

GOINGBEYCND

NCSBN ANNUAL MEETING | BUSINESS BOOK

AUG. 13–15, 2025 | CHICAGO



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NCSBN BUSINESS BOOK QUICK REFERENCE

The NCSBN Business Book contains essential Annual Meeting information. As a member organization, NCSBN needs your voice, expertise and perspective to advance our mission. The key to maximizing your Annual Meeting experience is reading and understanding the business book. By thoroughly reviewing the business book, you're not just preparing for the meeting — you're ensuring that you are informed, your contributions are meaningful, and your votes reflect the needs of your jurisdiction and the public you serve.



WAYS TO NAVIGATE

- Table of Contents (TOC): Click each item to quickly jump to that section
- Back to TOC Button: At the bottom of each page, click to navigate back to the TOC
- Viewing in Adobe Acrobat: Input a page number to jump there directly

QUICK LINKS

Summary of Recommendations

2025 Slate of Candidates

Orientation Manual

BUSINESS BOOK BASICS

The business book is divided into three color coded sections:

Section 1: Meeting Resources

Includes the business agenda, continuing education information, delegate seating chart and standing rules. Familiarize yourself with the standing rules, which are the governing rules including meeting procedures.

Section 2: Committee Reports

Reports with Recommendations: Committee reports which include recommendations that will be voted on, including the slate of candidates. Reviewing ahead of the meeting helps you be prepared to make informed voting decisions that shape our organization's future.

Informational Reports: Reports that provide updates from our committee members. They highlight the extensive work done by the committee throughout the year and provide an update of their efforts on behalf of our entire membership.

Section 3: NCSBN Resources

Understanding the foundation of NCSBN is essential. This section includes the basic foundations of who we are, an orientation to NCSBN including a brief history, our organizational structure and bylaws.

BUSINESS BOOK GUIDE VIDEO

<u>Watch the Business Book Guide video</u> to see how you can use the book to better prepare for Annual Meeting.

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About NCSBN

Empowering and supporting nursing regulators across the world in their mandate to protect the public, NCSBN is an independent, not-for-profit organization. As a global leader in regulatory excellence, NCSBN champions regulatory solutions to borderless health care delivery, agile regulatory systems and nurses practicing to the full scope of their education, experience and expertise. A world leader in test development and administration, NCSBN's NCLEX® Exams are internationally recognized as the preeminent nursing examinations.

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories. There are nine exam user members and 21 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

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

Excellence: Striving to be and do our best in rapidly changing environments.

Innovation: Embracing change as an opportunity to better organize endeavors for all and turn new ideas into action.

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

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

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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Business Agenda of the 2025 Delegate Assembly

Wednesday, Aug. 13, 2025

9:30–11:35 am

Opening Session

- Welcome Presentation
- President's Address
- Opening Reports
 - Credentials Report
 - Adoption of Standing Rules
- Adoption of Agenda
- Report of the Leadership Succession Committee (LSC)
 - Presentation of the 2025 Slate of Candidates
 - Nominations from Floor
 - Approval of the Slate of Candidates

11:35 am–12:00 pm

CEO's Address

2:45–3:45 pm Candidate Forum

3:45–4:45 pm Committee Forums

Thursday, Aug. 14, 2025

8:30–9:00 am **Elections**

10:30–10:45 am Election Results

Friday, Aug. 15, 2025

10:30–11:00 am **Delegate Assembly**

Business

Board of Directors' Recommendations

 Approve 2026–2028 NCSBN Strategic Initiative Statement.

NCLEX® Examination Committee Recommendations

- Approve the 2026 NCLEX-RN® Test Plan.
- Approve the 2026 NCLEX-PN® Test Plan.

New Business

Adjournment

Note: Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permit. The final agenda is posted on NCSBN.org.

