will be incredible because once dedicated to a job I will go above and beyond to assist

with making this a positive experience for all involved. It would truly be a pleasure to have the ability to show you my authentic work ethic and professionalism in increasing involvement within NCSBN and the Member Boards!

Why do you want to serve on the Leadership Succession Committee?

The purpose to serve on the Leadership Succession Committee is very important to me, it is a diverse background of Nurses encouraging Member Boards to become involved in the future of Nursing and NCSBN. To have a diverse group of people working together to bring about change and influencing an ever changing Healthcare environment will be crucial in future endeavors, so by encouraging our fellow members from every aspect of Nursing to become involved in Regulation through NCSBN will be critical in the future ahead of us. To be a part of that group would definitely be a dedication that I would absolutely love to be a part of!

Report of the NCLEX® Examination Committee (NEC)

Committee Recommendations to the Delegate Assembly:

1. Adopt the proposed 2020 NCLEX-PN® Test Plan.

Rationale:

The NEC reviewed and accepted the 2018 LPN/VN Practice Analysis: *Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2019) as the basis for recommending revisions to the 2017 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2020 NCLEX-PN® Test Plan.

Fiscal Impact:

Incorporated into the fiscal year 2019 (FY19) budget.

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory bodies' (NRBs) need for examinations. In order to accomplish this, the committee monitors the NCLEX-RN® and NCLEX-PN® Examination process to ensure policies, procedures and standards utilized by the program meet and/or exceed guidelines proposed by the testing and measurement profession. The NEC recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the NCLEX® Item Review Subcommittee (NIRSC), which plays a critical role in the item development and review processes. Individual NEC members act as chairs of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

Members

NCLEX® Examination Committee

Betsy Houchen, JD, MS, RN

Ohio, Area II, Chair

Shirley Brekken, MS, RN

Minnesota, Area II

Anne Coghlan, MScN, RN

Ontario, Exam User Member

Cynthia Johansen, MAL, MSc

British Columbia RN, Exam User Member

Lisa Renee Johnson, MSN/Ed, RN, LPN

Florida, Area III

Claire MacDonald, DNP, MSN, RN

Massachusetts, Area IV

Kimberly Miller, RN, MC

Minnesota, Area II

Deborah Swartz, MSN, RN

Vermont, Area IV

Rhigel "Jay" Tan, DNP, APRN, RN,

PMHNP, GNP, ANP

Nevada, Area I

Crystal Tillman, DNP, RN, CPNP

North Carolina, Area III

NCLEX® Item Review Subcommittee

Janzie Allmacher, MSN, RN, CEN,

ACNS-BC

Virgin Islands, Area IV

Meedie L. Bardonille, RN

District of Columbia, Area IV

Tracey Blalock, MSN, MBA, RN, NEA-BC

Georgia, Area III

Tammy Bryant, MSN, RN

Georgia, Area III

Teresa Corrado, LPN

Washington, Area I

Fiscal Year 2019 (FY19) Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY19.

FY19 Charge:

- 1. Advise the BOD on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory body's need for examinations.**
- 2. Develop Next Generation NCLEX (NGN) prototype items that use technology enhanced item types focused on measuring clinical decision making/judgment.**

Technical Advisory Committee (TAC)

The TAC is composed of NCSBN and Pearson VUE psychometric staff, along with a selected group of leading experts in the testing and measurement field. The committee reviews and conducts psychometric research to provide empirical support for the use of the NCLEX as a valid measurement of initial nursing licensure, as well as to investigate possible future enhancements to the examination program.

Several new research projects were completed in FY19 and focused on studies related to the NGN.

- Investigating Unidimensionality in Sparse Data from the NCLEX Computerized Adaptive Tests;
- Evaluation of Dimensionality with Massively Planned Missing Data with a Modified Parallel Analysis; and
- Think Alouds & Cognitive Labs for Next Generation NCLEX (NGN) Items.

NCSBN Examinations Department Internship Program

In 2019, NCSBN sponsored its seventh summer internship program for advanced doctoral students in educational measurement and related fields. The internship lasted eight weeks in June and July 2019 and was awarded to one advanced-level measurement graduate student. The selected intern participated in research under the guidance of NCSBN psychometrics staff and acquired practical experience working on licensure and certification exams. In addition, the intern worked

Ann Michele Coughlin, MSN, MBA, RN
Pennsylvania, Area IV

Mariclaire E. England, RN, PHN
Minnesota, Area II

Diana O. Forst, MSBC, RNC, PCCN, OCN, Chemo
Florida, Area III

Becky Gladis, LPN
Minnesota, Area II

Ruth Ann Go, MEd, RN
North Carolina, Area III

Myra Goldman, MSN, RN
Kentucky, Area III

Anne Heyen, DNP, RN, CNE
Missouri, Area II

Georgina R. Howard, MPA, MSN, RN-BC, NE-BC
New York, Area IV

Nancy Ireland, DNP, NMNP, CNM
Oregon, Area I

Elise McDermott, RN
Texas, Area III

Angela MacDonald, DNP-PHNL, RN
Massachusetts, Area IV

June McLachlan, DNP, FNP-BC, PHN, APRN, RN
Minnesota, Area II

Joseph Lefleur, MSN Ed, RN
Alaska, Area I

Teresita McNabb, MSHSA, RN, NE-A, CLNC, FACHE
Louisiana-RN, Area III

Tammie Napoleon, DNP, APRN-RX, PPCNP-BC
Hawaii, Area I

Carmen Nickel, MSN, RN
Oklahoma, Area III

Catherine Prato-Lefkowitz, PhD, MSN, RN, CNE
Nevada, Area I

on research projects that were presented to Examinations staff at the conclusion of the internship.

The goal of this internship is to provide practical experience with operational computerized adaptive testing (CAT) programs to measurement students. The intern worked with testing professionals to learn how the NCLEX exams are developed and administered, gained knowledge of CAT subjects and discussed current measurement topics. In addition, the intern conducted research projects directly pertaining to issues encountered in operational CAT programs and NGN.

Registered Nurse (RN) and Practical Nurse (PN) Continuous Practice Analysis Studies

NCSBN began administering the 2019 RN and PN Continuous Practice Analysis online survey instruments in May 2019. Two forms of the electronic survey instrument were administered to both RN and PN samples.

The two survey forms contained demographic questions and job task statements relevant to entry-level nursing practice. Invitations were sent via email and reminder emails were sent to nonresponders in the first, second and fourth weeks of the administration period. Newly licensed RNs and PNs, defined as individuals who have passed the NCLEX-RN or NCLEX-PN 12 months or fewer prior to the survey data collection, were included in the survey sample. The duration of each data collection period was eight weeks. After the eight weeks of survey administration, datasets from each survey form were combined and demographic frequency analyses, as well as average rating analyses were completed. Results were comparable to previous practice analysis studies.

NCLEX-RN® Standard Setting Workshop

Every three years, NCSBN conducts a practice analysis for entry-level RN licensure. Based on the practice analysis, NCSBN makes appropriate changes to the NCLEX-RN Test Plan if necessary and establishes a new passing standard based on the new test plan. These steps help ensure that the NCLEX-RN continues to reflect current nursing practice and that nurses who pass the NCLEX-RN examination will continue to meet minimal levels of nursing competence.

A panel of subject matter experts (SMEs) convened in Chicago from Sept. 11–13, 2018, to conduct a criterion-referenced NCLEX-RN® Standard Setting Workshop. The SME panel was composed of nurses who represent all four NCSBN geographic areas and two Canadian jurisdictions and practice in a variety of settings. In December 2018,

Sherry Richardson, RN, CMSRN

Tennessee, Area III

Darlene (Yolonda) Schulz, LPN

Montana, Area I

Pamela Trantham, RN, CI

North Carolina, Area III

Tammy Vaughn, MSN, RN, CNE

Arkansas, Area III

Staff

Philip Dickison, PhD, RN

Chief Officer, Operations & Examinations

Jennifer Gallagher

Director, Business Operations, Examinations

Aly Brenton, MSN, RN, CNL

RN Test Development Associate, Examinations

Jacklyn Currier

Operations Manager, Examinations

Doyoung Kim, PhD

Senior Psychometrician, Examinations

Dalilah Perello

Senior Coordinator, Business Operations, Examinations

Kristin Singer, MSN, RN

RN Test Development Associate, Examinations

Meeting Dates

Oct. 9–10, 2018 (NCLEX® Examination Committee Business Meeting)

Dec. 10–12, 2018 (NCLEX® Item Review Subcommittee Meeting)

Jan. 7–8, 2019 (NCLEX® Examination Committee Business Meeting)

March 18–19, 2019 (NCLEX® Item Review Subcommittee Meeting)

the NCSBN BOD recommended that the NCLEX-RN passing standard remain unchanged at 0.0 Logit. The 2019 NCLEX-RN Passing Standard became effective April 1, 2019 along with the *2019 NCLEX-RN® Test Plan*.

2019 NCLEX-RN® Test Plan

Approved in August 2018, the final *2019 NCLEX-RN® Test Plan* was presented to the Delegate Assembly. In December 2018, the *2019 NCLEX-RN® Test Plan* was made publically available. The newly approved *2019 NCLEX-RN® Test Plan* along with the approved 2019 NCLEX Passing Standard of 0.0 Logit became effective on April 1, 2019.

2020 NCLEX-PN® Test Plan

The final report of the 2018 NCLEX-PN® Practice Analysis study is complete. Following the analysis of survey results, the draft *2020 NCLEX-PN® Test Plan* was developed and forwarded to NCSBN nursing regulatory bodies in January 2019 for review and feedback. Subsequently, the draft document was presented to the NCSBN BOD in May 2019.

The draft *2020 NCLEX-PN® Test Plan* will be presented to the membership of NCSBN during its Annual Meeting in August 2019 for review and approval. A strikethrough copy, a clean copy and the timeline for implementation of the *2020 NCLEX-PN® Test Plan* are included in Attachments A, B and C respectively.

NCLEX® Alternate Item Types

The committee consistently reviews the present and future of the NCLEX with an eye toward innovations that would maintain the examinations' premier status in licensure.

NCLEX® Test Center Enhancements

Pearson VUE will open three new Pearson Professional Centers (PPCs) in the U.S. and Canada in 2019. In addition, Pearson VUE will expand the number of seats at seven test centers during 2019.

Evaluated and Monitored NCLEX® Examination Policies

The committee reviews the NCSBN BOD examination-related policies as well as the NEC policies annually and updates them as necessary.

April 11, 2019 (NCLEX® Examination Committee Business Meeting)

June 10, 2019 (NCLEX® Examination Committee WebEx)

June 17–19, 2019 (NCLEX® Item Review Subcommittee Meeting)

Aug. 12, 2019 (NCLEX® Examination Committee WebEx)

Sept. 16–18, 2019 (NCLEX® Item Review Subcommittee Meeting)

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

Strategic Objective D1:

Enhance precision of the measurement of NCLEX candidates through the use of state-of-the-art technologies and unfolding scoring models.

Strategic Objective D2:

Investigate use of NCSBN's exam resources to support the work of the regulatory boards and educational institutions.

Attachments

Attachment A:

Proposed 2020 NCLEX-PN® Test Plan – Strikethrough Copy

Attachment B:

Proposed 2020 NCLEX-PN® Test Plan – Clean Copy

Attachment C:

Timeline for Implementation of the 2020 NCLEX-PN® Test Plan

Attachment D:

Annual Report of Pearson VUE for the NCLEX®

Monitored Critical Aspects of Examination Development

Conducted NEC and NIRSC Sessions

To ensure consistency regarding the manner in which NCLEX items are reviewed before becoming operational, members of the NEC continue to chair NIRSC meetings. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items; and (2) provided direction regarding RN and PN multiple-choice and alternate format items. As an additional quality assurance measure, the subcommittee evaluates the accuracy of a random sample of all validations for pretest and master pool items scheduled for review.

Assistance from the subcommittee continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. At this time, the number of volunteers serving on the subcommittee is 26, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs at each meeting and is offered as needed on a quarterly basis.

Monitored Item Production

Under the direction of the NEC, RN and PN pretest items were written and reviewed by NCLEX Item Development Panels. NCLEX Item Development Panels' productivity can be seen in Tables 1 and 2. As part of the contractual requirements with the test service, items that use alternate formats (i.e., any format other than multiple-choice) have been developed and deployed in item pools. Information about items using alternate formats has been made available to NRBs and candidates in the NCLEX Candidate Bulletin, candidate tutorial and on the NCSBN website.

NCSBN Item Development Sessions Held At Pearson VUE

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item	Writers	Items	Reliability (Cronbach Alpha)
April 12 – March 13	4	45	1579	6	2970
April 13 – March 14	6	60	2047	7	4306
April 14 – March 15	4	40	1266	4	2700
April 15 – March 16	3	39	1688	4	2500
April 16 – March 17	5	49	2250	4	3024
April 17 – March 18	4	39	1785	4	3615
April 18 – March 19	5	49	2253	3	2275

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item	Writers	Items	Reliability (Cronbach Alpha)
April 12 – March 13	6	70	2570	12	5481
April 13 – March 14	6	57	1861	6	4343
April 14 – March 15	4	38	1367	4	2700
April 15 – March 16	4	40	1159	4	1875
April 16 – March 17	4	39	1821	4	2308
April 17 – March 18	4	40	1926	4	2431
April 18 – March 19	4	38	1592	4	1723

Pearson VUE continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

Monitored Item Sensitivity Review

NCLEX Pretest Item Sensitivity Review procedures are designed to eliminate item wording that could be elitist, stereotypical, have different meanings for different ethnic or geographic groups or have an inappropriate tone. Review panels are composed of members who represent the diversity of NCLEX candidates. Prior to pretesting, items are reviewed by sensitivity panels and any items identified by the group are referred to the NEC for final disposition.

Evaluated Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions conducted by the test service. NCLEX staff continues to oversee each panel. Overall, panelists and NCLEX staff in attendance have rated item development sessions favorably.

Monitored Development of Operational NCLEX® Item Pools

NCSBN Examinations staff monitored the configuration of RN and PN operational item pools. The process of configuring operational item pools involves a few critical variables outlined in the NCLEX test plan; however, the quality control checks performed afterward are based upon both content and psychometric variables. The resulting operational item pools were evaluated extensively with regard to these variables and were found to be within operational specifications.

To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan content area. It was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams drawn from previous NCLEX item pool deployments. These conclusions were reinforced by replicating the analyses using actual candidate data. The committee will continue to monitor performance of the NCLEX through these and other psychometric reports and analyses.

NRB Review of Items

NRBs are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, representatives may refer items to the NEC for review for one of the following reasons: not entry-level practice, not consistent with the nursing practice act/administrative rules or for other reasons. In October 2018, the committee reviewed the items referred from the April 2018 NRB Review. Additionally, in April 2019, items were reviewed from the October 2018 NRB Review. The committee provided direction on the resolution of each referred item. The NEC encourages each NRB to take advantage of the semi-annual opportunities to review NCLEX items.

The October 2018 review consisted of 24 NRBs (16 U.S. and eight Canadian), an increase from 21 NRBs during the October 2017 review. The April 2018 review consisted of 14 NRBs (six U.S. and eight Canadian), which is similar to the 18 NRBs during the April 2017 review. For the April 2019 review, there are 16 NRBs (nine U.S. and seven Canadian) scheduled to participate.

Item-related Case Reports

Electronically filed case reports may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff continue to investigate each case and report their findings to the NEC for decisions related to retention of the item.

Monitor Examination Administration

Monitored Procedures for Candidate Tracking: Candidate Matching Algorithm

The committee continued to monitor the status and effectiveness of the candidate-matching algorithm. On a semi-annual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months.

Monitored the Security Related to Publication and Administration of the NCLEX®

The NEC continues to proactively examine security, and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security. NCSBN and its testing vendor, Pearson VUE, provide mechanisms and opportunities for individuals to inform NCSBN about possible examination eligibility and administration violations. In addition, NCSBN works directly with two third-party security firms to conduct extensive open source web patrol services. Patrolling consists of monitoring websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain proprietary examination material/information and/or provide an environment for any possible threats to the examination.

NCSBN also executed a secret shopper program to audit the PPCs where the NCLEX is administered. This program provides NCSBN staff with firsthand candidate experience throughout the entire testing process, including at the PPC, and illuminates the strengths and weaknesses of the PPC examination delivery channel security to ensure NCSBN's established procedural/security measures are being consistently followed. NCSBN, Pearson VUE and the NEC are committed to vigilance in ensuring the security of the NCLEX.

Compliance with the 30/45-Day Scheduling Rule for Domestic PPCs

The NEC monitors compliance with the 30/45-day scheduling rule. For the period of Jan. 1, 2018 to Dec. 31, 2018, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites exceed 80 percent capacity levels.

Responded to NRB Inquiries Regarding NCLEX® Administration

As part of its activities, the committee and the NCSBN Examinations department staff responded to NRB questions and concerns regarding administration of the NCLEX. More specific information regarding the performance of the NCLEX test service provider, Pearson VUE, can be found in the Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX), available in Attachment D of this report.

Administered NCLEX® at International Sites

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in NRB jurisdictions. See Attachment D of this report for the 2018 candidate volumes and pass rates for the international testing centers.

NGN

Research continues on the NGN project. The Special Research Section, which started in July 2017, is intended to collect data on new item types (ITDC) that could expand or enhance the measurement of entry-level nursing competence, including clinical judgment. To date, an average of 85 percent NCLEX-RN candidates participated in ITDC.

NCSBN conducted a cognitive lab study to investigate that the cognitive processes that a candidate engages in while responding to NGN items align well with the clinical judgment model. The study was held in November, 2018. In order to further outreach efforts with NGN, NCSBN has developed a series of Newsletters and Talks to share NGN research with members, nursing educators and the public.

Educate Stakeholders

NCLEX® Presentations and Publications

Active involvement with measurement and regulatory organizations not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to move ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of the testing industry.

NCSBN Examinations staff co-presented seven sessions with Pearson VUE staff at the 2019 American Educational Research Association (AERA) and National Council of Measurement in Education (NCME) Annual Meetings in Toronto entitled “Comparisons of Methods of Identifying Unmotivated Test Takers,” “Developing Clinical Judgment Items from Task Model,” “Dimensionality Assessment with Locally Dependent Item Responses: Scoring Rules vs Raw Data,” “Evaluating Clinical Judgment Items: Field Test Results,” “Developing a Task Model for Clinical Judgment in Nursing,” “Detection of Compromised Items in a CAT Licensure Exam using Sequential Procedures” and “Scaling Clinical Judgment Items using Polytomous and Super-Polytomous Models.” AERA and NCME are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations

NCSBN Examinations staff published an article in the *Journal of Nursing Education* titled, “Integrating the National Council of State Boards of Nursing Clinical Judgment Model into Nursing Educational Frameworks.” The Journal enhances the teaching-learning process, promotes curriculum development, and stimulates creative innovation and research in nursing education.

To ensure that NCSBN membership has continued involvement in the NCLEX program, and is informed of test development practice, the Examinations department hosted four informational webinars for NRBs.

Additionally, as part of the department’s outreach activities, Examinations test development staff conducted two sponsored NCLEX Regional Workshops. Regional Workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. NCLEX Regional Workshops were held between March 31, 2018 and April 1, 2019 in the following jurisdictions: Missouri and Ohio. These opportunities assist NCSBN’s Examinations department in educating stakeholders about the examination, as well as recruit for NCSBN item development panels.

In the fall of 2018 NCSBN staff also presented on the NGN project at the Louisiana Council of Administrators of Nursing Education (LaCANE) in New Orleans and at the Organization for Associate Degree Nursing Convention in Philadelphia.

Additionally, test development staff also conducted five in-person presentations on the NGN project in the following jurisdictions during Jan. 1, 2019 and June 30, 2019: Alabama, Arizona, Arkansas, Georgia and Texas. Two webinars were provided by staff on NGN: Missouri and Pennsylvania (which included two schools: Duquesne University-School of Nursing & Center for Healthcare Ethics and The Pennsylvania State University-College of Nursing).

NCLEX® Manuals

The NCLEX® Member Board Manual (for U.S. NRBs) and the NCLEX® Administration Manual (for Canadian NRBs) contain policies and procedures related to the development and administration of the NCLEX. Once a year, NCSBN

updates the NCLEX Manuals to reflect any changes to policies and procedures. Ad hoc changes are also made to the manuals when necessary.

NCLEX® Candidate Bulletin and NCLEX Information Flyer

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic format. The NCLEX Information Flyer provides a brief snapshot of the NCLEX candidate process, rules and identification requirements and is available in an electronic format.

NCLEX® Conference

Historically, the Examinations staff has coordinated and hosted an NCLEX Conference in order to provide NRBs, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2019 NCLEX Conference for Canadian Educators was held in Toronto, ON on April 29, 2019, with approximately 100 participants. The 2019 NCLEX Conference is scheduled for Sept. 9, 2019, in Phoenix, Ariz.

NCLEX® Program Reports

NCSBN Examinations staff monitors production of the NCLEX Program Reports as delivered by the vendor. Program reports can be ordered, paid for and downloaded via a web-based system that permits program directors and staff to receive reports quickly and in a more portable, electronic format. The web-based system also allows subscribers to distribute the reports via email to people who need them most – the faculty and staff that design curriculum and teach students. Subscribers may also copy and paste relevant data, including tables and charts, into their own reports and presentations. This is particularly beneficial if the program uses these reports to supplement the academic accreditation process. NCLEX Program Report subscriptions are offered on quarterly, semi-annual and annual bases. In addition, supplemental report data in comma-separated values (CSV) format is an optional offering to accompany NCLEX Program Report subscriptions.

NCLEX® Unofficial Quick Results Service

The member, through NCSBN, offer candidates the opportunity to obtain their “unofficial results” (official results are only available from the NRBs) through the NCLEX® Quick Results Service. A candidate may go online to access their unofficial result two business days after completing their examination. Currently, 48 U.S. NRBs participate in offering this service to their candidates. In 2018, approximately 158,103 candidates utilized this service.

Future Activities

- Continue to monitor all administrative, test development and psychometric aspects of the NCLEX program.
- Evaluate all aspects of the NCLEX program and initiate additional quality assurance processes as needed.
- Evaluate NCLEX informational initiatives such as the NCLEX Conference, NCLEX Regional Workshops and other presentations.
- Communicate updates regarding the Next Generation NCLEX project including research outcomes, as well as implications for students, educators, regulators and health care organizations.
- Evaluate ongoing international testing.
- Host the 2019 NCLEX® Conference (Sept. 9, 2019).
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.
- Conduct NCLEX-PN Standard Setting.

Attachment A: Proposed 2020 NCLEX-PN® Test Plan – Strikethrough Copy

1 2020 NCLEX-PN® Test Plan

2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

4 Introduction

5 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of
6 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public
7 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that
8 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse
9 (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational
10 Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

11
12 Several steps occur in the development of the NCLEX-PN® Test Plan. The first step is conducting a practice analysis that is used
13 to collect data on the current practice of entry-level practical/vocational nurses (Report of Findings from the 2018 LPN/VN
14 Practice Analysis: Linking the NCLEX-PN® Examination to Practice [NCSBN, 2019]). There were 12,000 newly licensed
15 practical/vocational nurses asked about the frequency and priority of performing nursing care activities. Nursing care activities
16 are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where
17 the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that
18 incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. The next step is the
19 development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in
20 jurisdiction laws and regulations are considered in the development of the test plan.

21
22 The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a
23 guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills
24 and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring
25 the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are
26 integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the NCLEX-PN
27 Test Plan.

28 Beliefs

29 Beliefs about people and nursing influence the NCLEX-PN Test Plan. People are finite beings with varying capacities to function
30 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and
31 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting
32 those needs. The profession of nursing makes a unique contribution in helping clients (i.e., individuals, family, or group) achieve
33 an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the
34 individual, family, or group which includes significant others and population.

35
36 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts
37 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the
38 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a
39 dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
40 technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing
41 illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

42
43 The LPN/VN uses "specialized knowledge and skills which meet the health needs of people in a variety of settings under the
44 direction of qualified health professionals" (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the
45 applicable standard of care and legal ~~instructions~~ ~~considerations~~ the LPN/VN uses a clinical problem-solving process (the
46 nursing process) to collect and organize relevant health care data, assist in the identification of the health needs/problems
47 throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN
48 demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have
49 predictable outcomes. "Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are

50 characterized by adherence to standards of care, accountability of one's own actions and behaviors, and use of legal and ethical
51 principles in nursing practice" (NAPNES, 2007).

52 Classification of Cognitive Levels

53 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,
54 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills and
55 abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

56 Test Plan Structure

57 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and
58 competencies for a variety of clients across all settings and is congruent with state laws/rules.

59 Client Needs

60 The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories; two of the four categories are
61 divided into subcategories:

62
63 Safe and Effective Care Environment

- 64 ▪ Coordinated Care
- 65 ▪ Safety and Infection Control

66
67 Health Promotion and Maintenance

68
69 Psychosocial Integrity

- 70
71 Physiological Integrity
- 72 ▪ Basic Care and Comfort
 - 73 ▪ Pharmacological Therapies
 - 74 ▪ Reduction of Risk Potential
 - 75 ▪ Physiological Adaptation

76 Integrated Processes

77 The following processes are fundamental to the practice of practical/vocational nursing and integrated throughout the Client
78 Needs categories and subcategories:

- 79
- 80 ▪ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,
81 planning, implementation and evaluation.
 - 82
 - 83 ▪ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this
84 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired
85 therapeutic outcomes.
 - 86
 - 87 ▪ *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the
88 client, as well as other members of the health care team. Events and activities associated with client care are validated
89 in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
 - 90
 - 91 ▪ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change
92 in behavior.
 - 93
 - 94 ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others
95 and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences to
96 client care, the applicable standard of care and legal ~~instructions~~ [considerations](#).

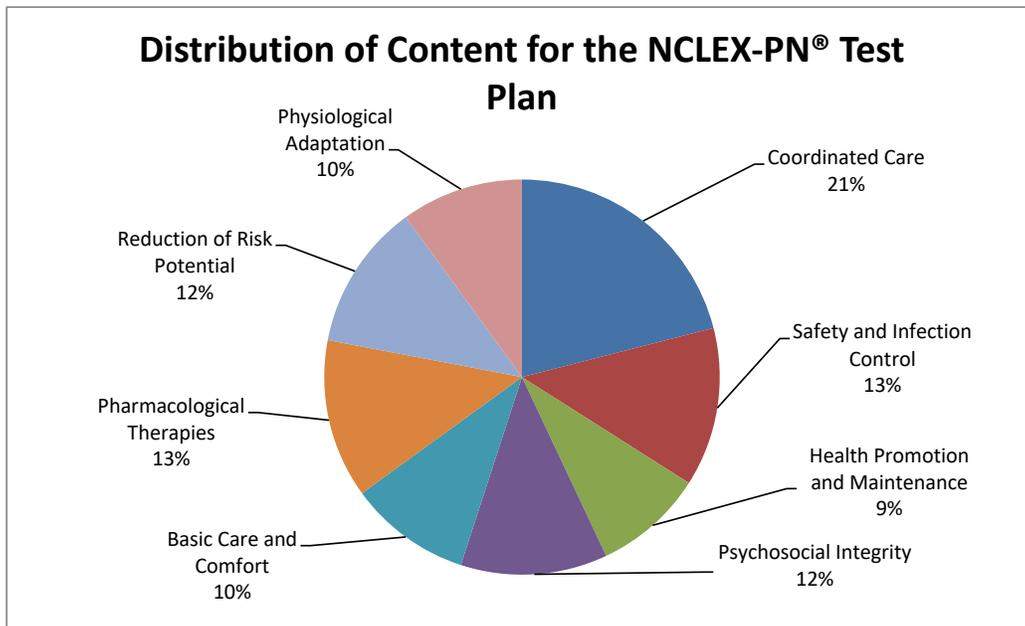
97 Distribution of Content

98 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on
99 the results of the study *Report of Findings from the 2018 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to*
100 *Practice* (NCSBN, 2019), and expert judgment provided by members of the NCLEX® Examination Committee.
101
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Client Needs	Percentage of Items from each Category/Subcategory
Safe and Effective Care Environment	
▪ Coordinated Care	18-24%
▪ Safety and Infection Control	10-16%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	10-16%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	7-13%

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105

106 NCLEX-PN examinations are administered adaptively in variable length format to target candidate-specific ability. To
107 accommodate possible variations in test length, content area distributions of the individual examinations may differ up to $\pm 3\%$ in
108 each category.

109 Overview of Content

110 All content categories and subcategories reflect client needs across the life span in a variety of settings.

111

112 Safe and Effective Care Environment

113 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and
114 protects clients and health care personnel.

115

116

117 ■ *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective
118 client care.

119

120 Related content includes, but is **not limited** to:

121

- | | |
|--|---|
| ▪ Advance Directives | ▪ Establishing Priorities |
| ▪ Advocacy | ▪ Ethical Practice |
| ▪ Client Care Assignments/Delegation | ▪ Informed Consent |
| ▪ Client Rights | ▪ Information Technology |
| ▪ Collaboration with Interdisciplinary Team | ▪ Legal Responsibilities |
| ▪ Concepts of Management and Supervision | ▪ Performance Improvement (Quality Improvement) |
| ▪ Confidentiality/Information Security | ▪ Referral Process |
| ▪ Continuity of Care | ▪ Resource Management |

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123 ■ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care
124 personnel from health and environmental hazards.

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126 Related content includes, but is **not limited** to:

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- | | |
|---|--|
| ▪ Accident/Error/Injury Prevention | ▪ Reporting of Incident/Event/Irregular Occurrence/Variance |
| ▪ Emergency Response Plan | ▪ Least Restrictive Restraints and Safety Devices |
| ▪ Ergonomic Principles | ▪ Safe Use of Equipment |
| ▪ Handling Hazardous and Infectious Materials | ▪ Security Plan |
| ▪ Home Safety | ▪ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis |

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129

130 Health Promotion and Maintenance

131 The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and
132 development, and prevention and/or early detection of health problems.

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134 Related content includes, but is **not limited** to:

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- | | |
|--|---------------------------------------|
| ▪ Aging Process | ▪ Health Promotion/Disease Prevention |
| ▪ Ante/Intra/Postpartum and Newborn Care | ▪ High Risk Behaviors |
| ▪ Community Resources | ▪ Lifestyle Choices |
| ▪ Data Collection Techniques | ▪ Self-care |
| ▪ Developmental Stages and Transitions | |

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Psychosocial Integrity

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The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

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Related content includes, but is **not limited to**:

- Abuse or Neglect
- Behavioral Management
- ~~Chemical and Other Dependencies~~
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- ~~Substance Use and Other Disorders and Dependencies~~
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

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Physiological Integrity

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The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

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- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of activities of daily living.

Related content includes, but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Nonpharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

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- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes, but is **not limited to**:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

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- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited to**:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures

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- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.
- Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Unexpected Response to Therapies

173 Administration of the NCLEX-PN® Examination

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The NCLEX-PN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

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All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered multiple choice items, as well as items written in [alternate formats](#). These formats may include but are not limited to multiple response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such as charts, tables, graphics, sound and video. All items go through an extensive review process before being used as items on the examination.

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More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is listed on the NCSBN website: www.ncsbn.org/nclex.

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195 Examination Security and Confidentiality

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Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action, such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.

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Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials includes, but is not limited to discussing examination items with faculty, friends, family, or others.

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209 Bibliography**210****211** Anderson, L. W. & Krathwohl, D. R. (Eds). (2001). *A taxonomy for learning, teaching, and assessing. A revision of Bloom's taxonomy of educational objectives*. New York: Addison Wesley Longman, Inc.**212****213****214** Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.**215****216****217** National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs*. Silver Spring, MD: Author.**218****219****220** National Council of State Boards of Nursing (2019). *Report of the findings from the 2018 LPN/VN practice analysis: linking the NCLEX-PN examination to practice*. Chicago, Author.**221****222****223** National Council of State Boards of Nursing. (2012). *NCSBN Model Act*. Chicago: Author.**224****225** National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2003). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author.**226****227****228****229**

Attachment B: Proposed 2020 NCLEX-PN® Test Plan – Clean Copy

1 2020 NCLEX-PN® Test Plan

2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

4 Introduction

5 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of
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16 are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where
17 the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that
18 incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. The next step is the
19 development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in
20 jurisdiction laws and regulations are considered in the development of the test plan.

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22 The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a
23 guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills
24 and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring
25 the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are
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27 Test Plan.

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31 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting
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37 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the
38 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a
39 dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
40 technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing
41 illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

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44 direction of qualified health professionals" (NFLPN, 2003). Considering unique cultural and spiritual client preferences, the
45 applicable standard of care and legal considerations the LPN/VN uses a clinical problem-solving process (the nursing process) to
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47 span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential
48 competencies needed to care for clients with commonly occurring health problems that have predictable outcomes.
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55 abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

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- 65 ▪ Safety and Infection Control

66
67 Health Promotion and Maintenance

68
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- 70
71 Physiological Integrity
- 72 ▪ Basic Care and Comfort
 - 73 ▪ Pharmacological Therapies
 - 74 ▪ Reduction of Risk Potential
 - 75 ▪ Physiological Adaptation

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89 in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
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91 ▪ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change
92 in behavior.
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94 ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others
95 and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences to
96 client care, the applicable standard of care and legal considerations.

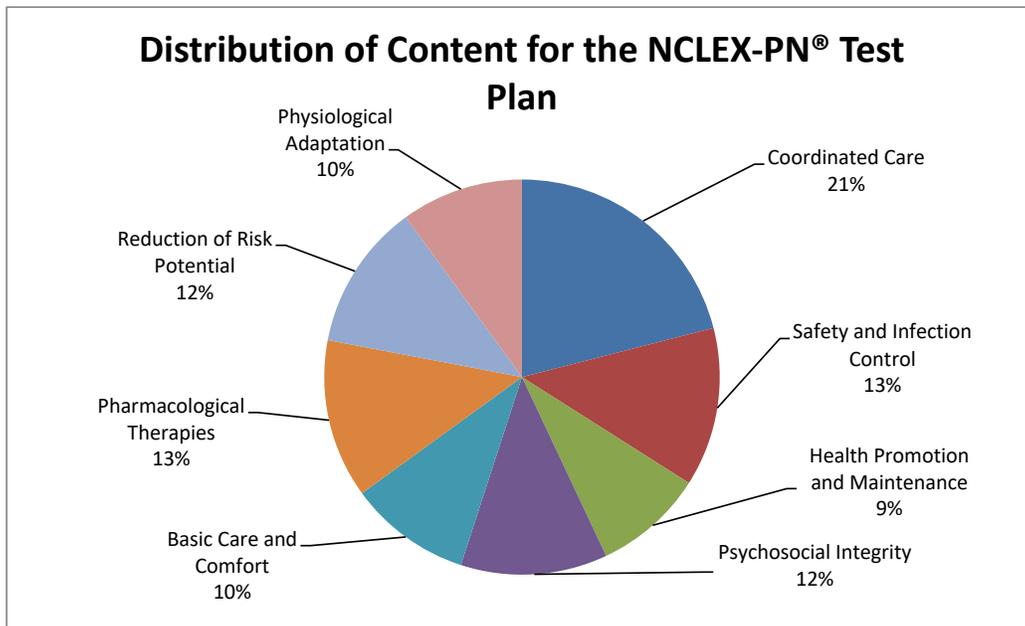
97 Distribution of Content

98 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on
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Client Needs	Percentage of Items from each Category/Subcategory
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Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	10-16%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	7-13%

103

104



105

106 NCLEX-PN examinations are administered adaptively in variable length format to target candidate-specific ability. To
107 accommodate possible variations in test length, content area distributions of the individual examinations may differ up to $\pm 3\%$ in
108 each category.

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110 All content categories and subcategories reflect client needs across the life span in a variety of settings.
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113 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and
114 protects clients and health care personnel.
115

- 116
- 117 ■ *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective
118 client care.
119

120 Related content includes, but is **not limited** to:
121

- Advance Directives
- Advocacy
- Assignments/Delegation
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management and Supervision
- Confidentiality/Information Security
- Continuity of Care
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Responsibilities
- Performance Improvement (Quality Improvement)
- Referral Process
- Resource Management

122

- 123 ■ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care
124 personnel from health and environmental hazards.
125

126 Related content includes, but is **not limited** to:
127

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Least Restrictive Restraints and Safety Devices
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

128

129

130 Health Promotion and Maintenance

131 The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and
132 development, and prevention and/or early detection of health problems.
133

134 Related content includes, but is **not limited** to:
135

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Community Resources
- Data Collection Techniques
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- High Risk Behaviors
- Lifestyle Choices
- Self-care

136

137

138

139 Psychosocial Integrity

140 The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

141

142

143

144

Related content includes, but is **not limited to**:

- Abuse or Neglect
- Behavioral Management
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Substance Use and Other Disorders and Dependencies
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

145

146 Physiological Integrity

147 The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

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- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of activities of daily living.

Related content includes, but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Nonpharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

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160

- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes, but is **not limited to**:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

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166

- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited to**:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures

167

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- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.
- Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Unexpected Response to Therapies

173 Administration of the NCLEX-PN® Examination

174 The NCLEX-PN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of
175 delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is
176 unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that
177 match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and
178 level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous
179 answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test
180 plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills
181 while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this
182 way until a pass or fail decision is made.

183 All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a
184 practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time
185 limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered
186 multiple choice items, as well as items written in [alternate formats](#). These formats may include but are not limited to multiple
187 response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such as charts,
188 tables, graphics, sound and video. All items go through an extensive review process before being used as items on the
189 examination.

190 More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is
191 listed on the NCSBN website: www.ncsbn.org/nclex.

194

195 Examination Security and Confidentiality

196 Any candidate that violates test center regulations or rules, or engages in irregular behavior,
197 misconduct and/or does not follow a test center administrator's warning to discontinue
198 inappropriate behavior may be dismissed from the test center. Additionally, exam results may
199 be withheld or cancelled and the licensing board may take other disciplinary action, such as
200 denial of a license and/or disqualifying the candidate from future registrations for licensure.

201 Refer to the current candidate bulletin for more information. Candidates should be aware and understand
202 that the disclosure of any examination materials including the nature or content of examination items, before, during or after the
203 examination is a violation of law. Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil
204 liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials
205 includes, but is not limited to discussing examination items with faculty, friends, family, or others.

206

207

208 Bibliography**209****210** Anderson, L. W. & Krathwohl, D. R. (Eds). (2001). *A taxonomy for learning, teaching, and assessing. A revision of Bloom's taxonomy of educational objectives*. New York: Addison Wesley Longman, Inc.**211****212****213** Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.**214****215****216** National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs*. Silver Spring, MD: Author.**217****218****219** National Council of State Boards of Nursing (2019). *Report of the findings from the 2018 LPN/VN practice analysis: linking the NCLEX-PN examination to practice*. Chicago, Author.**220****221****222** National Council of State Boards of Nursing. (2012). *NCSBN Model Act*. Chicago: Author.**223****224** National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2003). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author.**225****226****227****228**

Attachment C: Timeline for Implementation of the 2020 NCLEX-PN® Test Plan

October 2018	NCLEX® Examination Committee reviews 2018 PN Practice Analysis results and makes recommendations for the proposed 2020 NCLEX-PN® Test Plan
January 2019	Proposed 2020 NCLEX-RN® Test Plan is sent to Member Boards for feedback
April 2019	NCLEX Examination Committee reviews Member Board feedback on the test plan and submits recommendations to the Delegate Assembly
May 2019	NCSBN Board of Directors review proposed 2020 NCLEX-PN® Test Plan
August 2019	Delegate Assembly action is provided
September 2019	Panel of Judges meet to recommend the 2020 NCLEX-PN Passing Standard
December 2019	NCSBN Board of Directors evaluates the 2020 NCLEX-PN Passing Standard
January 2020	The approved 2020 NCLEX-PN Test Plan is published and placed on the NCSBN website
April 1, 2020	Approved 2020 NCLEX-PN Test Plan and the 2020 NCLEX-PN Passing Standard are effective

Attachment D:

Annual Report of Pearson VUE for the National Council Licensure Examinations

National Council of State Boards of Nursing (NCSBN®)

National Council Licensure Examination (NCLEX®)

Jan. 1, 2018–Dec. 31, 2018

Prepared by:

Pearson VUE

March 15, 2019

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Scope of Work

Under direction from National Council of State Boards of Nursing (NCSBN), Pearson VUE prepares an annual report for the NCLEX-RN® and NCLEX-PN® examinations.

Executive Summary

This report represents information gained during Pearson VUE's 16th full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to the National Council of State Boards of Nursing, Inc. (NCSBN). This report summarizes the activities of the past year.

This report was prepared by Sarah DuCharme, Ellen Guirl, John Stahl, and Shu-chuan Kao, with input from other team members.

Pearson VUE Organizational Changes

Several staffing changes occurred during the Jan. 1–Dec. 31, 2018 reporting period.