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Standing Rules of the Delegate Assembly

1. Onsite Meeting

The 2025 NCSBN Annual Meeting will be conducted in-person. Although the meeting may be live-streamed, all delegates are required to be onsite for the meeting and to vote. The meeting will begin promptly at the hour announced and order must be maintained at all times.

2. 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 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 at the Delegate Check-in desk. In the event that the voting platform permits use of personal devices (e.g., cell phone, laptop or tablet), delegates may be required to confirm that their personal device is compatible with the voting platform.
- C. Per the NCSBN Bylaws, delegates authorized to cast one vote will be allowed one vote only; delegates authorized to cast two votes will be allowed two votes only.
- D. The registered alternate may substitute for a delegate provided the delegate notifies the Delegate Check-in desk and follows the substitution instructions. The initial delegate may resume delegate status by the same process.
- E. 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.

3. Meeting Conduct

- A. Meeting Conduct
 - a. Delegates must wear badges and sit in the section reserved for them.
 - b. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
 - c. The quorum of the Delegate Assembly will be determined by the number of Delegates registered by:
 - i. 9 am Central Time on Wednesday, Aug. 13, 2025
 - ii. 10 am Central Time on Thursday, Aug. 14, 2025
 - iii. 10 am Central Time on Friday, Aug. 15, 2025
 - d. All attendees have a right to be treated respectfully.
 - e. There shall be no video or audio recording, photographing, screenshots or captures of the sessions or the resulting digital feed without the written permission of NCSBN.
 - f. All mobile devices shall be turned off or turned to a silent mode. An attendee must leave the meeting room to answer or make a call.
 - g. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.

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4. Agenda

- A. Business Agenda
 - a. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors for consideration by the delegate assembly.

5. Motions or Resolutions

- A. Main Motions/Resolutions
 - a. Main motions introduce new business to the Delegate Assembly. At the delegate's discretion, a main motion may be presented as a resolution, including "Whereas" clauses. Main motions must follow the procedures outlined in this section. Procedural motions do not require submission on a motion form or review by the Resolutions Committee, unless otherwise specified here.
- B. Who May Submit
 - a. Main motions may be submitted by delegates, members of the Board of Directors or members of the NCLEX[®] Examination Committee. The NCLEX Examination Committee may only submit main motions related to the approval of test plans, in accordance with Article X, Section 1(a) of the NCSBN Bylaws.
- C. Submission Process
 - a. All main motions and amendments must be submitted using the official fillable form, available onsite or electronically at: <u>https://www.ncsbn.org/motions.htm</u>. Once submitted, these are automatically forwarded to the President and the Parliamentarian.
- D. Review by Resolutions Committee
 - a. All main motions must be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly, unless otherwise specified in 5.I. Any item not included in the published business agenda will be treated as New Business.
- E. Meeting with Parliamentarian
 - a. Motion-makers are expected to meet with the Parliamentarian during onsite office hours to review and refine their submissions prior to Resolutions Committee review.
- F. Deadline for Pre-meeting Review
 - a. The Resolutions Committee will review motions and resolutions submitted by Thursday, Aug. 14, 2025, at
 3:30 pm. Submitters are encouraged to meet this deadline for timely review.
- G. Evaluation Criteria.
 - a. The Resolutions Committee evaluates submissions based on the following criteria:
 - i. Alignment with NCSBN's articles of incorporation, bylaws, mission, vision, strategic initiatives, objectives and policies.
 - ii. Relevance to current programs and services.
 - iii. Avoidance of duplication with existing initiatives.
 - iv. Anticipated legal or business implications.
 - v. Financial impact, including estimated expenses, revenues and funding.
 - vi. Urgency—whether immediate Delegate Assembly action is needed or further study is advisable.
- H. Resolutions Committee Meetings
 - a. The Resolutions Committee will convene on **Thursday, Aug. 14, 2025, at 3:30 pm** and will arrange to meet with each main motions submitter during the meeting. The Committee will help prepare main motions for Delegate Assembly presentation and provide a formal recommendation—either for

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immediate action or further study. During the Delegate Assembly, the Committee Chair will present the Committee's analysis and recommendation for each item reviewed.

- I. Submitting New Business After the Deadline
 - a. If a delegate wishes to submit a main motion after the Aug. 14 deadline:
 - i. The item must be submitted as New Business and first provided to the Chair of the Resolutions Committee.
 - ii. A written analysis must accompany the submission, addressing how the item aligns with the evaluation criteria outlined in Section 5.G.
 - iii. The form must be submitted via <u>https://www.ncsbn.org/motions.htm</u>, and copies provided to the Resolutions Committee Chair, Parliamentarian and motion-maker.
 - iv. Introduction of the item requires a majority vote of delegates, without debate.
 - v. The Resolutions Committee will inform the Delegate Assembly if any required analysis is missing and may recommend deferring a vote pending further review.

6. 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 President, the speaker shall state their name and nursing regulatory body or organization.
- C. A red card raised at a microphone interrupts business for the purpose of a point of order or an appeal. A red card may also be used for a question of privilege, orders of the day, or a parliamentary inquiry. Such questions may interrupt a speaker or other item of business if urgent; the President shall determine if the debate will be halted to take up the member's request.
- D. No person may speak in debate more than twice on the same question on the same day, or longer than four
 (4) minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without 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 go into executive session by a majority vote. The enacting motion shall specify those permitted to attend beside the regular delegates and members of the NCSBN Board of Directors.

7. Nominations and Elections

- A. Definitions:
 - a. Majority Vote: A majority vote means more than half of the total votes cast by registered delegates.
 - b. Plurality Vote: A plurality vote is the largest number of votes to be given to any candidate.
- B. A Slate of Candidates that were vetted by the Leadership Succession Committee at their April 2025 meeting will be presented in the Business Book.
- C. Members who indicate their intention to be nominated from the floor by Aug. 12, at 12 pm Central Time are required to submit their completed application form and meet with the Leadership Succession Committee:
 - a. Applicants who submit their application by July 9, 2025 at 5 pm Central Time will meet with the Leadership Succession Committee virtually on Wednesday, July 23, 2025, between 12 and 1 pm Central Time.
 - b. Applicants who submit an application after July 9, but by Aug. 12, 2025, at 12 pm Central Time will meet

with the Leadership Succession Committee in person on Aug. 12, 2025, between 3 and 5 pm Central Time.

- c. A motion to nominate someone from the floor must be made by a delegate.
- d. After being acknowledged by the President, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- D. Members who indicate their intention to be nominated from the floor after Tuesday, Aug. 12, 2025 at 12 pm Central Time, are not precluded from running.
 - a. A motion to nominate someone from the floor must be made by a delegate.
 - b. After being acknowledged by the President, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- E. From-the-floor Candidates are added to the Slate of Candidates during the Presentation of the Slate of Candidates at the Delegate Assembly Opening Ceremony on Wednesday, Aug. 13, 2025. Campaigning by or for candidates nominated from the floor is not permitted until the candidate has been nominated from the floor and added to the Slate of Candidates.
- F. Candidates may begin campaigning only after they've been added to the Slate of Candidates and may do so via the following avenues:
 - a. The NCSBN Campaign webpage (not available for from-the-floor candidates),
 - b. At the candidate forum.
- G. At the Annual Meeting, slate candidates will be identifiable by wearing a special ribbon. Candidate activities include candidate application photo posted in the Business Book and Candidate web pages, introduction at welcome reception and candidate forum presentation.
- H. Slate candidates may converse with attendees and informally present their positions during Annual Meeting events outside of formal Delegate Assembly business sessions.
- I. Campaign activity shall not include: distribution of printed materials, email, texts or other electronic broadcasts, gifts, favors or other inducements to vote.
- J. Use of social media for campaigning is prohibited.
- K. The voting strength for the election shall be determined by those registered by 8:30 am Central Time on Thursday, Aug. 14, 2025.
- L. Election for officers, directors, and members of the Leadership Succession Committee shall be held during the Delegate Assembly meeting on Thursday, Aug. 14, 2025.
- M. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Voting will be done electronically.
- N. If more than one position is listed on a ballot and more candidates receive a majority vote than there are open positions, the candidates receiving the highest number of votes shall be selected. For example, if there are five candidates for two open positions, and three of the candidates receive a majority vote, the two candidates with the highest number of votes shall be selected.
- O. If no candidate receives the required vote for an office or there is a tie, and repeated balloting is required, the President shall announce run-off candidates and the time for the run-off balloting.
- P. For those positions that require a majority vote for election: 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.