- In January, Jason A. Schwartz was promoted from Vice President, Global Client and Publishing Services, to Vice President, Testing Services, NCLEX. In his new position, he is dedicated 100% to NCSBN programs and is able to provide dedicated support to the NCLEX-RN and NCLEX-PN programs as well as Next Generation NCLEX.
- In January, Joe Betts, PhD, NCSP was promoted to Director, Psychometric & Research Services, NCLEX. In his new position, he remains fully dedicated to the NCLEX-RN and NCLEX-PN programs as well as Next Generation NCLEX.
- In April, Nicole Yadav, RN, MN, MSN, FNP, joined the Content Development team as a Content Developer.
- In June, Zhourui Ni joined the Psychometric team as Assistant Statistical Analyst.
- In July, Andrea Krzysko retired from Pearson VUE. Andrea had been a Content Developer with the NCLEX team for 9 years.
- In August, Brittany Houston, RN, BSN, joined the NCLEX Content Development team as a Content Developer.

- In August, Shu-chuan Kao, PhD, was promoted to Manager, Psychometric & Research Services. In her new position, she remains fully dedicated to the NCLEX-RN and NCLEX-PN programs as well as Next Generation NCLEX.
- In October, Rachel Baron resigned from Pearson VUE. Rachel had been a Content Developer with the NCLEX team.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. Pearson VUE is continuing to develop multiple-choice items as well as items in alternate formats, such as multiple-response items, drag-and-drop ordered-response items, graphics items, and chart/exhibit items. In addition, Pearson VUE is focusing on newer prototypes for formats related to Next Generation NCLEX exploratory research and development. Pearson VUE continues to focus on producing both the traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet its contractual obligations.

NCLEX Examinations Operations

There was no change in the passing standard for the NCLEX-RN/PN examinations.

Measurement and Research

The Technical Advisory Committee (TAC) met twice during 2018.

The TAC met at the NCSBN offices on March 30, 2018. In attendance were TAC members Ira Bernstein, Gage Kingsbury, Mark Reckase, and Steve Wise; NCSBN staff Doyoung Kim, Danielle Lee, Wei Xu, and Hong Qian; and Pearson VUE staff Betty Bergstrom, Natalie Jorion, and Joe Betts. TAC guest researchers Janice Hooper, Okan Bulut, Alison Cheng, and April Zenisky were also present:

The TAC received updates on ongoing projects:

- Next Generation NCLEX Multi-Year Research Plan, Betty Bergstrom
- NGN Validity Framework: An Argument-based Approach, Hong Qian and Natalie Jorion
- Examining Test-Taking Effort on the NGN Item Field Test, Steve Wise
- Overview and Challenges of the NGN Item Field Test, Doyoung Kim
- Scoring and Dimensionality of NGN Item Field Test, Joe Betts
- Setting the Stage for Setting the Standard, April Zenisky
- Pretesting and Dimensionality Assessment of New Prototype Items, Alison Cheng.

The TAC also discussed research directions and generated research ideas:

- Investigating Unidimensionality in Sparse Data from the NCLEX Computerized Adaptive Tests, Okan Bulut.

The TAC met again at the NCSBN offices on September 7, 2018. In attendance were TAC members Ira Bernstein, Gage Kingsbury, Mark Reckase, and Steve Wise; TAC Nursing Consultant Janice Hooper, NCSBN staff Doyoung Kim, Danielle Lee, Wei Xu, and Hong Qian; and Pearson VUE staff Betty Bergstrom, Natalie Jorion, and Joe Betts. TAC guest researcher April Zenisky and NCSBN intern Alex Brodersen were also present.

The TAC received updates on three ongoing projects:

- Next Generation NCLEX Multi-year Research Plan and NGN Validity Framework, Betty Bergstrom
- Item Response Types and Suggested Scoring, Joe Betts
- Setting the Stage for Setting the Standard, April Zenisky.

The NCSBN intern presented the results of his research:

- Dimensionality Assessment with Locally Dependent Item Responses: Scoring Rules vs Raw Data, Alex Brodersen.

The next TAC meeting will be held at the NCSBN offices in Chicago on March 22, 2019.

Pearson VUE Meetings with National Council of State Boards of Nursing

- Jan. 8, 2018 NCLEX Examination Committee Business Meeting
- Jan. 11, 2018 Next Generation NCLEX Steering Committee Meeting
- Jan. 23, 2018 Next Generation NCLEX Steering Committee Meeting
- Feb. 8, 2018 Next Generation NCLEX Steering Committee Meeting
- Feb. 22, 2018 Next Generation NCLEX Steering Committee Meeting
- March 30, 2018 Technical Advisory Committee Meeting
- April 5, 2018 Next Generation NCLEX Steering Committee Meeting
- April 9–10, 2018 NCLEX Examination Committee Business Meeting
- May 1, 2018 Next Generation NCLEX Steering Committee Meeting
- May 31, 2018 Next Generation NCLEX Steering Committee Meeting
- June 11, 2018 NCLEX Examination Committee Business Meeting (virtual)
- June 12, 2018 Next Generation NCLEX Steering Committee Meeting
- Aug. 7, 2018 Next Generation NCLEX Steering Committee Meeting
- Aug. 14–17, 2018 NCSBN Annual Meeting
- Aug. 20, 2018 NCLEX Examination Committee Business Meeting (virtual)
- Aug. 21, 2018 Next Generation NCLEX Steering Committee Meeting
- Sept. 6, 2018 Next Generation NCLEX Steering Committee Meeting
- Sept. 7, 2018 Technical Advisory Committee Meeting
- Sept. 20, 2018 Next Generation NCLEX Steering Committee Meeting
- Oct. 2, 2018 Next Generation NCLEX Steering Committee Meeting
- Oct. 9–10, 2018 NCLEX Examination Committee Business Meeting
- Nov. 15, 2018 Next Generation NCLEX Steering Committee Meeting
- Dec. 20, 2018 Next Generation NCLEX Steering Committee Meeting

Recurring Meetings and Conference Calls

- Jason Schwartz and Jennifer Gallagher met in person biweekly in addition to conducting calls and other meetings on an as-needed basis.
- Marianne Griffin and Jacklyn Currier met biweekly regarding NCLEX operational matters.
- Phil Dickison and Tony Zara met regularly by phone and in person.
- Joe Betts and Doyoung Kim met regularly to discuss research issues.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff were held periodically as needed.
- Other visits and conference calls were conducted on an as-needed basis.

Summary of NCLEX Examination Results for the 2017 Calendar Year

Longitudinal summary statistics are provided in Tables 1 to 11. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time.

Compared to 2017, the 2018 overall candidate volumes were higher for the NCLEX-RN examination (about 2.47 percent) and lower for the NCLEX-PN examination (about 1.05 percent). The RN passing rate for the overall group was 1.21 percentage points higher for 2018 than for 2017, and the passing rate for the reference group was 1.44 percentage points higher for this period compared to 2017. The PN overall passing rate was higher by 2.54 percentage points from 2017, and the PN reference group passing rate was 2.25 percentage points higher than in 2017. These passing rates are consistent with expected variations in passing rates and are heavily influenced by demographic characteristics of the candidate populations and by changes in testing patterns from year to year.

The following points are candidate highlights of the 2018 testing year for the NCLEX-RN examination:

- Overall, 236,203 NCLEX-RN examination candidates tested in 2018, as compared to 230,510 during the 2017 testing year. This represented an increase of approximately 2.47 percent.
- The candidate population reflected 163,229 first-time, U.S.-educated candidates who tested during 2018, as compared to 157,763 for the 2017 testing year, which represented an increase of approximately 3.46 percent.
- The overall passing rate was 73.12 percent in 2018, compared to 71.91% in 2017. The passing rate for the reference group was 88.29 percent in 2018, as compared to 86.85 percent in 2017.
- In 2018, approximately 47.97 percent of the total group and 52.69 percent of the reference group ended their tests after a minimum of 75 items were administered. These figures were slightly higher than in the 2017 testing year, in which 47.35 percent of the total group and 51.87 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 14.60 percent for the total group and 12.97 percent for the reference group in 2018. These figures were slightly lower than last year's figures of 15.48 percent for the total group and 13.76 percent for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2018 testing period was 2.62 hours for the overall group and 2.29 hours for the reference group (slightly shorter than last year's average times of 2.63 hours and 2.32 hours, respectively).
- A total of 56.64 percent of the candidates chose to take a break during their examinations in 2018 (compared to 58.04 percent last year).
- Overall, 3.46 percent of the total group and 1.51 percent of the reference group ran out of time before completing the test in 2018. These percentages were higher for the total group and lower for the reference group than the corresponding percentages for candidates during the 2017 testing year (3.36 percent and 1.52 percent, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2018 testing period indicated patterns that were similar to those observed for the 2017 testing period. These results provided continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following points are candidate highlights of the 2018 testing year for the NCLEX-PN examination:

- Overall, 63,057 NCLEX-PN candidates tested in 2018, as compared to 63,724 PN candidates during the 2017 testing year. This represented a decrease of approximately 1.05 percent.
- The candidate population reflected 47,051 first-time, U.S.-educated candidates who tested in 2018, as compared to 46,955 for the 2017 testing year, which represented an increase of approximately 0.20 percent.
- The overall passing rate was 73.44 percent in 2018 compared to 70.90 percent in 2017. The passing rate for the reference group was 85.92 percent in 2018, as compared to 83.67 percent in 2017.

- In 2018, approximately 50.22 percent of the total group and 55.05 percent of the reference group ended their tests after a minimum of 85 items were administered. These figures were slightly higher than those from the 2017 testing year, in which 48.95 percent of the total group and 54.12 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 18.71 percent for the total group and 16.06 percent for the reference group in 2018. These figures were slightly lower than last year's figures of 19.61 percent for the total group and 16.93 percent for the reference group.
- The average time needed to take the NCLEX-PN examination during the 2018 testing period was 2.41 hours for the overall group and 2.18 hours for the reference group (slightly shorter than last year's average times of 2.48 and 2.26 hours, respectively).
- A total of 56.42 percent of the candidates chose to take a break during their examinations in 2018 (compared to 59.70 percent last year).
- Overall, 2.79 percent of the total group and 1.45 percent of the reference group ran out of time before completing the test in 2018. These percentages were slightly lower than last year's figures of 3.20 percent for the total group and 1.71 percent for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2018 testing period indicated patterns that were similar to those observed for the 2017 testing period. These results provided continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

The NCLEX-RN examination has been used as the registered nurse licensing examination throughout Canada, except for the province of Quebec, since January 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2017 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 13,913 RN candidates tested in 2018, as compared to 13,932 RN candidates during the 2017 testing year. This represented a decrease of approximately 0.14 percent.
- The candidate population reflected 9,493 first-time, Canadian-educated candidates who tested in 2018, as compared to 9,636 for the 2017 testing year, which represented a decrease of approximately 1.48 percent.
- The overall passing rate was 74.61 percent in 2018 as compared to 74.00 percent in 2017. The first-time, Canadian-educated group passing rate was 85.58 percent in 2018, as compared to 82.20 percent in 2017.
- In 2018, 47.96 percent of the total group and 54.36 percent of the first-time, Canadian-educated group who ended their tests after a minimum of 75 items were administered. These figures were higher than those from the 2017 testing year, in which 47.20 percent of the total group and 52.53 percent of the reference group took minimum-length exams.
- In 2018, the percentage of maximum-length test takers was 14.19 percent for the total group and 12.34 percent for the first-time, Canadian-educated group. These figures were lower for the total group and for the first-time, Canadian-educated group than last year's percentages, which were 16.41 percent for the total group and 14.30 percent for the first-time, Canadian-educated group.
- The average time needed to take the NCLEX-RN examination during the 2018 testing period was 2.62 hours for the overall group and 2.30 hours for the first-time, Canadian-educated group. These times were slightly longer for the total group and identical for the first-time, Canadian-educated group as compared to 2017 times of 2.63 and 2.38 hours, respectively.
- A total of 56.17 percent of the candidates chose to take a break during their examinations in 2018, as compared to 57.18 percent in 2017.
- Overall, 3.10 percent of the total group and 1.51 percent of the first-time, Canadian-educated group ran out of time before completing the test in 2018. These percentages were slightly higher than the 2017 figure of 2.94

percent for the total group and were lower than the 2017 figure of 1.76 percent for the first-time, Canadian-educated group.

- In general, the NCLEX-RN Canadian English examination summary statistics for the 2018 testing period indicated patterns that were similar to those observed for the 2017 testing period. These results provided continued evidence that the administration of the NCLEX-RN English examination is psychometrically sound.
- 98.69 percent of the Canadian examinations were taken in English.

Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2018 Testing Year

Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED						
Number Testing	57,902	42,700	71,061	53,197	71,464	51,842	35,776	15,490	236,203	163,229
Percent Passing	75.18	89.25	76.46	89.78	77.19	89.18	55.01	77.60	73.12	88.29
Avg. # Items Taken	125.15	118.27	122.45	116.17	122.90	117.35	131.73	124.25	124.65	117.86
% Taking Min # Items	48.13	52.50	50.20	54.75	48.27	52.14	42.66	47.96	47.97	52.69
% Taking Max # Items	15.08	13.25	14.23	12.80	13.75	12.38	16.24	14.74	14.60	12.97
Avg. Test Time (hours)	2.62	2.32	2.47	2.15	2.57	2.31	3.01	2.58	2.62	2.29
% Taking Break	56.12	47.50	51.16	41.86	56.19	48.27	69.27	57.08	56.64	46.82
% Timing Out	3.47	1.58	2.83	1.00	3.10	1.62	5.44	2.69	3.46	1.51

Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2017 Testing Year

Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED						
Number Testing	58,044	42,060	72,894	54,557	66,251	46,820	33,321	14,326	230,510	157,763
Percent Passing	73.12	86.75	75.58	88.94	73.86	86.70	57.90	79.71	71.91	86.85
Avg. # Items Taken	122.90	117.02	123.64	117.85	129.36	122.47	130.69	121.21	126.12	119.30
% Taking Min # Items	48.85	53.03	48.40	52.13	46.31	50.85	44.49	50.86	47.35	51.87
% Taking Max # Items	14.31	12.96	14.70	13.24	17.10	15.15	16.03	13.53	15.48	13.76
Avg. Test Time (hours)	2.56	2.29	2.50	2.21	2.69	2.41	2.94	2.50	2.63	2.32
% Taking Break	57.67	49.18	54.13	45.38	58.10	49.81	67.15	54.31	58.04	48.52
% Timing Out	2.99	1.40	2.75	1.12	3.67	1.87	4.70	2.21	3.36	1.52

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Operational Item Statistics										
Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.						
Point-Biserial	0.20	0.09	0.20	0.09	0.19	0.08	0.19	0.08	N/A	N/A
Avg. Item Time (secs.)	75.78	26.09	72.50	24.25	74.75	27.46	81.09	27.79	N/A	N/A
Pretest Item Statistics										
# of Items ¹	847		1,109		982		348		3,286	
Avg. Sample Size	654		583		779		649		667	
Mean Point-Biserial	0.10		0.09		0.09		0.15		0.10	
Mean P value	0.63		0.65		0.60		0.61		0.63	

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Pretest Item Statistics										
Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.						
Mean Item Difficulty	-0.32		-0.56		-0.26		-0.31		-0.38	
SD Item Difficulty	1.75		2.00		2.02		1.63		1.90	
Total Number Flagged	212		380		327		67		986	
Percent Items Flagged	25.03		34.27		33.30		19.25		30.01	

1 Data do not include research and retest items.

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2017 Testing Year

Operational Item Statistics										
Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Mean	Std. Dev.	Mean	Std. Dev.						
Point-Biserial	0.20	0.08	0.20	0.09	0.20	0.08	0.19	0.08	N/A	N/A
Avg. Item Time (secs.)	75.47	30.21	71.36	22.78	74.63	25.41	79.90	27.33	N/A	N/A
Pretest Item Statistics										
# of Items ²	785		1,022		873		293		2,973	
Avg. Sample Size	541		538		511		526		530	
Mean Point-Biserial	0.08		0.09		0.08		0.13		0.09	
Mean P value	0.62		0.63		0.60		0.67		0.62	
Mean Item Difficulty	-0.42		-0.41		-0.25		-0.72		-0.40	
SD Item Difficulty	2.11		2.01		1.94		1.79		1.99	
Total Number Flagged	316		336		292		83		1,027	
Percent Items Flagged	40.25		32.88		33.45		28.33		34.54	

2 Data do not include research and retest items.

Table 5. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2018 Testing Year

Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated						
Number Testing	14,446	10,732	14,688	10,434	20,084	16,284	13,839	9,601	63,057	47,051
Percent Passing	74.03	86.76	71.68	86.53	75.91	86.08	71.12	84.03	73.44	85.92
Avg. # Items Taken	118.43	113.67	119.60	112.98	119.72	116.35	122.29	116.60	119.96	115.04
% Taking Min # Items	51.07	55.89	50.56	57.26	51.30	54.40	47.40	52.81	50.22	55.05
% Taking Max # Items	16.89	14.38	18.24	14.63	19.35	17.51	20.20	17.05	18.71	16.06
Avg. Test Time (hours)	2.41	2.17	2.46	2.18	2.31	2.14	2.52	2.28	2.41	2.18
% Taking Break	56.11	47.09	57.39	47.21	52.69	46.53	61.12	52.20	56.42	47.97
% Timing Out	2.85	1.43	3.32	1.73	2.04	1.06	3.24	1.82	2.79	1.45

Table 6. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2017 Testing Year

Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Overall	1st Time U.S.-Educated	Overall	1st Time U.S.-Educated						
Number Testing	15,302	11,392	14,375	10,050	20,463	16,295	13,584	9,218	63,724	46,955
Percent Passing	70.59	82.84	67.62	82.64	76.19	86.30	66.73	81.17	70.90	83.67
Avg. # Items Taken	120.53	116.08	123.43	116.85	119.19	115.28	123.42	117.90	121.37	116.32
% Taking Min # Items	49.71	54.32	46.32	53.35	51.53	55.03	46.98	53.10	48.95	54.12
% Taking Max # Items	18.77	16.33	20.81	17.47	18.54	16.45	20.90	17.91	19.61	16.93
Avg. Test Time (hours)	2.47	2.26	2.54	2.27	2.37	2.19	2.60	2.36	2.48	2.26
% Taking Break	61.49	53.96	62.05	52.52	53.87	47.01	63.99	55.12	59.70	51.47
% Timing Out	3.35	1.99	3.53	1.71	2.53	1.31	3.69	2.07	3.20	1.71

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2018 Testing Year

Operational Item Statistics										
Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Mean	Std. Dev.	Mean	Std. Dev.						
Point-Biserial	0.21	0.08	0.21	0.08	0.21	0.08	0.21	0.09	N/A	N/A
Avg. Item Time (secs.)	72.98	24.97	72.27	25.29	68.98	23.00	72.52	25.45	N/A	N/A
Pretest Item Statistics										
# of Items ³	532		510		745		338		2,125	
Avg. Sample Size	504		511		546		652		544	
Mean Point-Biserial	0.13		0.12		0.11		0.12		0.12	
Mean P value	0.61		0.55		0.56		0.55		0.57	
Mean Item Difficulty	-0.37		-0.02		-0.10		-0.12		-0.15	
SD Item Difficulty	1.57		1.58		1.81		1.93		1.71	
Total Number Flagged	100		93		199		107		499	
Percent Items Flagged	18.80		18.24		26.71		31.66		23.48	

³ Data do not include research and retest items.

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2017 Testing Year

Operational Item Statistics										
Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Mean	Std. Dev.	Mean	Std. Dev.						
Point-Biserial	0.21	0.08	0.20	0.08	0.21	0.09	0.20	0.08	N/A	N/A
Avg. Item Time (secs.)	73.10	30.41	71.78	23.44	70.48	26.36	75.06	25.24	N/A	N/A
Pretest Item Statistics										
# of Items ⁴	475		471		708		398		2,052	
Avg. Sample Size	581		533		530		551		547	
Mean Point-Biserial	0.12		0.11		0.11		0.12		0.11	

⁴ Data do not include research and retest items.

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2017 Testing Year

Pretest Item Statistics										
Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Mean	Std. Dev.	Mean	Std. Dev.						
Mean P value	0.54		0.54		0.56		0.55		0.55	
Mean Item Difficulty	-0.02		0.02		-0.15		-0.13		-0.08	
SD Item Difficulty	1.75		1.78		1.84		1.74		1.79	
Total Number Flagged	158		135		201		96		590	
Percent Items Flagged	33.26		28.66		28.39		24.12		28.75	

Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2018 Testing Year

Jurisdiction	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Total	
	English	French								
Alberta	460	0	585	0	437	0	236	0	1,718	0
British Columbia	444	0	595	0	628	0	344	0	2,011	0
Manitoba	55	0	121	0	110	0	187	0	473	0
New Brunswick	54	27	128	39	105	50	82	36	369	152
Newfoundland and Labrador	3	0	141	0	63	0	47	0	254	0
Northwest Territories and Nunavut	2	0	14	0	2	0	4	0	22	0
Nova Scotia	62	0	215	0	194	0	79	0	550	0
Ontario	1,296	10	1,739	9	3,067	6	1,609	8	7,711	33
Prince Edward Island	25	0	59	0	15	0	3	0	102	0
Saskatchewan	123	0	203	0	264	0	114	0	704	0
Total	2,524	37	3,800	48	4,885	56	2,705	44	13,914	185

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2018 Testing Year

Statistic	Jan 18–Mar 18		Apr 18–Jun 18		Jul 18–Sep 18		Oct 18–Dec 18		Cumulative 2018	
	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated						
Number Testing	2,523	1,434	3,800	2,725	4,885	3,886	2,705	1,448	13,913	9,493
Percent Passing	70.31	84.8	76.08	88.33	80.98	86.82	65.03	77.83	74.61	85.58
Avg. # Items Taken	133.28	120.56	123.13	112.69	120.05	115.31	130.23	120.97	125.27	116.21
% Taking Min # Items	42.61	52.16	50.92	58.57	49.46	52.88	46.06	52.62	47.96	54.36
% Taking Max # Items	18.39	13.95	14.68	11.6	12.88	11.66	16.60	13.95	15.09	12.34
Avg. Test Time (hours)	2.87	2.45	2.51	2.15	2.47	2.29	2.81	2.46	2.62	2.30
% Taking Break	63.69	50.91	51.47	40.92	52.45	46.83	62.48	52.62	56.17	46.63
% Timing Out	4.32	2.16	2.74	0.84	2.21	1.39	4.10	2.42	3.10	1.51

Table 11. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2017 Testing Year

Statistic	Jan 17–Mar 17		Apr 17–Jun 17		Jul 17–Sep 17		Oct 17–Dec 17		Cumulative 2017	
	Overall	1st Time Canadian-Educated	Overall	1st Time Canadian-Educated						
Number Testing	2,368	1,466	4,161	3,062	4,666	3,577	2,737	1,531	13,932	9,636
Percent Passing	73.90	82.13	75.94	85.24	75.03	80.65	69.38	79.82	74.00	82.20
Avg. # Items Taken	129.31	118.72	121.87	113.16	134.49	130.47	124.25	113.52	127.83	120.49
% Taking Min # Items	47.38	54.57	49.56	55.09	44.13	47.47	48.67	57.28	47.20	52.53
% Taking Max # Items	16.05	12.96	13.99	11.23	19.35	18.56	15.38	11.76	16.41	14.30
Avg. Test Time (hours)	2.73	2.41	2.49	2.20	2.70	2.52	2.64	2.36	2.63	2.38
% Taking Break	61.36	52.86	54.05	45.56	57.67	52.11	57.51	47.68	57.18	49.44
% Timing Out	3.72	2.18	2.38	1.31	3.06	1.87	2.92	2.02	2.94	1.76

International Testing Update

Pearson VUE has a total of 282 Pearson Professional Centers (PPCs) in the United States and 54 PPCs internationally in Australia, Canada, England, Hong Kong, India, Japan, Mexico, Philippines and Taiwan. One of these 54 international PPCs is located in Puerto Rico, a part of the United States classified as international for testing purposes only. Therefore, the total number of test centers globally is 336.

Represented in the following tables are international volume by Member Board, Country of Education, Test Center, and Pass/Fail rate, respectively.

Table 12. NCLEX International Test Center Volume by Member Board, 1/1/18 – 12/31/18^{5,6}

Member Boards with International Test Center Candidate Data	Total	Australia	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Alabama	5	0	0	0	0	0	0	0	3	1	1
Alaska	2	0	2	0	0	0	0	0	0	0	0
Arizona	42	1	8	1	3	2	0	24	0	0	3
Arkansas	1	0	0	0	1	0	0	0	0	0	0
California RN	64	2	11	1	5	5	0	30	2	2	6
California PN	4	0	1	0	0	0	0	1	0	0	2
Colorado	348	5	5	8	94	2	0	199	24	0	11
Connecticut	98	1	4	1	39	2	0	40	5	0	6
Delaware	11	1	1	0	1	0	0	8	0	0	0
District of Columbia	15	0	1	0	1	0	0	8	1	0	4
Florida	214	2	27	6	15	2	3	125	9	0	25
Georgia	12	0	3	0	0	0	0	3	1	0	5
Guam	2	0	0	0	0	0	0	2	0	0	0
Hawaii	81	1	13	3	1	7	0	52	1	0	3
Idaho	3	0	1	0	0	0	0	1	0	0	1
Indiana	2	0	0	0	0	0	0	1	0	0	1
Iowa	1	0	0	0	0	0	0	1	0	0	0
Kansas	2	0	0	0	0	1	0	0	0	1	0
Kentucky	5	0	0	0	0	0	0	0	3	0	2
Maine	3	0	1	0	0	0	0	2	0	0	0
Maryland	2	0	0	0	0	0	0	2	0	0	0
Massachusetts	42	4	4	0	7	0	1	20	0	1	5
Michigan	56	0	19	0	6	1	0	22	0	0	8
Minnesota	202	2	112	2	22	1	0	55	0	1	7

⁵ Only member boards with international test center candidate data are represented.

⁶ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 12. NCLEX International Test Center Volume by Member Board, 1/1/18 – 12/31/18^{5,6}

Member Boards with International Test Center Candidate Data	Total	Australia	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Missouri	6	0	0	0	0	1	0	3	0	0	2
Montana	17	0	4	0	2	0	0	9	0	0	2
Nebraska	1	0	0	0	0	0	0	0	0	0	1
Nevada	27	2	4	0	0	0	0	19	0	0	2
New Jersey	8	0	1	0	0	0	1	4	1	0	1
New Mexico	685	2	13	18	158	1	1	465	0	2	25
New York	2,345	25	170	243	84	676	0	762	124	196	65
North Carolina	22	1	6	0	2	0	0	8	0	0	5
North Dakota	2	0	2	0	0	0	0	0	0	0	0
Ohio	9	0	5	0	1	0	0	2	0	0	1
Oklahoma	1	0	1	0	0	0	0	0	0	0	0
Oregon	32	0	7	2	1	0	0	14	1	1	6
Pennsylvania	19	0	4	0	4	0	0	5	5	0	1
South Carolina	2	0	0	0	0	0	0	0	0	0	2
South Dakota	1	0	1	0	0	0	0	0	0	0	0
Tennessee	6	1	2	0	1	1	0	0	0	0	1
Texas	2,392	7	38	37	318	2	7	1,871	2	5	105
Utah	1	0	1	0	0	0	0	0	0	0	0
Vermont	5	0	3	0	0	0	0	1	0	0	1
Virgin Islands	4	0	0	0	0	0	0	0	4	0	0
Virginia	14	0	2	0	1	2	0	6	1	0	2
Washington	113	6	57	5	7	1	0	31	0	0	6
Wisconsin	7	2	2	0	0	0	0	1	1	1	0
West Virginia-RN	2	0	0	0	0	1	0	0	0	1	0
Total	12,602	75	719	404	1,204	722	23	8,666	192	221	376

Table 13. NCLEX International Test Center Volume by Country of Education, 1/1/18 – 12/31/18⁷

Country of Education	Total	Australia	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Albania	1	0	0	0	0	0	0	0	0	0	1
Antigua and Barbuda	3	0	0	0	0	0	0	0	0	0	3
Australia	19	14	4	1	0	0	0	0	0	0	0
Belgium	1	0	0	0	0	0	0	0	0	0	1
Belize	2	0	0	0	0	0	2	0	0	0	0
Bermuda	1	0	0	0	0	0	0	0	0	0	1
Botswana	1	0	1	0	0	0	0	0	0	0	0
Brazil	2	0	0	0	0	0	0	0	0	0	2
Cameroon	1	0	1	0	0	0	0	0	0	0	0
Canada	173	0	172	0	0	1	0	0	0	0	0
China	80	0	4	70	0	2	0	0	0	2	2
Colombia	3	0	1	0	0	0	1	0	1	0	0
Czech Republic	1	0	0	0	0	0	0	0	0	0	1
Denmark	1	0	0	0	0	0	0	0	0	0	1
Egypt	1	0	0	0	1	0	0	0	0	0	0
Ethiopia	2	0	0	0	2	0	0	0	0	0	0
Finland	7	0	0	0	0	0	0	0	0	0	7
Germany	5	0	0	0	0	0	0	0	0	0	5
Ghana	64	0	0	0	62	0	0	2	0	0	0
Guyana	2	0	0	0	0	0	1	0	0	0	1
Haiti	2	0	2	0	0	0	0	0	0	0	0
Hong Kong	18	0	0	18	0	0	0	0	0	0	0
Hungary	1	0	0	0	0	0	0	0	0	0	1
India	410	4	93	0	290	0	0	0	0	0	23
Iran	2	0	0	0	2	0	0	0	0	0	0
Ireland	5	0	0	0	0	0	0	0	0	0	5
Israel	8	0	0	0	0	0	0	0	1	0	7
Italy	3	0	0	0	0	0	0	0	0	0	3
Jamaica	18	0	6	0	0	0	7	0	0	0	5
Japan	11	0	0	0	0	11	0	0	0	0	0
Jordan	67	0	4	1	57	0	0	1	0	0	4
Kazakhstan	1	0	0	0	1	0	0	0	0	0	0
Kenya	238	0	0	1	234	0	0	2	0	0	1
Korea, North	2	0	0	0	0	2	0	0	0	0	0
Korea, South	929	8	21	106	4	658	0	20	0	103	9
Lebanon	13	1	1	0	9	0	0	0	0	0	2
Malawi	4	0	0	0	4	0	0	0	0	0	0
Malaysia	17	0	0	1	3	1	0	10	0	1	1
Namibia	2	0	0	0	2	0	0	0	0	0	0
Nepal	67	1	0	0	66	0	0	0	0	0	0
New Zealand	8	8	0	0	0	0	0	0	0	0	0
Nigeria	312	0	13	1	7	0	0	263	0	0	28
Northern Mariana Islands	4	0	0	0	0	1	0	2	1	0	0
Pakistan	6	0	2	0	1	0	0	1	0	0	2
Philippines	9,492	32	331	170	388	26	3	8,350	0	20	172
Poland	3	0	0	0	0	0	0	0	0	0	3
Portugal	1	0	0	0	0	0	0	0	0	0	1
Puerto Rico	187	0	1	0	0	0	0	0	185	0	1
Romania	1	0	1	0	0	0	0	0	0	0	0
Russian Federation	2	0	2	0	0	0	0	0	0	0	0
Saint Kitts and Nevis	1	0	0	0	0	0	1	0	0	0	0
Saint Lucia	1	0	0	0	0	0	0	0	0	0	1
Saudi Arabia	18	0	0	1	8	0	0	3	0	0	6
Singapore	3	0	0	0	0	0	0	2	0	1	0

⁷ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included

Table 13. NCLEX International Test Center Volume by Country of Education, 1/1/18 – 12/31/18⁷

Country of Education	Total	Australia	Canada	Hong Kong	India	Japan	Mexico	Philippines	Puerto Rico	Taiwan	United Kingdom
Slovakia	1	0	0	0	0	0	0	0	0	0	1
South Africa	17	0	0	1	15	0	0	0	0	0	1
Spain	5	0	0	0	1	0	0	0	0	0	4
St. Vincent and Grenadines	3	0	0	0	0	0	0	0	0	0	3
Sweden	2	0	0	0	0	0	0	0	0	0	2
Taiwan, China	89	0	1	0	0	0	0	0	0	88	0
Tanzania	3	0	0	0	3	0	0	0	0	0	0
Thailand	38	0	1	32	0	3	0	1	0	1	0
Trinidad and Tobago	9	0	5	0	0	0	3	0	0	0	1
Uganda	1	0	0	0	1	0	0	0	0	0	0
United Arab Emirates	5	0	0	0	0	0	0	5	0	0	0
United Kingdom	45	2	1	0	0	0	1	0	0	0	41
United States	108	5	51	1	2	17	2	4	2	5	19
Uzbekistan	1	0	0	0	0	0	0	0	0	0	1
Virgin Islands, US	2	0	0	0	0	0	0	0	2	0	0
Zambia	9	0	0	0	9	0	0	0	0	0	0
Zimbabwe	31	0	0	0	29	0	0	0	0	0	2
Total	12,602	75	719	404	1,204	722	23	8,666	192	221	376

Table 14. NCLEX International Volume by Testing Center, 1/1/18–12/31/18⁸

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
81597	Box Hill	Australia	2	0	0	0	0	0	0	0	0	0	2	0	0
81600	Brisbane	Australia	3	0	0	0	0	0	0	0	0	0	0	1	2
67712	Melbourne	Australia	28	1	5	2	0	2	0	6	1	3	2	4	2
81598	Parramatta	Australia	1	0	0	0	0	0	0	0	0	0	0	1	0
50482	Sydney	Australia	41	4	6	5	2	2	4	1	5	3	1	4	4
50486	Burnaby	Canada	36	1	2	2	8	8	4	1	4	1	2	2	1
69827	Calgary	Canada	57	3	7	11	3	4	4	1	8	2	5	5	4
78699	Calgary	Canada	15	0	0	0	0	0	1	2	2	0	3	3	4
63110	Edmonton	Canada	37	6	2	6	5	2	3	6	0	1	2	1	3
78698	Edmonton	Canada	32	0	0	2	1	2	7	9	1	4	2	2	2
69829	Halifax	Canada	30	0	4	3	4	2	5	2	4	3	1	1	1
78710	Halifax	Canada	7	0	0	0	0	0	0	0	0	0	1	5	1
69818	Hamilton	Canada	48	0	3	4	3	6	2	6	6	3	3	4	8
69826	London	Canada	15	2	2	1	1	0	2	2	1	1	2	0	1
57935	Ottawa	Canada	15	0	1	3	0	2	0	1	0	1	1	1	5
78711	Ottawa	Canada	2	0	0	0	0	0	0	1	1	0	0	0	0
78697	Regina	Canada	15	0	0	0	0	0	2	2	2	0	4	4	1
69830	Saskatoon	Canada	23	0	4	0	3	3	5	1	1	2	1	3	0
78703	St. John's	Canada	1	0	0	0	0	0	0	0	0	0	1	0	0
69825	Surrey	Canada	54	2	1	7	3	3	2	7	6	7	6	4	6
50484	Toronto	Canada	48	8	9	1	5	2	2	5	4	3	3	1	5
57936	Toronto	Canada	65	5	5	3	8	9	5	4	5	8	1	2	10
78704	Toronto	Canada	44	2	4	6	5	2	2	3	5	2	2	6	5
78705	Toronto	Canada	36	0	0	0	1	7	2	6	5	5	4	1	5
78700	Vancouver	Canada	16	0	0	0	0	1	1	0	2	2	2	2	6
78701	Victoria	Canada	11	0	2	0	2	1	0	1	0	0	1	3	1
69828	Winnipeg	Canada	50	4	11	8	7	2	4	1	4	3	1	3	2
78702	Winnipeg	Canada	13	0	0	0	0	1	0	5	0	0	1	2	4
50493	Hong Kong	Hong Kong	404	31	29	35	18	28	37	34	39	38	31	37	47
81608	Amritsar	India	1	0	0	0	0	0	0	0	0	0	0	0	1
50497	Bangalore	India	145	13	12	13	8	10	9	19	11	13	16	9	12
81602	Bangalore	India	18	0	0	0	0	0	0	0	0	0	2	6	10
81603	Chandigarh	India	6	0	0	0	0	0	0	0	0	0	0	2	4
50498	Chennai	India	86	7	3	3	3	8	6	16	5	6	9	11	9
81607	Gurugram	India	1	0	0	0	0	0	0	0	0	0	0	1	0
50496	Hyderabad	India	25	1	1	2	0	2	3	4	1	8	1	2	0
50494	Mumbai	India	589	38	30	50	33	46	55	52	44	33	64	67	77
50495	New Delhi	India	330	22	22	21	20	29	21	34	39	38	29	27	28
76935	Noida, Uttar Pradesh	India	1	0	0	0	0	0	0	0	0	0	0	0	1
81605	Pune	India	2	0	0	0	0	0	0	0	0	0	0	0	2
50500	Chiyoda-ku	Japan	172	16	15	16	10	17	17	11	9	25	5	14	17
57585	Osaka-shi	Japan	550	35	33	54	61	48	53	55	28	35	40	50	58
50503	Mexico City	Mexico	23	3	1	3	1	1	2	2	2	1	3	1	3
54555	Manila	Philippines	8,666	504	446	610	643	740	740	781	659	791	832	905	1,015
47108	Guaynabo	Puerto Rico	192	7	22	14	16	22	13	18	16	10	16	20	18
50506	Taipei City	Taiwan, China	221	25	17	15	18	10	14	23	9	14	20	28	28
50140	London	United Kingdom	376	28	31	20	29	23	31	30	45	9	36	37	57
Total			12,602	772	735	926	922	1,046	1,059	1,155	979	1,078	1,163	1,288	1,479

⁸ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 15. NCLEX International Volume by Testing Center, 1/1/18–12/31/18⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered/Total Pass (Pass Rate)											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
81597	Box Hill	Australia	2	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)
81600	Brisbane	Australia	3	3	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)