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- 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 runoff 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 drawing lots.

8. 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 President 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.

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Directions for Obtaining Continuing Education (CE) Contact Hours for the 2025 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 the evaluation has been completed, you will receive your electronic certificate of completion automatically. The deadline to complete the electronic evaluation is Friday, Sept. 5, 2025.

If you have any questions, email Qiana McIntosh at <u>gmcintosh@ncsbn.org</u>.

Provider Number: ABNP1046, expiration date, July 2027

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Section II: Committee Reports

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Summary of Recommendations to the 2025 Delegate Assembly

Board of Directors' (BOD) Recommendation:

1. Approve 2026–2028 NCSBN Strategic Initiative Statement.

Rationale:

The proposed strategic initiative statement has been developed through a process that began with an initial kick off meeting by the BOD at their October 2024 retreat and strategic thinking sessions conducted during the December 2024 and February 2025 BOD meetings. The resulting statement was presented during Area Meetings at the 2025 Midyear Meeting for membership feedback. The statement is presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that states 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:

Strategic projects will be incorporated into the fiscal year 2026-2028 (FY26-28) budgets.

Leadership Succession Committee (LSC) Recommendation:

2. Present the 2025 Slate of Candidates.

Rationale:

The LSC has prepared the 2025 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.

Fiscal Impact:

Incorporated into the FY26 budget.

NCLEX[®] Examination Committee (NEC) Recommendation:

3. Approve the 2026 NCLEX-RN[®] Test Plan.

Rationale:

Following the analysis of survey results from the 2024 RN Practice Analysis, the draft NCLEX-RN test plan was developed and sent to NCSBN's nursing regulatory bodies (NRBs) for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-RN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY26 budget.

4. Approve the 2026 NCLEX-PN[®] Test Plan.

Rationale:

Following the analysis of survey results from the 2024 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-PN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY26 budget.

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Report of the Board of Directors (BOD)

Board of Directors' (BOD) Recommendation:

1. Approve 2026–2028 NCSBN Strategic Initiative Statement.

Rationale:

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Fiscal Impact:

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Leadership Succession Committee (LSC) Recommendation:

2. Present the 2025 Slate of Candidates.

Rationale:

The LSC has prepared the 2025 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.

Fiscal Impact:

Incorporated into the FY26 budget.

NCLEX[®] Examination Committee (NEC) Recommendation:

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Rationale:

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Board Members

Phyllis Polk Johnson, DNP, RN, FNP-BC Mississippi, Area III, President

Jose Delfin D. Castillo III, PhD, MSNA, CRNA, APRN Florida, Area III, President-Elect

Lori Scheidt, MBA-HCM Missouri, Area II, Treasurer

Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS, Alaska, Area I Director

Sue Painter, DNP, RN West Virginia RN, Area II Director

Jenny Barnhouse, DNP, RN Oklahoma, Area III Director

Barbara Blozen, EdD, MA, RN-BC, CNL New Jersey, Area IV Director

Tony Graham, MS, CPM North Carolina, Area III, Director-at-Large

Ann Oertwich, PhD, RN Nebraska, Area II, Director-at-Large

Missy Poortenga, MHA, RN Montana, Area I, Director-at-Large

Tammy Vaughn, MSN, RN, CNE Arkansas, Area III, Director-at-Large

Staff

Philip Dickison, PhD, RN Chief Executive Officer

Chelsea Kelley Director, Executive Office

Dalilah Hill Executive Assistant, Executive Office

Andrew Hicks Senior Associate, Executive Office

Meeting Dates

Aug. 30, 2024 (Post Delegate Assembly Board Meeting, Chicago)