Table 15. NCLEX International Volume by Testing Center, 1/1/18–12/31/18⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
67712	Melbourne	Australia	28	16	1/1 (100.00%)	5/2 (40.00%)	2/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	6/3 (50.00%)	1/0 (0.00%)	3/3 (100.00%)	2/2 (100.00%)	4/3 (75.00%)	2/1 (50.00%)
81598	Parramatta	Australia	1	0	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
50482	Sydney	Australia	41	20	4/1 (25.00%)	6/3 (50.00%)	5/2 (40.00%)	2/1 (50.00%)	2/1 (50.00%)	4/2 (50.00%)	1/1 (100.00%)	5/3 (60.00%)	3/3 (100.00%)	1/0 (0.00%)	4/2 (50.00%)	4/1 (25.00%)
50486	Burnaby	Canada	36	11	1/0 (0.00%)	2/0 (0.00%)	2/1 (50.00%)	8/2 (25.00%)	8/2 (25.00%)	4/2 (50.00%)	1/1 (100.00%)	4/1 (25.00%)	1/1 (100.00%)	2/0 (0.00%)	2/0 (0.00%)	1/1 (100.00%)
69827	Calgary	Canada	57	19	3/1 (33.33%)	7/2 (28.57%)	11/7 (63.64%)	3/2 (66.67%)	4/0 (0.00%)	4/0 (0.00%)	1/0 (0.00%)	8/3 (37.50%)	2/1 (50.00%)	5/3 (60.00%)	5/0 (0.00%)	4/0 (0.00%)
78699	Calgary	Canada	15	10	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/1 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	3/1 (33.33%)	3/2 (66.67%)	4/4 (100.00%)
63110	Edmonton	Canada	37	15	6/4 (66.67%)	2/1 (50.00%)	6/3 (50.00%)	5/1 (20.00%)	2/1 (50.00%)	3/2 (66.67%)	6/1 (16.67%)	0/0 (0.00%)	1/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	3/1 (33.33%)
78698	Edmonton	Canada	32	20	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/1 (100.00%)	2/0 (0.00%)	7/5 (71.43%)	9/5 (55.56%)	1/1 (100.00%)	4/4 (100.00%)	2/2 (100.00%)	2/0 (0.00%)	2/1 (50.00%)
69829	Halifax	Canada	30	20	0/0 (0.00%)	4/0 (0.00%)	3/2 (66.67%)	4/2 (50.00%)	2/2 (100.00%)	5/5 (100.00%)	2/1 (50.00%)	4/4 (100.00%)	3/2 (66.67%)	1/1 (100.00%)	1/1 (100.00%)	1/0 (0.00%)
78710	Halifax	Canada	7	4	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	5/3 (60.00%)	1/1 (100.00%)
69818	Hamilton	Canada	48	25	0/0 (0.00%)	3/1 (33.33%)	4/3 (75.00%)	3/2 (66.67%)	6/2 (33.33%)	2/2 (100.00%)	6/4 (66.67%)	6/4 (66.67%)	3/2 (66.67%)	3/1 (33.33%)	4/2 (50.00%)	8/2 (25.00%)
69826	London	Canada	15	9	2/1 (50.00%)	2/1 (50.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	1/0 (0.00%)	1/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	1/1 (100.00%)
50485	Montreal	Canada	49	22	4/2 (50.00%)	5/0 (0.00%)	6/2 (33.33%)	1/1 (100.00%)	1/1 (100.00%)	1/0 (0.00%)	3/1 (33.33%)	5/2 (40.00%)	3/1 (33.33%)	5/4 (80.00%)	6/3 (50.00%)	9/5 (55.56%)
57935	Ottawa	Canada	15	8	0/0 (0.00%)	1/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	1/0 (0.00%)	5/2 (40.00%)
78711	Ottawa	Canada	2	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
78697	Regina	Canada	15	7	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	2/2 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	4/3 (75.00%)	4/1 (25.00%)	1/0 (0.00%)
69830	Saskatoon	Canada	23	8	0/0 (0.00%)	4/2 (50.00%)	0/0 (0.00%)	3/0 (0.00%)	3/0 (0.00%)	5/2 (40.00%)	1/1 (100.00%)	1/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)
78703	St. John's	Canada	1	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)
69825	Surrey	Canada	54	25	2/1 (50.00%)	1/1 (100.00%)	7/1 (14.29%)	3/1 (33.33%)	3/2 (66.67%)	2/1 (50.00%)	7/4 (57.14%)	6/4 (66.67%)	7/3 (42.86%)	6/1 (66.67%)	4/4 (100.00%)	6/2 (33.33%)
50484	Toronto	Canada	48	16	8/3 (37.50%)	9/2 (22.22%)	1/0 (0.00%)	5/2 (40.00%)	2/1 (50.00%)	2/0 (0.00%)	5/2 (40.00%)	4/2 (50.00%)	3/0 (0.00%)	3/0 (0.00%)	1/1 (100.00%)	5/3 (60.00%)
57936	Toronto	Canada	65	33	5/3 (60.00%)	5/1 (20.00%)	3/1 (33.33%)	8/2 (25.00%)	9/5 (55.56%)	5/4 (80.00%)	4/2 (50.00%)	5/2 (40.00%)	8/6 (75.00%)	1/1 (100.00%)	2/1 (50.00%)	10/5 (50.00%)
78704	Toronto	Canada	44	23	2/2 (100.00%)	4/2 (50.00%)	6/4 (66.67%)	5/2 (40.00%)	2/2 (100.00%)	2/1 (50.00%)	3/1 (33.33%)	5/2 (40.00%)	2/1 (50.00%)	2/1 (50.00%)	6/2 (33.33%)	5/3 (60.00%)
78705	Toronto	Canada	36	22	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	7/3 (42.86%)	2/1 (50.00%)	6/5 (83.33%)	5/1 (20.00%)	5/4 (80.00%)	4/3 (75.00%)	1/1 (100.00%)	5/3 (60.00%)
78700	Vancouver	Canada	16	10	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	2/1 (50.00%)	2/1 (50.00%)	2/2 (100.00%)	6/4 (66.67%)
78701	Victoria	Canada	11	6	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	3/1 (33.33%)	1/1 (100.00%)
69828	Winnipeg	Canada	50	24	4/2 (50.00%)	11/5 (45.45%)	8/4 (50.00%)	7/4 (57.14%)	2/1 (50.00%)	4/3 (75.00%)	1/0 (0.00%)	4/2 (50.00%)	3/2 (66.67%)	1/0 (0.00%)	3/1 (33.33%)	2/0 (0.00%)
78702	Winnipeg	Canada	13	6	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	5/2 (40.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)	4/1 (25.00%)
50493	Hong Kong	Hong Kong	404	186	31/7 (22.58%)	29/14 (48.28%)	35/14 (40.00%)	18/9 (50.00%)	28/11 (39.29%)	37/16 (43.24%)	34/18 (52.94%)	39/22 (56.41%)	38/18 (47.37%)	31/12 (38.71%)	37/18 (48.65%)	47/27 (57.45%)
81608	Amritsar	India	1	0	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)
50497	Bangalore	India	145	68	13/7 (53.85%)	12/3 (25.00%)	13/4 (30.77%)	8/3 (37.50%)	10/6 (60.00%)	9/3 (33.33%)	19/8 (42.11%)	11/4 (36.36%)	13/8 (61.54%)	16/6 (37.50%)	9/7 (77.78%)	12/9 (75.00%)
81602	Bangalore	India	18	11	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	6/4 (66.67%)	10/6 (60.00%)
81603	Chandigarh	India	6	3	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	4/1 (25.00%)
50498	Chennai	India	86	43	7/2 (28.57%)	3/0 (0.00%)	3/2 (66.67%)	3/3 (100.00%)	8/6 (75.00%)	6/2 (33.33%)	16/6 (37.50%)	5/1 (20.00%)	6/1 (16.67%)	9/5 (55.56%)	11/9 (81.82%)	9/6 (66.67%)

Table 15. NCLEX International Volume by Testing Center, 1/1/18–12/31/18⁹

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
81607	Gurugram	India	1	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)
50496	Hyderabad	India	25	16	1/1 (100.00%)	1/1 (100.00%)	2/2 (100.00%)	0/0 (0.00%)	2/2 (100.00%)	3/2 (66.67%)	4/1 (25.00%)	1/0 (0.00%)	8/6 (75.00%)	1/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)
50494	Mumbai	India	589	334	38/22 (57.89%)	30/14 (46.67%)	50/26 (52.00%)	33/21 (63.64%)	46/31 (67.39%)	55/27 (49.09%)	52/29 (55.77%)	44/20 (45.45%)	33/21 (63.64%)	64/42 (65.63%)	67/33 (49.25%)	77/48 (62.34%)
50495	New Delhi	India	330	196	22/12 (54.55%)	22/9 (40.91%)	21/7 (33.33%)	20/11 (55.00%)	29/18 (62.07%)	21/15 (71.43%)	34/18 (52.94%)	39/26 (66.67%)	38/17 (44.74%)	29/20 (68.97%)	27/22 (81.48%)	28/21 (75.00%)
76935	Noida, Uttar Pradesh	India	1	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)
81605	Pune	India	2	1	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)
50500	Chiyoda-ku	Japan	172	95	16/11 (68.75%)	15/9 (60.00%)	16/9 (56.25%)	10/4 (40.00%)	17/7 (41.18%)	17/9 (52.94%)	11/8 (72.73%)	9/4 (44.44%)	25/17 (68.00%)	5/2 (40.00%)	14/6 (42.86%)	17/9 (52.94%)
57585	Osaka-shi	Japan	550	250	35/13 (37.14%)	33/16 (48.48%)	54/26 (48.15%)	61/21 (34.43%)	48/23 (47.92%)	53/27 (50.94%)	55/22 (40.00%)	28/15 (53.57%)	35/12 (34.29%)	40/21 (52.50%)	50/26 (52.00%)	58/28 (48.28%)
50503	Mexico City	Mexico	23	12	3/2 (66.67%)	1/0 (0.00%)	3/1 (33.33%)	1/0 (0.00%)	1/0 (0.00%)	2/2 (100.00%)	2/2 (100.00%)	2/2 (100.00%)	1/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	3/1 (33.33%)
54555	Manila	Philippines	8666	4394	504/232 (46.03%)	446/192 (43.05%)	610/292 (47.87%)	643/306 (47.59%)	740/363 (49.05%)	740/412 (55.68%)	781/392 (50.19%)	659/338 (51.29%)	791/410 (51.83%)	832/453 (54.45%)	905/489 (54.03%)	1015/515 (50.74%)
47108	Guaynabo	Puerto Rico	192	47	7/1 (14.29%)	22/2 (9.09%)	14/4 (28.57%)	16/3 (18.75%)	22/3 (13.64%)	13/3 (23.08%)	18/7 (38.89%)	16/4 (25.00%)	10/2 (20.00%)	16/4 (25.00%)	20/7 (35.00%)	18/7 (38.89%)
50506	Taipei City	Taiwan, China	221	95	25/12 (48.00%)	17/9 (52.94%)	15/10 (66.67%)	18/6 (33.33%)	10/1 (10.00%)	14/8 (57.14%)	23/8 (34.78%)	9/3 (33.33%)	14/8 (57.14%)	20/9 (45.00%)	28/9 (32.14%)	28/12 (42.86%)
50140	London	United Kingdom	376	195	28/15 (53.57%)	31/18 (58.06%)	20/9 (45.00%)	29/15 (51.72%)	23/13 (56.52%)	31/11 (35.48%)	30/19 (63.33%)	45/23 (51.11%)	9/6 (66.67%)	36/14 (38.89%)	37/20 (54.05%)	57/32 (56.14%)
Total			12,602	6,333	772/358 (46.37%)	735/310 (42.18%)	926/440 (47.52%)	922/428 (46.42%)	1046/510 (48.76%)	1059/569 (53.73%)	1155/579 (50.13%)	979/497 (50.77%)	1078/562 (52.13%)	1163/623 (53.57%)	1288/689 (53.49%)	1479/768 (51.93%)

⁹ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. This year, the Awards Committee focused on offering program guidance and structure so that members felt encouraged to submit nominations.

Member Relations collaborated with Marketing & Communications (M&C) to brand the awards program with a new corporate design that mirrored NCSBN's brand imagery and color palette. The awards communication plan, which began in November 2018, included announcements to the membership and NCSBN staff detailing the new awards nomination portal and its functionality. Promotional messages directed members to the portal while also outlining the program's purpose and the award categories open for submission. The awards program webpage presented resources that answered members' commonly asked questions and included examples and tips for submitting a quality nomination.

The 2019 NCSBN Midyear Meeting occurred after the awards nomination deadline this year, which prevented the committee from promoting the program in attendees' Midyear Meeting registration packets, as they had in previous years. In an effort to capture members' attention in-person, any members who attended a NCSBN meeting during the nomination timeframe received a postcard inviting them to submit an awards nomination.

Each year, the Awards Committee selects the award recipients through a blind review process based on the strength of the nomination with respect to the awards criteria. NCSBN will recognize these recipients at the Awards Ceremony and dinner, held the evening of Aug. 22 at the NCSBN Annual Meeting in Chicago. NCSBN Board of Directors (BOD) President Julia George will host the Awards Ceremony.

During the Awards Ceremony, NCSBN also will honor 14 members who completed an Institute of Regulatory Excellence (IRE) Fellowship. There are no member organizations celebrating a centennial this year. Six executive officers reached milestones in their careers as nurse regulators. The president will honor their achievements on the morning of Aug. 22, 2019.

Members

Kristin K. Benton, DNP, RN
Texas, Area III

Kim Hudson-Gallogly, PhD, APRN-BC, CNE
Georgia, Area III

Donna Kirkland, MSN, RN
Tennessee, Area III

Jennifer G. Lewis, PhD, MSN/MBA, RN
North Carolina, Area III

Staff

Alicia Byrd
Director, Member Relations

Renee Mula
Manager, Member Relations

Meeting Dates

Oct. 30, 2018 (Conference Call)

April 4, 2019

Relationship to Strategic Plan

N/A

Attachments

Attachment A:

2019 Awards Brochure

Award Recipients

The committee selected the recipients below in the following award categories:

R. Louise McManus Award

Elizabeth Lund, MSN, RN, Executive Director, Tennessee State Board of Nursing

Meritorious Service Award

Fred Knight, JD, Board Staff, General Counsel, Arkansas State Board of Nursing

Regulatory Achievement Award

Alabama Board of Nursing

Exceptional Contribution Award

Ingeborg “Bibi” Schultz, MSN, RN, CNE, Board Staff, Director of Education, Missouri State Board of Nursing

Executive Officer Recognition Award

Five Years

- Margaret Cooke, PhD, RN, RM, Executive Officer, Nursing and Midwifery Council of New South Wales
- Ruby Jason, MSN, RN, NEA-BC, Executive Director, Oregon State Board of Nursing
- Tanya Vogt, Executive Officer, Nursing and Midwifery Board of Australia

10 Years

- Anne Coghlan, MScN, RN, Executive Director & CEO, College of Nurses of Ontario

20 Years

- Kimberly Glazier, MEd, RN, Executive Director, Oklahoma Board of Nursing
- Shirley Brekken, MS, RN, Executive Director, Minnesota Board of Nursing

Fiscal Year 2019 (FY19) Highlights and Accomplishments

- Developed an online Awards Nomination Portal in Qualtrics, which was new this year to replace emailed nomination forms that allowed nominators to enter all data and upload letters of support in one location.
- Utilized the Awards Committee Hive to share meeting materials and awards program details with committee members.
- Collaborated with M&C to unveil a new corporate design of the awards brochure that mirrors NCSBN’s brand imagery and color palette.
- Published a winter *In Focus* magazine article that highlighted the nomination process and new portal.
- Published a winter *Engagement* newsletter article about the nomination process, new portal and the collaboration with M&C on the awards brochure.
- Collaborated with M&C to design an awards postcard and distributed postcards to NCSBN staff to share at meetings occurring during the nomination period. In total, there were six meetings reaching more than 100 members.
- Utilized the awards program webpage to share resources for nominators including a sample letter of support, sample narrative, FAQs and an overview of each award category.
- Designed biweekly email communications. Each promotional message highlighted one awards category’s

criteria and eligibility. The message included links to the nomination portal and awards program webpage.

- Created a tip sheet for “Writing a Compelling Awards Nomination” for the awards program webpage. This was sent to members via email for the launch of the program.
- Acknowledged executive officers who will be presented with the Executive Officer Recognition Award for years of service milestones.
- Identified that there would be no recipients of the Centennial Award in 2019.
- Reviewed all award nominations to ensure compliance with the blind review process.
- Supported the process of the Awards Committee in conducting a blind review of the award nominations and selecting the recipients.
- Reported the Awards Committee’s selections for the 2019 award recipients at the May BOD meeting.
- Managed the process to send official notification to all 2019 award recipients.

Attachment A:
2019 Awards Brochure

The graphic features a white background with several abstract shapes. On the left, a vertical blue bar tapers towards the bottom. In the center, a black curved shape points upwards and to the right. To the right of the black shape, there is a blue trapezoidal shape pointing upwards and to the left. Below the black shape, there is an orange trapezoidal shape pointing upwards and to the left. To the right of the orange shape, there is a yellow trapezoidal shape pointing upwards and to the left. The text '2019 NCSBN Awards Program' is centered in the upper half of the graphic.

2019 NCSBN
Awards Program



Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success.

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We encourage all members to participate.

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NCSBN

Leading Regulatory Excellence

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.

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NCSBN Awards Program

The NCSBN awards are designed to recognize the outstanding achievements of the membership and celebrate significant contributions to nursing regulation. The NCSBN awards will be announced at the 2019 Annual Meeting.

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 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 may not necessarily be given in each category, specifically in cases where no nomination meets the specific criteria.
- Award recipients will be notified following the May Board of Directors 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.



CALL FOR AWARD NOMINATIONS

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.

Eligibility

An individual who is a member

Description of Award

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

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



CALL FOR AWARD NOMINATIONS



Elaine Ellibee Award

Elaine Ellibee (1924-2012) chaired the special task force that ultimately led to the founding of NCSBN and served as its first president from 1978-1979. As a registered nurse, Ellibee contributed greatly to nursing education and leadership at the local, state and national levels. She strongly believed in the importance of public protection, superior patient care and continuing education for nursing leaders.

Eligibility

Current service as a member president or within the past two years

Description of Award

The Elaine Ellibee 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



CALL FOR AWARD NOMINATIONS

Regulatory Achievement Award

This award 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.

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 mission and vision 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 (include list of specific activities in the nomination narrative)
- 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



CALL FOR AWARD NOMINATIONS

Meritorious Service Award

This award is presented to a board or staff member for positive impact and significant contributions to the purposes of NCSBN. The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Eligibility

An individual who is a member

Description of Award

The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Criteria for Selection

- Significant promotion of the mission and vision of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Exceptional Contribution Award

This award is given for significant contribution by a member who is not a president or executive officer and demonstrated support of NCSBN's mission.

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



CALL FOR AWARD NOMINATIONS

Distinguished Achievement Award

This honor is given to individuals or organizations whose contributions or accomplishments have impacted NCSBN's mission and vision.

Eligibility

An individual or organization that is not a current member. No other award captures the significance of the contribution. May be given posthumously.

Criteria for Selection

- Accomplishment/achievement is supportive to NCSBN's mission and vision.
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and vision.

Award Cycle

Annually as applicable

Number of Recipients

Unlimited



BOARD OF DIRECTORS SELECTED

Founders Award

The founders of the National Council of State Boards of Nursing (NCSBN) exhibited courage and vision in 1977 when they voted to form a task force to study the reorganization of the ANA Council of State Boards of Nursing. This action resulted in NCSBN evolving as “an organization of stature, strengthening the images of boards of nursing as state government agencies concerned with protecting the public health, safety and welfare, and fostering within our profession an increased respect and recognition of this crucial role” (Mildred Schmidt, NCSBN president 1979–1981).

Description of Award

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.

Eligibility

The award is not eligible for nomination, it is given by the Board of Directors to an individual who has:

- Demonstrated courage and vision for innovation in regulation to enhance the health, safety and welfare of the public;
- Shown exemplary and sustained commitment to excellence in nursing regulation;
- Sponsored the development of significant regulatory policy at the national and international level;
- Evidenced a profound regard for the mission, vision and values of NCSBN; and
- Fostered interprofessional regulatory collaboration nationally and internationally; and
- Facilitated the cogent and insightful advancement of evidence-based regulation.

Award Cycle

Determined by the Board of Directors

Number of Recipients

One



YEARS OF SERVICE

Executive Officer Recognition Award

The award is given in five-year increments to individuals serving in the Executive Officer role. 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.

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

Past NCSBN Award Recipients

FOUNDERS AWARD

2018 Joyce M. Schowalter
2017 Thomas G. Abram
2015 Kathy Apple

R. LOUISE MCMANUS AWARD

2018 Gloria Damgaard
2017 Mary Blubaugh
2016 Julia L. George
2015 Rula Harb
2014 Myra Broadway
2013 Betsy Houchen
2012 Sandra Evans
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
Elaine Ellibee
Marcia M. Rachel
1997 Jean Caron
1996 Joan Bouchard
1995 Corinne F. Dorsey
1992 Renatta S. Loquist
1989 Marianna Bacigalupo
1986 Joyce Schowalter
1983 Mildred Schmidt

MERITORIOUS SERVICE AWARD

2017 Linda D. Burhans
2016 Lori Scheidt
2015 Elizabeth Lund
2014 Gloria Damgaard
2013 Constance Kalanek
2012 Debra Scott
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. Keefe
Gertrude Malone
1997 Sister Teresa Harris
Helen Kelley
1996 Tom O'Brien
1995 Gail M. McGill
1994 Billie Haynes
1993 Charlie Dickson
1991 Sharon M. Weisenbeck
1990 Sister Lucie Leonard
1988 Merlyn Mary Maillian
1987 Eileen Dvorak

REGULATORY ACHIEVEMENT AWARD

2018 College of Nurses of
Ontario
2017 Minnesota Board
of Nursing
2016 West Virginia State
Board of Examiners for
Licensed Practical Nurses
2015 Washington State
Nursing Care Quality
Assurance Commission
2014 Nevada State Board
of Nursing
2013 North Dakota Board
of Nursing
2012 Missouri State Board
of Nursing
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

Past NCSBN Award Recipients (continued)

ELAINE ELLIBEE AWARD

2017 Valerie J. Fuller
 2016 Susan Odom
 2015 Deborah Haagenson
 2013 Linda R. Rounds

EXCEPTIONAL CONTRIBUTION AWARD

2018 Lois Hoell
 Suellyn Masek
 2017 Nathan Goldman
 Mindy Schaffner,
 Catherine C. Woodard
 2016 Rene Cronquist
 Rhonda Taylor
 2015 Janice Hooper
 2014 Ann L. O'Sullivan
 2013 Susan L. Woods
 2012 Julia Gould
 Sue Petula
 2011 Judith Personett
 Mary Beth Thomas
 2010 Valerie Smith
 Sue Tedford
 2009 Nancy Murphy
 2008 Lisa Emrich
 Barbara Newman
 Calvina Thomas
 2007 Peggy Fishburn
 2005 William Fred Knight
 2004 Janette Pucci
 2003 Sandra MacKenzie
 2002 Cora Clay

2001 Julie Gould
 Lori Scheidt
 Ruth Lindgren

DISTINGUISHED ACHIEVEMENT AWARD

2018 Gregory Y. Harris
 Deb Soholt
 2015 Patricia "Tish" Smyer
 2013 Lorinda Inman

The following awards are no longer presented:

EXCEPTIONAL LEADERSHIP AWARD

2011 Lisa Klenke
 2010 Catherine Giessel
 2007 Judith Hiner
 2006 Karen Gilpin
 2005 Robin Vogt
 2004 Christine Alichnie
 2003 Cookie Bible
 2002 Richard Sheehan
 2001 June Bell

NCSBN 30th ANNIVERSARY SPECIAL AWARD

2008 Joey Ridenour
 Sharon Weisenbeck Malin
 Mildred S. Schmidt

NCSBN SPECIAL AWARD

2008 Thomas G. Abram
 2004 Robert Waters
 2002 Patricia Benner

SILVER ACHIEVEMENT AWARD

2000 Nancy Wilson
 1998 Joyce Schowalter

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
 1991 Wisconsin Board of Nursing
 1990 Texas Board of Nurse Examiners
 1988 Minnesota Board of Nursing
 1987 Kentucky Board of Nursing

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 online at www.ncsbn.org/awards. All entries must be submitted no later than **Friday, March 8, 2019**.
- 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.
- If the executive officer or designee is the nominee or nominator then they cannot write a letter of support, rather the letter of support should be submitted from another member regulatory agency or from an external regulatory agency.
- Nominations for the Regulatory Achievement Award must include one letter of support from another member regulatory agency or from an external regulatory agency.
- Your narrative should be between 1,000–1,500 words total.