Sept. 24–25, 2024 (Board Meeting, Chicago)

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review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-RN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY26 budget.

4. Approve the 2026 NCLEX-PN[®] Test Plan.

Rationale:

Following the analysis of survey results from the 2024 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-PN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY26 budget.

Highlights of Business Activities

Strategic Plan 2023–2025

NCSBN continues its work towards the objectives of the 2023–2025 Strategic Plan. The strategic initiatives and objectives are:

- A. Promote agile regulatory systems for relevance and responsiveness to change.
 - 1. Regulatory Excellence Accreditation System develop, pilot and evaluate regulatory excellence accreditation systems that use a mixed methods approach including organizational self-assessment, external peer review and quantitative metrics.
 - 2. Develop a pathway to reform the licensure process to increase efficiency and effectiveness of the U.S. NRBs.
 - 3. Develop a vision of Contemporary Workforce Modeling through the commission of a thought-provoking white paper to propose potential actions that will address contemporary challenges in nursing's workforce.
 - 4. Collect evidence-based information to assist in the development and implementation of a United Public Safety Regulatory Model for support workers.
- B. Champion regulatory solutions to address borderless health care delivery.
 - The work under this initiative completed in the 2020–2022 Strategic Plan has moved forward as operational work. There are no updates to report on this initiative for FY24.
- C. Strengthen the capacity, capability, diversity and engagement of regulatory leadership.
 - The work under this initiative completed in the 2020–2022 Strategic Plan has moved forward as operational work. There are no updates to report on this initiative for FY24.
- D. Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.
 - 5. Global Core Nursing investigate new uses of exam items to develop a core global nurse competence assessment that includes entry-to-practice exams to support international regulatory bodies in assessing the minimal competency of domestic and internationally educated nurses that provides a means of calibrating performance across jurisdictions.

Oct. 14–16, 2024 (Strategy Retreat, Manalapan, Florida)

Dec. 10-11, 2024 (Board Meeting, Chicago)

Feb. 11–12, 2025 (Board Meeting, Chicago)

May 6-7, 2025 (Board Meeting, Chicago)

July 8-9, 2025 (Board Meeting, Chicago)

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- 6. Next Generation NCLEX[®] continue to develop assessment processes that ensure fidelity as well as the readability/validity of measurement of entry to practice.
- 7. Remote Proctoring (NCLEX[®] Online) System Development and Implementation covering the research, design, development and implementation of a remote proctoring solution for NCSBN examinations.

Further information on the accomplishments and future activities of the current Strategic Plan can be found in Attachment A.

2026–2028 Strategic Initiative Statement

After brainstorming and deliberation, the board helped develop this strategy initiative statement which will be presented for a vote at the delegate assembly: "To protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise." The background and explanation for the Strategic Initiative Statement can be found in Attachment B.

Government Affairs

Our Government Affairs department has continued its policy efforts at the state and federal level to support members and advance nursing regulatory priorities. The Federal Affairs and State Affairs teams worked to develop and strengthen relationships with stakeholders at the state and national level. The Federal Affairs team also engaged with key members of the administration and members of the 119th Congress, including participating in monthly meeting with the bipartisan House Nursing Caucus. The Federal Affairs team assisted members seeking guidance from federal agencies including the Center for Medicare and Medicaid Services and weighed in on proposed agency policies and legislation. Advocacy for the States Handling Access to Reciprocity for Employment (SHARE) Act continues as the bipartisan legislation was reintroduced in the new Congress. The State Affairs team provided analysis and sought legal opinions for members facing complex legislation in their states, many with potential impact on their participation in interstate compacts.