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**If you have questions about the Awards Program,
email awards@ncsbn.org.**

These awards are designed to celebrate significant contributions in nursing regulation. **Nominate those who have made an impact.**



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Chicago, IL 60601-4277
312.525.3600
www.ncsbn.org

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. It reviews and recommends a budget to the BOD, 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. It 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.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

- 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, 2018. With and without management present, the committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the 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.
- 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, 2018. The Finance Committee recommended that the BOD accept the auditor's report.
- 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, AndCo Consulting, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.

Members

Gloria Damgaard, MS, RN, FRE

South Dakota, Area II, Treasurer, Chair

Gayle Bellamy

North Carolina, Area III

John Etherington

Oregon, Area I

Karen C. Lyon, PhD, MBA, APRN, NEA

Louisiana RN, Area III

Shan Montgomery, MBA

Mississippi, Area III

David Saucedo

Texas, Area III

Randolph L. Smith, MA

Kentucky, Area III

Staff

Robert Clayborne, MBA, CPA, CGMA

Chief Financial Officer

Meeting Dates

Nov. 30, 2018

Jan. 31, 2019 (Conference Call)

April 25, 2019

July 31, 2019

Attachments

Attachment A:

Report of the Independent Auditors FY18

Future Activities

- There are no recommendations to the BOD. The purpose of this report is for information only.
- At a future meeting (scheduled for July 31, 2019) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2019.

Attachment A: Report of the Independent Auditors FY18

Independent Auditor's Report

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

We have audited the accompanying financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2018 and 2017 and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2018 and 2017 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Plante & Moran, PLLC

December 3, 2018

National Council of State Boards of Nursing, Inc.

Statement of Financial Position

September 30, 2018 and 2017

	2018	2017
Assets		
Cash and cash equivalents	\$ 23,486,935	\$ 37,145,321
Cash held for others	900,355	1,494,472
Accounts receivable	858,068	1,252,564
Due from test vendor	9,208,349	9,148,183
Accrued investment income	462,427	406,607
Prepaid expenses	1,549,719	1,045,527
Investments	211,178,202	194,909,728
Intangible asset - Net	31,250	156,250
Property and equipment - Net	1,801,019	1,988,747
Total assets	\$ 249,476,324	\$ 247,547,399
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$ 1,402,064	\$ 2,299,241
Due to test vendor	14,083,269	17,763,212
Accrued payroll, payroll taxes, and compensated absences	1,005,600	847,623
Deferred revenue	66,725	50,172
Grants payable	1,087,511	1,022,499
Deferred rent credits	824,363	980,055
Cash held for others	900,355	1,494,472
Total liabilities	19,369,887	24,457,274
Unrestricted Net Assets	230,106,437	223,090,125
Total liabilities and net assets	\$ 249,476,324	\$ 247,547,399

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Activities

Years Ended September 30, 2018 and 2017

	2018	2017
Changes in Unrestricted Net Assets		
Revenue:		
Examination fees	\$ 67,559,927	\$ 66,164,580
Other program services income	11,120,393	12,699,357
Net realized and unrealized gain on investments	11,414,199	12,053,636
Interest and dividend income	5,489,367	5,383,531
Total revenue	95,583,886	96,301,104
Expenses:		
Program services:		
Nurse competence	59,247,957	56,889,469
Nurse practice and regulatory outcome	13,762,905	11,487,659
Information	10,370,811	10,372,445
Total program services	83,381,673	78,749,573
Support services - Management and general	5,185,901	4,202,287
Total expenses	88,567,574	82,951,860
Net Increase	7,016,312	13,349,244
Unrestricted Net Assets - Beginning of year	223,090,125	209,740,881
Unrestricted Net Assets - End of year	\$ 230,106,437	\$ 223,090,125

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Statement of Cash Flows

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash Flows from Operating Activities		
Increase in unrestricted net assets	\$ 7,016,312	\$ 13,349,244
Adjustments to reconcile increase in unrestricted net assets to net cash and cash equivalents from operating activities:		
Depreciation and amortization	1,340,891	1,386,894
Net realized and unrealized gain on investments	(11,414,199)	(12,053,636)
Changes in operating assets and liabilities which provided (used) cash:		
Accounts receivable	394,496	(880,518)
Due from test vendor	(60,166)	79,220
Accrued investment income	(55,820)	14,730
Prepaid expenses	(504,192)	332,297
Accounts payable	(897,177)	1,513,880
Due to test vendor	(3,679,943)	4,280,737
Accrued payroll, payroll taxes, and compensated absences	157,977	48,142
Deferred revenue	16,553	(26,102)
Grants payable	65,012	(199,783)
Deferred rent credits	(155,692)	(166,582)
	<u>(7,775,948)</u>	<u>7,678,523</u>
Net cash and cash equivalents (used in) provided by operating activities		
	(7,775,948)	7,678,523
Cash Flows from Investing Activities		
Purchases of property and equipment	(1,028,163)	(391,366)
Purchase of investments	(93,444,350)	(28,907,412)
Proceeds from sales of investments	88,590,075	23,922,853
	<u>(5,882,438)</u>	<u>(5,375,925)</u>
Net cash and cash equivalents used in investing activities		
	(5,882,438)	(5,375,925)
Net (Decrease) Increase in Cash and Cash Equivalents	(13,658,386)	2,302,598
Cash and Cash Equivalents - Beginning of year	<u>37,145,321</u>	<u>34,842,723</u>
Cash and Cash Equivalents - End of year	<u>\$ 23,486,935</u>	<u>\$ 37,145,321</u>

See notes to financial statements.

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National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 1 - Nature of Business

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 practices 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 healthcare 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 - 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 (GAAP).

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 assets. NCSBN does not have any temporarily or permanently restricted net assets.

Revenue Recognition

Revenue from National Council Licensure Examination (NCLEX) fees is recognized upon exam registration, since NCSBN's earnings process is complete at that point. The NCLEX exam is primarily administered in the United States. Approximately 5 percent of examination fee revenue related to NCLEX in Canada for the years ending September 30, 2018 and 2017. NCSBN has an agreement with Pearson VUE to administer the examinations and the obligation to provide the examination becomes Pearson VUE's responsibility upon registration.

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, fee for sale of software application license and royalty fees from the National Nurse Aide Assessment Program (NNAAP), Medication Aide Certification Examination (MACE), and Nurse Practicing Exam revenue. Revenue is recognized when earned. Member dues are recognized over the membership period. Licensure verification fees are earned when reports are requested. Publication sales are recognized when sold.

Cash Equivalents

NCSBN considers all investments with an original maturity of three months or less when purchased to be cash equivalents.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 2 - Significant Accounting Policies (Continued)

Cash Held for Others

Cash held for others represents cash held for one of its member boards. NCSBN serves as a fiscal agent for one of its member boards and pays program expenses on behalf of the member board. Cash held for others also includes cash held for the Interstate Commission of Nurse Licensure Compact Administrators (NLCA).

Accounts Receivable

Accounts receivable represent amounts owed to NCSBN for services dealing with board membership fees, meeting fees, online course revenue, and fee for sale of software application license, stated at contract amount. Based on management's review of outstanding receivable balances and historical collection information, management's best estimate is that all balances will be collected. Accordingly, NCSBN has not established an allowance for doubtful accounts.

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 and 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 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).

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.

Investment income, including net realized and unrealized gains (losses), is reflected in the statement of activities as an increase (decrease) in net assets.

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.

Property and Equipment

Property and equipment are recorded at cost. Major additions are capitalized, while replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed currently.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 2 - 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 for \$1,250,000. The investment is carried at cost, and amortization is computed using the straight-line method over a 10-year period. Accumulated amortization as of September 30, 2018 and 2017 was \$1,218,750 and \$1,093,750, respectively. Amortization expense for the years ended September 30, 2018 and 2017 was \$125,000 each year.

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 to whom the examinations were administered during the preceding month.

Due to test vendor includes accrued amounts totaling \$9,667,284 as of September 30, 2018 and \$10,135,866 as of September 30, 2017 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 consisted of meeting and member fees totaling \$66,725 and \$50,172 as of September 30, 2018 and 2017, respectively.

Deferred Rent Credits

Deferred rent credits were established in conjunction with NCSBN's lease for its office space that was renewed on February 1, 2013. The landlord abated a portion of the monthly rent and agreed to reimburse NCSBN for tenant improvement costs. These amounts are amortized to reduce rent expense over the term of the lease period ending on April 30, 2022. NCSBN entered into a new lease with the same landlord effective October 1, 2017 and received rent abatement for a period of the year. This amount will be amortized to reduce rent expense over the term of the lease period ending September 30, 2020.

Functional Allocation of Expenses

Costs of providing the program and support services have been reported on a functional basis in the statement of activities. Costs have been allocated between the various programs and support services on several bases and estimates. Although the methods of allocation used are considered appropriate, other methods could be used that would produce different amounts.

Income Taxes

NCSBN is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including December 3, 2018, which is the date the financial statements were available to be issued.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 2 - Significant Accounting Policies (Continued)

Upcoming Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for NCSBN's year ending September 30, 2020. The ASU permits application of the new revenue recognition guidance to be applied using one of two retrospective application methods. NCSBN's primary revenue stream is not expected to be significantly impacted by the ASU.

The FASB issued ASU No. 2016-02, *Leases*, which will supersede the current lease requirements in ASC 840. The ASU requires lessees to recognize a right-to-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statement of operations. Currently, leases are classified as either capital or operating, with only capital leases recognized on the balance sheet. The reporting of lease-related expenses in the statements of operations and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for NCSBN's year ending September 30, 2021 and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The effect of applying the new lease guidance on the financial statements is expected to increase long-term assets and long-term liabilities on the statement of financial position. The effects on the results of operations are not expected to be significant, as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. ASU No. 2016-14 requires significant changes to the financial reporting model of organizations that follow FASB not-for-profit rules, including changing from three classes of net assets to two classes: net assets with donor restrictions and net assets without donor restrictions. The ASU will also require changes in the way certain information is aggregated and reported by NCSBN, including required disclosures about the liquidity and availability of resources. The new standard is effective for NCSBN's year ending September 30, 2019 and thereafter and must be applied on a retrospective basis. NCSBN has determined that the standard will have an impact on its financial statements, specifically on the addition of the statement of functional expenses and liquidity and additional disclosures.

Note 3 - Cash Concentrations

The cash and cash equivalents balance as of September 30, 2018 and 2017 consisted of the following:

	2018	2017
JPMorgan Chase:		
Checking account	\$ 1,713,430	\$ 6,386,414
Savings account	87,079	14,864,575
Harris Bank - Money market account	-	15,426,343
Credit card merchant accounts	561,920	467,536
Petty cash	317	453
Total	<u>\$ 2,362,746</u>	<u>\$ 37,145,321</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 3 - Cash Concentrations (Continued)

NCSBN maintains cash balances at various financial institutions. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about NCSBN's assets measured at fair value on a recurring basis at September 30, 2018 and 2017 and the valuation techniques used by NCSBN to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that NCSBN has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

NCSBN currently uses no Level 3 inputs.

Net asset value - Shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. NCSBN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

NCSBN's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the beginning of the reporting period. During the years ended September 30, 2018 and 2017, there were no such transfers.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at September 30, 2018				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Values as of September 30, 2018
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 30,394,289	\$ -	\$ 30,394,289
Treasury inflation-protected securities	-	8,090,054	-	8,090,054
Government agency obligations:				
Zero coupon bonds	-	256,913	-	256,913
U.S. agency fixed-rate notes and bonds	-	1,366,618	-	1,366,618
Federal Home Loan Mortgage Pool	-	387,137	-	387,137
Federal National Mortgage Association Pool	-	5,715,504	-	5,715,504
Government National Mortgage Association Pool	-	195,192	-	195,192
Other agency loan pool	-	7,816,585	-	7,816,585
Corporate bonds:				
Corporate bonds - Fixed	-	14,795,178	-	14,795,178
Corporate CMO	-	1,041,645	-	1,041,645
Corporate ABS	-	4,940,471	-	4,940,471
Collateralized Loan Obligation	-	60,635	-	60,635
Mutual funds:				
Mortgage-backed fixed-income mutual fund	-	3,752,577	-	3,752,577
Developed market institutional fund	10,839,528	-	-	10,839,528
Institutional index fund	54,634,376	-	-	54,634,376
Small-cap Index-Institutional Fund	26,243,584	-	-	26,243,584
American EuroPacific Growth Fund	5,260,323	-	-	5,260,323
Equities - Common stock	20,821,678	-	-	20,821,678
Total	\$ 117,799,489	\$ 78,812,798	\$ -	196,612,287
Investments measured at NAV -				
Real estate investment trust				11,417,371
Total investments at fair value				\$ 208,029,658

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at September 30, 2017				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Values as of September 30, 2017
Fixed income:				
U.S. government obligations:				
U.S. Treasury notes and bonds	\$ -	\$ 29,714,985	\$ -	\$ 29,714,985
Treasury inflation-protected securities	-	8,068,926	-	8,068,926
Government agency obligations:				
Zero coupon bonds	-	269,754	-	269,754
U.S. agency fixed-rate notes and bonds	-	1,898,423	-	1,898,423
Federal Home Loan Mortgage Pool	-	259,529	-	259,529
Federal National Mortgage Association Pool	-	6,764,348	-	6,764,348
Government National Mortgage Association Pool	-	292,740	-	292,740
Other agency loan pool	-	8,170,589	-	8,170,589
Corporate bonds:				
Corporate bonds - Fixed	-	14,635,680	-	14,635,680
Corporate CMO	-	1,192,983	-	1,192,983
Corporate ABS	-	4,205,499	-	4,205,499
Collateralized Loan Obligation	-	12,624	-	12,624
Mutual funds:				
Mortgage-backed fixed-income mutual fund	-	3,743,836	-	3,743,836
Developed market institutional fund	10,545,454	-	-	10,545,454
Institutional index fund	60,038,344	-	-	60,038,344
Small-cap Index-Institutional Fund	27,012,657	-	-	27,012,657
American EuroPacific Growth Fund	5,189,257	-	-	5,189,257
Total	\$ 102,785,712	\$ 79,229,916	\$ -	182,015,628
Investments measured at NAV - Real estate investment trust				<u>10,517,732</u>
Total investments at fair value				<u>\$ 192,533,360</u>

Not included in the above table is \$3,148,544 and \$2,376,368 in money market accounts as of September 30, 2018 and 2017, respectively.

Level 1

Mutual funds and common stock - The estimated fair values for NCSBN's marketable mutual funds and common stock were based on quoted market prices in an active market.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 4 - Fair Value Measurements (Continued)

Level 2

U.S. Treasury notes and bonds, Treasury inflation-protected securities, government agency obligations, and corporate bonds 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 includes 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.

Investments in Entities that Calculate Net Asset Value per Share

The investment below is valued at net asset value, and there are no unfunded commitments as of September 30, 2018 and 2017.

	September 30, 2018	September 30, 2017	September 30, 2018	
	Fair Value	Fair Value	Redemption Frequency, if Eligible	Redemption Notice Period
Real estate investment (a)	\$ 11,417,371	\$ 10,517,732	Quarterly	90 days

(a) 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 percent to 10 percent 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 5 - Property and Equipment

The composition of property and equipment as of September 30, 2018 and 2017 is as follows:

	2018	2017	Depreciable Life - Years
Furniture and equipment	\$ 2,315,271	\$ 2,050,961	5-7
Course development costs	842,081	796,881	2-5
Computer equipment and software	22,914,117	22,841,986	3-7
Leasehold improvements	2,272,692	1,852,695	Useful life or life of lease
Total cost	28,344,161	27,542,523	
Less accumulated depreciation	26,543,142	25,553,776	
Net property and equipment	\$ 1,801,019	\$ 1,988,747	

Depreciation expense for 2018 and 2017 was \$1,215,891 and \$1,261,894, respectively. Amortization expense on the intangible asset is not included in the above amount.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2018 and 2017

Note 6 - Grants Payable

Grants payable represent nurse practice and regulatory outcome research grants that are generally available for periods of one to two years. NCSBN awarded five grants ranging in amounts from \$30,000 to \$300,000 and four grants ranging in amounts from \$183,000 to \$300,000 during the years ended September 30, 2018 and 2017, respectively.

The following summarizes the changes in grants payable as of September 30, 2018 and 2017:

	2018	2017
Grants awarded in the current year	\$ 815,956	\$ 565,037
Grants awarded in the prior year	<u>271,555</u>	<u>457,462</u>
Total	<u>\$ 1,087,511</u>	<u>\$ 1,022,499</u>

Note 7 - Operating Leases

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. NCSBN entered into a new lease agreement for additional office space effective October 1, 2017 through September 30, 2020. The following is a summary, by year, of future minimum lease payments required under the office leases as of September 30, 2018:

Years Ending September 30	Amount
2019	\$ 795,784
2020	815,473
2021	724,774
2022	<u>428,599</u>
Total	<u>\$ 2,764,630</u>

Rent expense for the years ended September 30, 2018 and 2017 was \$673,513 and \$656,426, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2018 and 2017 were \$613,830 and \$496,611, 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 percent of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled \$923,156 and \$851,247 for the years ended September 30, 2018 and 2017, respectively.

Report of the Institute of Regulatory Excellence (IRE) Committee

Background

This is the final year for the IRE program and the IRE Committee members have gone beyond the routine expectations set forth for committee members in order to bring the program to closure and help all participants successfully complete the requirements for graduation.

When told the charge for 2019, the committee developed a plan to assist the IRE fellows in completing the program. The fellows were each assigned two IRE Committee members to consult and guide them through the IRE program, in addition to their mentors. The committee members reviewed the literature reviews, proposals and final projects of their assigned fellows and gave ongoing feedback. The committee met together in two face-to-face meetings to discuss the progress of the fellows and share strategies to help individuals succeed. Monthly calls are being held with the fellows as a group to provide additional knowledge on specific topics and allow the fellows the opportunity to ask questions.

Currently, there are 14 fellows remaining in the IRE program that we anticipate completing the program and graduating in August at the Annual Meeting. They will also each have a poster presentation at the Annual Meeting describe their IRE project.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

- The IRE program is approaching completion.
- The majority of participants who were enrolled in the IRE program will be completing the program.

Future Activities

- Continue with the closure of the program as planned.

Members

Mary A. Baroni, PhD, RN
Washington, Area I, Chair

Natalie Baker, DNP, CRNP
Alabama, Area III

Cynthia Bienemy, PhD, RN
Louisiana RN, Area III

Christine Penney, PhD, MPA, RN
British Columbia RN, Associate Member

Sue Petula, PhD, MSN, RN, NEA-BC, FRE
Pennsylvania, Area IV

Patricia A. Sharpnack, DNP, RN, CNE, NEA-BC, ANEF
Ohio, Area II

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP
Nevada, Area I

Pamela Zickafoose, EdD, MSN, RN, NE-BC, CNE, FRE
Delaware, Area IV

Staff

Maryann Alexander, PhD, RN, FAAN
Chief Officer, Nursing Regulation

Meeting Dates

Oct. 25 & 26, 2018

March 6, 2019

Report of the Model Act and Rules Committee

Background

In 2018, the Board of Directors (BOD) decided to transition the Standards Development Committee to the Model Act and Rules Committee.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

- The charge of this committee is to: *Perform ongoing review, revision and development of the Model Act and Rules to reflect the current regulatory environment and to remove any other language that does not support public safety such as default on student loans.*

Progress to date:

- The committee has focused on including broad enabling powers for BONs in the Model Act and moving more detailed processes and tasks to the Model Rules. The committee strives to include language that is comprehensive enough for state BONs to carry out their duty and functions, while also taking into consideration deregulation trends and anti-trust concerns. Additionally, the committee conducted research and outreach to gain the knowledge needed to modernize the Model Act and Rules. This includes inviting licensed practical nurse (LPN) practice experts to a committee meeting to discuss LPN scope of practice laws, using the Federation of Associations of Regulatory Boards Model Act as a resource to compare to our Model Act, and using NCSBN Member Board Profiles to get a sense of the current regulatory environment across the country. The committee will continue to review the Model Act and Model Rules to ensure its alignment with evidence based regulation, promoting public protection and an evolving nursing regulatory environment.

Future Activities

Committee Recommendations

- The Model Act and Rules Committee will continue its work into year two of the committee appointments.

Members

Amy Fitzhugh, JD

North Carolina, Area III, Chair

Peggy Benson, MSN, MSHA, NE-BC

Alabama, Area III

Ruby Jason, MSN, RN, NEA-BC

Oregon, Area I

Dusty Johnson, JD

Texas, Area III

Linda Kmetz, PhD, RN

Pennsylvania, Area IV

Linda Young, MS, RN, FRE, BC

South Dakota, Area II

Elizabeth Lund, MSN, RN

Tennessee, Area III, Board Liaison

Staff

Maryann Alexander, PhD, RN, FAAN

Chief Officer, Nursing Regulation

Rebecca Fotsch, JD

Director, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Nicole Livanos, JD, MA

Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation Administration

Meeting Dates

Oct. 29–30, 2018

Jan. 14–15, 2019

March 4–5, 2019

May 29–30, 2019

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Strategic Initiative C1:

Support the boards of nursing (BONs) in identifying and achieving policy and legislative change that drives and advances the attainment of the organization's vision and mission.

Strategic Initiative C2:

Promote standardization and the use of evidence-based criteria and decision making when supporting BONs in the achievement of regulatory excellence.

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 the NNAAP and MACE programs. NNAAP is a two-part examination consisting of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or an oral examination.

NNAAP has been administered to more than 2.5 million candidates and is the leading nurse aide assessment instrument in the U.S. MACE is a national examination that NCSBN developed for U.S. state nursing regulatory bodies (NRBs) and other medication aide oversight agencies, which became effective Jan. 1, 2010. MACE helps to evaluate 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 all 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 nurse aides/nursing assistants (NAs) delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987, 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 nursing Model Act and Model Rules, developed by NCSBN and its members, along with the Medication Assistant-Certified (MA-C) 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 (“medication aides”).

Section II: **Committee Reports**

Staff

Philip Dickison, PhD, RN

Chief Officer Operations & Examinations

Jennifer Gallagher

Director, Business Operations, Examinations

Aly Brenton, MSN, RN, CNL

RN Test Development Associate, Examinations

Julie Burgett, PMP

Test Development Associate, Examinations

Daniel Hydzik

Test Development Associate, Examinations

Doyoung Kim, PhD

Senior Psychometrician, Examinations

Hong Qian, PhD

Lead Psychometrician, Operations & Maintenance, Examinations

Kristin Singer, MSN, RN

RN Test Development Associate, Examinations

Meeting Dates

May 8–9, 2018

NNAAP® Virtual Item Writing Panel

June 13, 2018

NNAAP® Virtual Item Review Panel

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

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.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for FY19.

- In January 2019, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in the test forms. Successful pretest items will be added to the operational item pool.

Program Highlights and Test Development Activities

NNAAP Job Analysis and Knowledge Skills and Abilities (KSA) Study

NCSBN is responsible for assuring that the NNAAP examination is reflective of the activities NAs currently perform at the entry-level. The NNAAP Job Analysis and KSA Study will collect and review background information on the NA position. An in-person SME panel is scheduled for October Oct. 7-9, 2019, to develop a list of the activities performed by entry-level nurse aides on the job, and the KSAs required to perform those activities. The NNAAP Job Analysis and KSA Study report will be published on the NCSBN website in 2020.

Future Activities

- Facilitate NNAAP Practice Analysis and KSA SME panel in October 2019.
- Publish the NNAAP Job Analysis and KSA Study report on the NCSBN website.
- 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 test forms for written and oral examinations for NNAAP.
- Continue to increase the bank of items for NNAAP and MACE.
- Enhance the quality of NNAAP and MACE.

Summary of NNAAP Examination Results for Calendar Year 2018 — Pass Rates by State

Across all jurisdictions, the pass rates for NNAAP were 89 percent for the written or oral examinations and 75 percent for the skills evaluation. The table below provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass rates for forms administered in 2018. 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 evaluation to obtain an overall pass.

Table 1: Pass Rates by Jurisdiction in 2018

* Number of candidates is in parentheses.

Table 1: Pass Rates by Jurisdiction in 2018							
Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	1st Time Takers	Repeaters	Total	1st Time Takers	Repeaters	Total	
Alaska	94% (396)	69% (48)	91% (444)	87% (396)	76% (76)	85% (472)	86% (451)
Alabama	87% (617)	69% (64)	85% (681)	73% (626)	82% (98)	75% (724)	73% (684)
California	89% (10,146)	73% (2,610)	86% (12,756)	90% (10,217)	84% (2,444)	89% (12,661)	86% (12,300)
Colorado	96% (4,733)	76% (461)	94% (5,194)	76% (4,781)	74% (1,376)	76% (6,157)	80% (5,652)
District of Columbia	88% (381)	76% (96)	85% (477)	83% (397)	77% (99)	82% (496)	82% (406)
Georgia	92% (5,863)	73% (850)	89% (6,713)	77% (5,999)	72% (1,477)	76% (7,476)	80% (6,896)
Guam	93% (68)	88% (8)	92% (76)	86% (65)	83% (12)	86% (77)	89% (74)
Louisiana	95% (233)	63% (27)	92% (260)	90% (233)	94% (36)	91% (269)	93% (257)
Maryland	91% (2,185)	81% (210)	91% (2,395)	86% (2,189)	81% (289)	85% (2,478)	85% (2,402)
Minnesota	93% (3,754)	76% (667)	91% (4,421)	74% (5,511)	74% (2,023)	74% (7,534)	84% (4,432)
Mississippi	86% (1,536)	77% (373)	84% (1,909)	65% (1,547)	62% (610)	64% (2,157)	68% (1,944)
North Carolina	97% (10,226)	88% (1,573)	95% (11,799)	74% (10,401)	74% (3,513)	74% (13,914)	82% (12,488)
North Dakota	89% (794)	72% (130)	86% (924)	86% (788)	80% (146)	85% (934)	86% (883)
New Hampshire		0% (1)	0% (1)				0% (1)
Pennsylvania	94% (5,015)	76% (646)	92% (5,661)	80% (5,093)	74% (1,215)	79% (6,308)	85% (5,737)
Rhode Island	80% (891)	47% (277)	72% (1,168)	56% (930)	57% (442)	56% (1,372)	65% (1,080)
South Carolina	93% (2,814)	78% (330)	92% (3,144)	78% (2,853)	70% (750)	76% (3,603)	83% (3,209)
Texas	86% (12,979)	65% (2,791)	83% (15,770)	73% (13,455)	72% (3,565)	73% (17,020)	74% (15,828)

Table 1: Pass Rates by Jurisdiction in 2018

Jurisdiction	Written/Oral (N*)			Skills (N*)			Total
	1st Time Takers	Repeaters	Total	1st Time Takers	Repeaters	Total	
Virginia	92% (5,047)	56% (973)	86% (6,020)	67% (5,124)	59% (2,222)	64% (7,346)	72% (6,374)
Virgin Islands							
Vermont	96% (405)	47% (17)	94% (422)	76% (407)	75% (81)	76% (488)	84% (437)
Washington	93% (6,211)	60% (927)	89% (7,138)	71% (6,306)	65% (2,238)	69% (8,544)	78% (7,449)
Wisconsin	97% (4,190)	89% (308)	97% (4,498)	78% (4,239)	77% (1,071)	78% (5,310)	85% (4,837)
Wyoming	99% (178)	83% (6)	98% (184)	85% (178)	84% (43)	85% (221)	87% (216)
Total	92% (78,662)	72% (13,393)	89% (92,055)	77% (81,735)	72% (23,826)	75% (105,561)	80% (94,037)

Report of the Nursing Education Outcomes and Metrics Committee

Background

In September 2016, the Board of Directors (BOD) established the Nursing Education Outcomes and Metrics Committee, and the first committee meeting was held in January 2017. The charge for this committee is to:

Establish a set of outcomes and associated metrics to recommend processes to assess nursing education programs.

- Review current literature on program approval metrics and their relevance to public safety.
- Recommend factors in addition to first-time NCLEX® pass rates that can be used to determine criteria for a nursing regulatory body's (NRB's) legally defensible approval/removal process.

The first year was spent developing expertise on the issues and identifying the available evidence related to the charge. The committee reviewed the literature; held calls with experts in nursing education, higher education, health care accreditors, U.S. Department of Education, and nursing regulators in Canada; and held a face-to-face meeting with NCSBN's attorney. Based on this extensive review of the available evidence, it was clear that scientific research to support commonly used metrics in higher education and accreditation, and specifically nursing education, is limited. Therefore, it was decided that NCSBN would conduct research to develop sound evidence to support NRBs' approval processes. Specifically, NCSBN researchers would collect data from U.S. NRBs to identify factors related to quality indicators and warning signs when programs begin to fall below standards. To do this, NCSBN researchers would collect five years of the NRBs' annual reports and site visit documents, as well as the approval status of each nursing program, and use mixed effects models to identify evidence-based regulatory quality indicators (RQIs) and warning signs. Additionally, NCSBN would conduct a Delphi study of educators, regulators and those in practice with new graduates to seek expert consensus on RQIs, program outcomes and warning signs when a program begins to fall below standards. Once all the data are analyzed together, robust recommendations will be developed for the NRBs. As NCSBN began conducting these studies in February 2018, the committee went on hiatus until their last meeting on Oct. 9-10, 2018, where they reviewed preliminary results of the studies being conducted and made recommendations.

The final report, analyzing all three studies (Delphi, five-year annual report study, and five-year site visit study), along with a comprehensive

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and up-to-date literature review, will be presented to the BOD at the September 2019 BOD meeting.

Fiscal Year 2019 (FY19) Highlights and Accomplishments

During FY19 the Nursing Education Outcomes and Metrics Committee met once and:

- Reviewed preliminary data from the five-year annual report study and made some recommendations;
- Reviewed and made suggestions for the literature review that is being conducted;
- Reviewed data they had requested from Nursys® on the discipline of nurses in their first year of practice for the years of 2012–2014 and discussed the results related to practice readiness of new graduates;
- Reviewed the results of the National Delphi Study on RQIs, outcomes and warning signs in nursing education programs and discussed how those results could be integrated with the five-year site visit and annual report studies;
- Held a conference call related to practice readiness with J. Kavanagh and K. Stuck-Boyd of the Cleveland Clinic, based on their findings of a national study on practice readiness of newly licensed nurses.

Future Activities

Committee Recommendations

- Establish a panel of experts to analyze the results of the literature review and the three studies conducted on program approval (the Delphi Study, the five-year Annual Report Study and the five-year Site Visit Study) when they are completed and make recommendations to the NRBs based on these results.
- Suggested resources for the NRBs might include:
 - Online toolkit with resources for NRBs;
 - Visual model of the evidence-based and legally defensible approval process;
 - Model education rules to incorporate the committee's work;
 - Online annual report template for the NRBs to use that will include critical data for program outcomes and metrics, thus assuring that data are collected consistently across states (for future validation research) and at the same time decreasing the workload of the NRBs.
- Suggested modes of dissemination would include:
 - Webinars for faculty (work with American Association of Colleges of Nursing, National League for Nursing and Organization for Associate Degree Nursing);
 - Online course on the approval process for education consultants;
 - Publish series of articles in the *Journal of Nursing Regulation*, as well as publishing articles in other education journals;
 - Host a national workshop (or virtual conference) for all the education consultants to describe/discuss/illustrate this new innovative model.

Meeting Dates

Oct. 9–10, 2018

Relationship to Strategic Plan

Strategic Initiative A:

Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.

Strategic Initiative A4:

Amongst all relevant stakeholders, facilitate the generation and transfer of knowledge that supports decision-making and evidence-based regulation.

Section III:
NCSBN Resources

Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

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

2. Meeting Conduct

- A. Meeting Conduct
 - 1. Delegates must wear badges and sit in the section reserved for them.
 - 2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
 - 3. There shall be no smoking in the meeting room.
 - 4. All mobile devices shall be turned off or turned to a silent mode. An attendee must leave the meeting room to answer a telephone.
 - 5. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.
 - 6. All attendees have a right to be treated respectfully.
 - 7. There shall be no videotaping, audio recording or photographing of the sessions without the written permission of NCSBN.

3. Agenda

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

4. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council.
- B. All motions, resolutions and amendments shall be in writing on triplicate motion paper or electronic form and signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and non-procedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.
- C. The Resolutions Committee will evaluate motions and resolutions in accordance with the following established criteria:
 - 1. Determination of consistency with NCSBN articles of incorporation, bylaws, mission, vision, strategic initiative(s), objectives, and policies;
 - 2. Determination of relationship to ongoing programs and services;
 - 3. Will not duplicate concurrent programs and services;
 - 4. Determination that no negative legal or business implications are anticipated; and
 - 5. Financial impact, including budget estimates of expense and/or revenue and funding.
- D. The Resolutions Committee shall review motions and resolutions submitted before Thursday, Aug. 22, 2019 at 3:30 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
- E. The Resolutions Committee will convene its meeting on Thursday, Aug. 22, 2019 at 3:30 pm and schedule a mutually agreeable time during the meeting to meet with each resolution or motion-maker. The Resolutions Committee shall meet with the resolution or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the established criteria. The committee chair shall notify the Delegate Assembly of the committee's review, analysis, and evaluation of each resolution and motion referred to the Committee.
- F. If a member of the Delegate Assembly wishes to introduce a non-procedural main motion or resolution after the deadline of 3:30 pm on Thursday, Aug. 22, 2019, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with the established review criteria. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of U.S. members and exam user members, including members of the Board of Directors, followed by associate members, may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the chair, the speaker shall state his or her name and nursing regulatory body or organization.

- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.
- F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

6. Nominations and Elections

A. Definitions:

1. **Cumulative Voting:** A system of voting whereby multiple votes allotted to a delegate are all cast for a single candidate.
2. **Majority Vote:** A majority vote means more than half of the total votes cast by registered delegates.
3. **Plurality Vote:** A plurality vote is the largest number of votes to be given to any candidate.

B. Procedures:

1. Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before the presentation of the slate of candidates to the Delegate Assembly.
2. A delegate making a nomination with a motion form from the floor shall have two minutes to list the qualifications of the nominee.
3. Electioneering for candidates is prohibited except during the candidate forum.
4. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, Aug. 21, 2019.
5. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, Aug. 22, 2019 from 8:30 –9:00 am.
6. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Cumulative voting for individual candidates is not permitted.
7. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.
8. If, on the first ballot, no candidate for officer or director receives a majority vote, or if not all positions on the ballot are filled by a candidate receiving a majority vote, the run-off balloting shall proceed as follows:
 - a. Where only one open position is on the ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - b. If there is more than one position on the ballot and only one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to the two unelected candidates receiving the highest number of votes on the first ballot.
 - c. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to up to twice the number of candidates as there are open positions to be filled on the second ballot, the candidates to be selected for inclusion on the second ballot will be in the order of the votes received on the first ballot.

- d. In the event there remains an unfilled position after the second ballot, the candidate receiving the fewest votes on the second ballot shall be removed from the next run-off ballot.
- e. If there is a tie vote on the third ballot or if a position remains unfilled after the third ballot, the final selection shall be determined by lot.

7. Forums

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

Orientation Manual for Delegate Assembly (DA) Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all DA participants as well as the Board of Directors (BOD) and committee members.

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

History

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

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

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

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

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

In 1970, following a period of financial crisis for the ANA, a council member recommended that a freestanding federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a

specific plan for the formation of a new independent organization. On June 5, 1978, the DA of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing (NCSBN).

Organizational Mission, Strategic Initiatives and Outcomes

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

NCSBN currently has four strategic initiatives for Fiscal Year 2017–2019 (FY17–19):

- Envision and refine regulatory systems for increased relevance and responsiveness to changes in health care.
- Champion regulatory solutions to address borderless health care delivery.
- Expand the active engagement and leadership potential of all members.
- Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which performance measures for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the BOD evaluates the accomplishment of strategic initiatives and objectives, and the directives of the DA.

Organizational Structure and Function

MEMBERSHIP

There are currently three categories of NCSBN Membership: U.S. member, exam user member (EUM) and associate member. NCSBN U.S. Member status is extended to those nursing regulatory bodies (NRBs*) that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 59 U.S. members, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. NRBs may become an NCSBN member upon approval of the DA and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination. Revisions to the bylaws by the membership in 2007 also allow for advanced practice nurse boards to become NCSBN Members.

U.S. members maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. U.S. members also receive information services, public policy analyses and research services. U.S. members that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.¹

Revisions to the NCSBN Bylaws in 2017 created a new category of NCSBN Membership, the exam user members (EUM). EUMs are authorized nursing regulatory bodies from other countries that have an organizational mandate exclusively related to the regulation of the profession and protection of the public. Additionally, EUMs must execute a contract for using the precensure exam developed by NCSBN, must pay an annual membership fee and be approved for membership by the DA. EUMs maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations, as well as voting privileges at the annual DA. EUMs also receive information

*Nursing regulatory bodies is a new umbrella term for boards of nursing and regulatory bodies in the U.S. and internationally.

services, public policy analyses and research services. EUMs that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

NCSBN has three exam user members:

- British Columbia College of Nursing Professionals
- College of Nurses of Ontario
- College of Registered Nurses of Manitoba

Associate members are authorized nursing regulatory bodies from other countries that must pay an annual membership fee and be approved for membership by the DA.

NCSBN has 25 associate members:

- Association of New Brunswick Licensed Practical Nurses
- Association of Registered Nurses of Newfoundland and Labrador
- Bermuda Nursing and Midwifery Council
- College and Association of Registered Nurses of Alberta
- College of Licensed Practical Nurses of Alberta
- College of Licensed Practical Nurses of Manitoba
- College of Licensed Practical Nurses of Newfoundland and Labrador
- College of Licensed Practical Nurses of Prince Edward Island
- College of Registered Nurses of Prince Edward Island
- College of Registered Psychiatric Nurses of Alberta
- College of Registered Psychiatric Nurses of Manitoba
- Kazakhstan – National Center for Independent Examination (NCIE), Republican Center for Health Development
- Nova Scotia College of Nursing
- Nurses Association of New Brunswick
- Nursing and Midwifery Board of Australia
- Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Council of New South Wales
- Nursing Council of New Zealand
- Ordre des infirmières et infirmiers du Québec
- Registered Nurses Association of the Northwest Territories and Nunavut
- Registered Psychiatric Nurses Association of Saskatchewan
- Saskatchewan Association of Licensed Practical Nurses
- Saskatchewan Registered Nurses' Association
- Singapore Nursing Board
- Yukon Registered Nurses Association

AREAS

NCSBN's U.S. Members are divided into four geographic areas. The purpose of this division is to facilitate communication, encourage engagement on NCSBN issues and provide diversity of BOD and committee representation. U.S. member delegates elect area directors from their respective Areas through a majority vote of the DA.

DELEGATE ASSEMBLY

The DA is the membership body of NCSBN and is comprised of delegates who are designated by the U.S. members and EUMs. Each U.S. member has two votes and may name two delegates and alternates. Each EUM has one vote and may name one delegate and alternate. The DA meets at NCSBN's Annual Meeting, traditionally held in August. Special sessions can be called under certain circumstances.

At the Annual Meeting, delegates elect officers and directors of the BOD, as well as members of the Leadership Succession Committee (LSC) by majority and plurality vote respectively. They also receive and respond to reports from officers and committees. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the DA adopts the mission statement, strategic initiatives of NCSBN, approves all new NCSBN memberships, the substance of all Terms and Conditions of NCSBN Membership between NCSBN and the membership, adopts test plans to be used for the development of the NCLEX®, and establishes the fee for the NCLEX®.

OFFICERS AND DIRECTORS

NCSBN officers include the president, president-elect and treasurer. Directors consist of four area directors and four directors-at-large. Members or staff of U.S. members may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest. Members or staff of EUMs are only eligible for the office of director-at-large, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate, a committee member or an officer prior to being elected to office. The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election due to a vacancy. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs.

The president, president-elect and treasurer are elected for terms of two years or until their successors are elected. The president-elect and the directors-at-large are elected in even-numbered years. The treasurer and area directors are elected in odd-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Four directors-at-large will be elected for terms of two years or until their successors are elected.

Officers and directors are elected by ballot during the annual session of the DA. U.S. member delegates elect area directors from their respective areas.

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

Officers and directors assume their duties at the close of the session at which they were elected. The president-elect fills a vacancy in the office of president. BOD appointees fill other officer vacancies until the next Annual Meeting and a successor is elected.

BOD

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the DA. The BOD authorizes the signing of contracts, including those between NCSBN and its U.S. members and EUMs. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant U.S. members, EUMs and associate members and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX test service, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

MEETINGS OF THE BOD

All BOD meetings are typically held in Chicago, with the exception of the post-Annual Meeting BOD meeting that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed and/or digitally distributed to BOD officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion forms are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

COMMUNICATIONS WITH THE BOD

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly or as needed with the president regarding major activities and confers as needed with the treasurer about financial matters.

LSC

The LSC consists of seven members. Any board member or employee of a U.S. member or EUM is eligible to serve as a member of the LSC. Four individuals from U.S. members are elected, one from each area, and are elected for two-year terms. Even-numbered area members are elected in even-numbered years and odd-numbered area members are elected in odd-numbered years. Members are elected by ballot with a plurality vote. The BOD appoints three at-large members, one of whom shall have served on the BOD. The terms of the appointed members shall be staggered so that at least one is appointed each year. At large members can be appointed from U.S. members or EUMs. A committee member shall serve no more than two consecutive terms in the same position on the committee, excluding time served by appointment and/or election due to a vacancy. A member elected or appointed to the LSC may not be nominated or apply for an officer or director position during the term for which that member was elected or appointed.

The LSC's function is to present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC. The LSC's report shall be read at the first session of the DA, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

COMMITTEES

Many of NCSBN's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the BOD. At the present time, NCSBN has two standing committees: NCLEX® Examinations and Finance. Subcommittees, such as the NCLEX® Item Review Subcommittee, may assist standing committees.

In addition to standing committees, special committees are appointed by the BOD for a defined term to address special issues and concerns. NCSBN conducts an annual call for committee member nominations prior to the beginning of each fiscal year. Committees are governed by their specific charge and NCSBN policies and procedures. The appointment of committee chairs and committee members is a responsibility of the BOD. While committee membership is extended to all current members and staff of U.S. members, associate members, and

EUMs, associate members may not serve on the Bylaws, Finance or NCLEX® Examination Committees. The BOD may appoint persons external to the membership to special committees but at no time shall the number of external participants exceed the number of participants from the membership.

In the appointment process, every effort is made to match the expertise of each individual with the charge of the committee. Also considered is balanced representation whenever possible, among areas, board members and staff, registered and licensed practical/vocational nurses, and consumers. Nonmembers may be appointed to special committees to provide specialized expertise. A BOD liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of BOD liaison, committee chair and committee staff are provided in NCSBN policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the BOD liaison nor the NCSBN staff are entitled to a vote, but respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

Description of Standing Committees

NCLEX® EXAMINATIONS COMMITTEE (NEC)

The NEC is comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN NRB. Additionally, two Canadian regulators serve as ex-officio members to the NEC. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the NEC is to develop the licensure examinations and evaluate procedures needed to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the DA and suggests enhancements, based on research that is important to the development of licensure examinations.

The NEC advises the BOD on matters related to the NCLEX process, including psychometrics, item development, test security, administration and quality assurance. Other duties may include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of information about the examinations for U.S. members, EUMs and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and candidate statistics as well as develops NCLEX prototypes that use technology enhanced item types focused on measuring clinical decision making/judgment.

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

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examinations.

NCSBN's practice analysis uses several methods to describe the practice of newly licensed nurses: (1) document reviews; (2) daily logs of newly licensed nurses; (3) subject matter experts' knowledge; and (4) a large scale survey. A number of steps are necessary to perform an analysis of newly licensed nurse practice. A panel of subject matter experts is assembled, a list of nurse activities is created and incorporated into a survey that is sent to a randomly drawn sample of newly licensed nurses, and data is collected and analyzed. The outcome of the practice analysis

is a description of those tasks that are most important for safe and effective practice. The practice analysis conducted by NCSBN is used to validate that the activities listed in the survey are representative of the work newly licensed nurses perform in their practice settings.

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

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

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

FINANCE COMMITTEE

The Finance Committee is comprised of at least four members and the treasurer, who serves as the chair. The committee reviews the annual budget, monitors NCSBN investments, and facilitates the annual independent audit. The committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to member needs. It also reviews financial status on a quarterly basis.

NCSBN Staff

NCSBN staff members are hired by the chief executive officer. Their primary role is to implement the DA's and BOD's policy directives and provide assistance to committees.

General Delegate Assembly Information

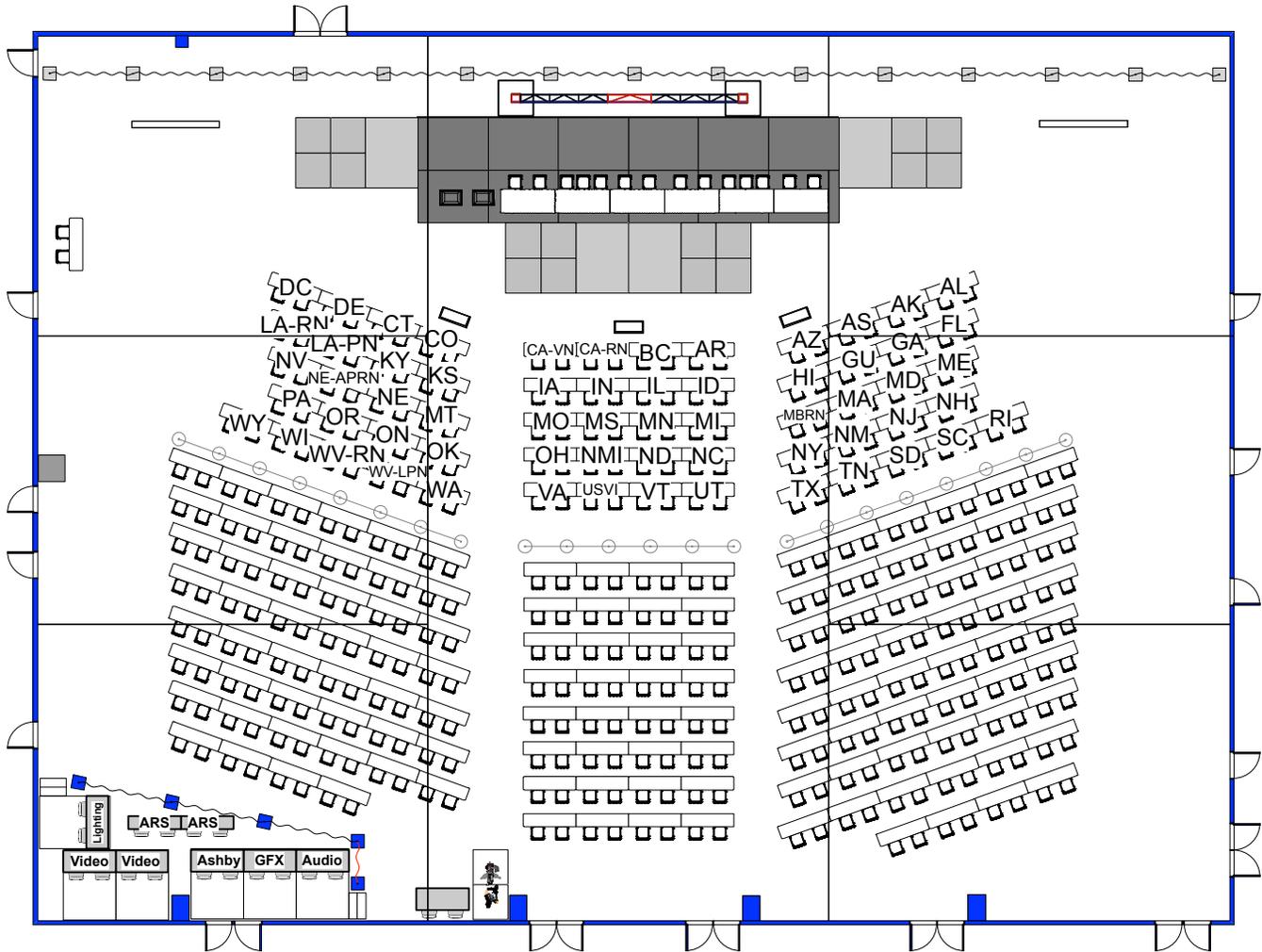
The business agenda of the DA is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, U.S. members and EUMs are sent the recommendations to be considered by the DA. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring DA action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

Prior to the annual session of the DA, the president appoints the Credentials, Resolutions, and Elections Committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and ushers.

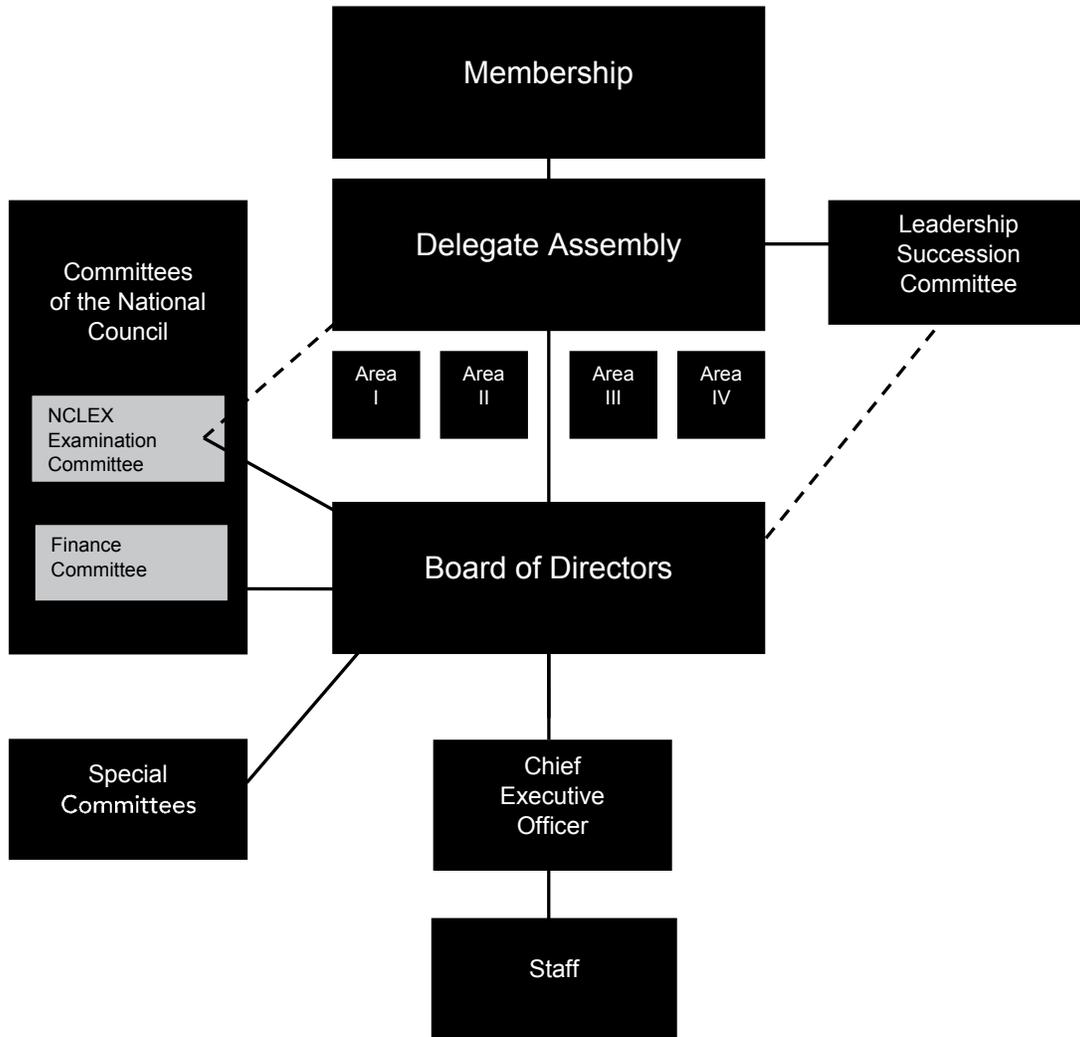
The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the DA and immediately preceding the election of officers and the LSC. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee receives, edits, and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the DA.

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

NCSBN Delegate Seating Chart



NCSBN Organizational Chart



The dotted line of authority from the NCLEX® Examination Committee (NEC) to the Delegate Assembly represents the charge of the NEC to recommend test plans to the Delegate Assembly.

The dotted line of authority from the Board of Directors (BOD) to the Leadership Succession Committee (LSC) represents the BOD’s authority to make appointments to the LSC per the NCSBN Bylaws.

NCSBN Bylaws



NCSBN Bylaws

Revisions adopted - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revisions adopted - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revisions adopted - 8/11/01
Amended - 08/07/03
Revisions adopted - 08/08/07
Amended - 8/13/10
Amended - 08/16/13
Amended - 08/15/14
Amended - 5/11/16
Revisions adopted - 08/19/16
Amended - 8/18/17

Article I

■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

Article II

■ Purpose and Functions

Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which jurisdictional boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ Members

Section 1. Definitions.

- a) Jurisdictional Board of Nursing. A jurisdictional board of nursing is the agency empowered to license and regulate nursing practice in any country, state, province, territory or political subdivision of the country.
- b) Member Board. A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Exam User Member. An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

- d) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction, which is approved by the Delegate Assembly.

Proviso: *The amended member definitions in Article III, Section 1 shall become effective on the day and upon the adjournment of the 2017 Annual Meeting at which these amendments to the Bylaws were adopted by the Delegate Assembly. The Board of Directors may receive applications for the new and redefined categories of membership or application for movement from one category to another as soon as the new Bylaws become effective.*

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board or Exam User Member, a jurisdictional board of nursing that regulates registered nurses and/or practical/vocational nurses must use applicable NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s). Member Boards must additionally agree to comply with:

- a) all applicable terms and conditions for the use of Nursys®; and
- b) participation in Nursys® which includes discipline and licensure.

Proviso: *Regarding amendments to member qualifications in Article III, Section 2 adopted by the Delegate Assembly at the 2017 Annual Meeting: all current Member Boards shall continue as a Member Board for five (5) years from the adoption of this amendment by which time all Member Boards must fully meet these requirements to remain a Member Board, otherwise they will be re-categorized as an Exam User Member.*

Section 3. Admission. A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board, Exam User Member, or Associate Member upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication encourage engagement on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board, Exam User Member, and Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board and Exam User Member privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board or Exam User Member that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. Noncompliance. Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board and no more than one (1) delegate designated by each Exam User Member as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board or Exam User Member may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards and Exam User Members shall be eligible to serve as delegates until their term or their employment with a Member Board or Exam User Member ends. A NCSBN officer or director may not represent a Member Board or Exam User Member as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. Each Exam User Member shall be entitled to one vote to be cast by the designated delegate. There shall be no proxy or absentee voting at the Annual Meeting.
- b) *Special Meetings.* A Member Board and Exam User Member may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards and Exam User Members a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board and Exam User Member may authorize the corporate secretary of the NCSBN or a delegate of another Member Board or Exam User Member to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards and Exam User Members; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to all members at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

Section 5. Special Session. The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board and Exam User Member at least ten days before the date for which such special session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and Exam User Members and two officers present in person or, in the case of a special session, by proxy.

Section 7. *Standing Rules.* The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

Article V

■ Officers and Directors

Section 1. *Officers.* The elected officers of the NCSBN shall be a president, a president-elect and a treasurer.

Section 2. *Directors.* The directors of the NCSBN shall consist of four directors-at-large and a director from each Area.

Section 3. *Eligibility.*

- a) Board Members or employees of Member Boards shall be eligible to be elected or appointed as NCSBN officers and directors and they may continue to serve in such capacity until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.
- b) Board Members or employees of Exam User Members shall be eligible to be elected or appointed as a director-at-large, and they may continue to serve in such capacity until their term or their employment with an Exam User Member ends. Members of an Exam User Member who become permanent employees of an Exam User Member will continue their eligibility to serve.
- c) An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

Section 4. *Qualifications for President-elect.* The president-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of president-elect.

Section 5. *Election of Officers and Directors.*

- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors.* Officers and directors shall be elected by majority vote of the Delegate Assembly.
- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
- d) *Run-Off Balloting.* If, on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.
- e) *Voting.*
 - (i.) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
 - (ii.) Cumulative voting for individual candidates is not permitted.
 - (iii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.

- f) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

Section 6. *Terms of Office.*

- a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected or upon appointment in accordance with Section 8 of this Article.
- d) The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

Section 7. *Limitations.* No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, territorial, provincial, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. *Vacancies.*

- a) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- b) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- c) In the event of a simultaneous vacancy in both the offices of the president and the president-elect, which occurs prior to or on February 1st in any given year, the Board of Directors shall take the following action:
 - i. The Board of Directors shall notify all Member Boards and Exam User Members of the simultaneous vacancies within five (5) business days of the occurrence.
 - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
 - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
 - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
 - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.

- vi. The office of president-elect shall remain vacant until the next Annual Meeting.
 - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1st in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
 - e) The Board of Directors shall fill vacancies in the office of the treasurer and directors by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
 - f) Serving as an officer or director under the provisions set forth in Section 8 of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as an officer or director under the provisions of Section 8 of this Article shall be excluded from the determination of the term served in office under Section 6 of this Article.

Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

Section 10. Responsibilities of the President-elect. The president-elect shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president.

Section 11. Responsibilities of the Treasurer. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

■ Board of Directors

Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold an annual meeting and may schedule other regular meetings as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours' notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. *Quorum and Voting.* The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

Section 5. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 6. *Appeal.* A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VII

■ Leadership Succession Committee

Section 1. *Leadership Succession Committee*

- a) *Composition.* The Leadership Succession Committee shall be comprised of seven committee members. One member shall be elected from each of the areas by the Delegate Assembly and the remaining members shall be appointed by the Board of Directors, one of whom shall have served on the Board of Directors.
- b) *Term.* The term of office shall be two years. Odd numbered area members shall be elected in each odd numbered year and even numbered area members shall be elected in each even numbered year. The terms of the appointed members shall be staggered so that at least one is appointed each year. A committee member shall serve no more than two consecutive terms in the same position on the committee excluding time served by appointment and/or election pursuant to Section 1e of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected or appointed.
- c) *Selection.* The area members shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the area representatives on the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a of this Article. A vacancy occurring in the board-appointed members shall be filled by the Board of Directors. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
- g) *Eligibility.* Any board member or employee of a Member Board or Exam User Member is eligible to serve as a member of the Leadership Succession Committee.

Proviso: Leadership Succession Committee (LSC) Members shall be elected and appointed in the years 2018-2020 in accordance with the following schedule:

Positions	2017 Election	2018 Election	2019 Election	2020 Election
Area 1 Member	-	X (one-year term)	X (two-year term)	-
Area 2 Member	-	X (two-year term)	-	X (two-year term)
Area 3 Member	-	X (one-year term)	X (two-year term)	-
Area 4 Member	-	X (two-year term)	-	X (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (one-year term)	Appointed by BOD (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-

LSC member Election and Appointment Schedule:

X – Indicates the year in which a position will be elected.

Appointed by BOD – Indicates the year in which a position will be appointed

Article VIII

■ Meetings

Section 1. Participation.

- a) *Delegate Assembly Session.*
 - (i) *NCSBN Members.* All categories of NCSBN members shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
 - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to all categories of NCSBN members.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.

- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

■ Chief Executive Officer

Section 1. *Appointment.* The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

Article X

■ Committees

Section 1. *Standing Committees.* NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine committee members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' and Exam User Members' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four committee members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. All categories of NCSBN members shall have full voting rights as committee members.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

Article XI

■ Finance

Section 1. *Audit.* The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XII

■ Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

Article XIV

■ Amendment of Bylaws

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards and Exam User Members of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
- b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days' written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws committee may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

Article XV

■ Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

Firstly, all liabilities and obligations of the NCSBN shall be paid or provided for.

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A

majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.



Save the Date

2020 NCSBN Annual Meeting
Aug. 12–14, 2020 • Chicago

Upcoming NCSBN Events

2019 NCLEX Conference

2019 Tri-Regulator Symposium

2019 Leadership & Public Policy Conference

2019 Basic Board of Nursing Investigator Training

2020 Midyear Meeting

2020 APRN Roundtable

2020 IT/Operations Conference

2020 Discipline Case Management Conference

Phoenix | Sept. 9, 2019

Frisco, Texas | Sept. 26–27, 2019

Atlanta | Oct. 2–4, 2019

Rosemont, Ill. | Oct. 15–17, 2019

Boston | March 3–5, 2020

Rosemont, Ill. | April 7, 2020

Cleveland, OH | May 12–13, 2020

Greenville, S.C. | June 1–3, 2020



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