At the state level, progress continues in advancing the Nurse Licensure Compact (NLC), Advanced Practice Registered Nurse Compact (APRN Compact) and the NursingAmerica Campaign.

In the 2025 legislative session, the NLC was introduced in nine jurisdictions and the APRN Compact in four. Addressing nursing shortages, reducing regulatory barriers to licensure, supporting military families and increasing access to care continued to motivate introductions of the compacts. Forward progress in the 2024 session included enactment of the NLC in Connecticut and Massachusetts and the APRN Compact in South Dakota.

Work in NursingAmerica campaign states of Florida, Mississippi, Missouri, North Carolina and Texas continued while staff onboarded Louisiana as a new campaign state. To date, bills in Florida to provide independent practice for certified registered nurse anesthetists and independent practice for APRNs practicing in psychiatric-mental health passed their first legislative chamber. In Mississippi, a bill providing for independent practice for APRNs passed the House but failed to advance in the Senate. Legislation in Missouri and Texas also received hearings and advocacy efforts continue. In North Carolina, legislation that removes joint regulation of clinical nurse practitioners and certified nurse-midwives by the North Carolina Medical Board and provides for independent practice for advancement.

Nursing Education Policy

The Nursing Education Policy team has begun the process of reviewing and updating NCSBN resources for analyzing health occupation programs based in the Armed Forces of the U.S. This valuable tool enables NRBs to determine which programs are equivalent for licensure purposes to nursing education programs in the U.S.

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The Nursing Education Policy team has continued to recruit jurisdictions to participate in the Annual Report Program. This program provides NRBs, educators, policymakers and consumers with national data based on all prelicensure nursing programs in 35 participating NRBs. Demographics and evidence-based quality indicator data are collected from all types of prelicensure nursing education programs. These data points have not previously been accessible to NRBs and educators. The aggregate reports are available online for the NRBs and the nursing programs to benchmark program metrics with national data, such as faculty qualifications, numbers of clinical hours, on-time graduation rates, etc. This year an interactive dashboard was developed to highlight the aggregate data and to allow for comparing the various pieces of data among types of programs, geographic locations (urban, rural suburban), program ownership and program size.

Discipline Policy

Understanding that NRBs need up-to-date, evidence-based information for substance use disorders (SUDs) in nursing, our Discipline Policy team has begun compiling all digital and print NCSBN SUD resources for review. We anticipate that the BOD will appoint a committee to assist with this project. The committee will work with NCSBN staff to identify resources which are still useful and resources that need to be refreshed to provide members with up-to-date information to support their work in this important area of regulation.

NCLEX[®] Examination

Using data analyzed in the 2024 NCLEX-RN and PN Practice Analyses, the NCLEX Examination Committee developed the draft 2026 NCLEX-RN and PN Test Plans. These draft documents were sent to the NRBs in the U.S. and Canada that use the NCLEX for licensure purposes for review and comment. The final proposed 2026 NCLEX-RN and PN Test Plans were presented to the BOD before being presented at the 2025 NCSBN Delegate Assembly for approval.

NCLEX[®] Online-remote Proctoring

NCSBN has continued to work on refining requirements, reviewing designs, development and some initial testing of the new software consoles. NCSBN members were provided this information in an update by the deputy chief officer for Examinations at the 2025 Midyear Meeting. The update included information on the enhancement of the candidate registration process, added features of the NRB console and how exam security features support exam validity. Further refinement and advanced development work will continue throughout the remainder of FY25. In FY26, we anticipate working internally and with members as we move into the alpha and beta testing phases of the project.

Marketing and Advocacy Update

NCSBN continues to advance its mission through strategic marketing efforts. As part of the organization's evolution, collaboration with members and staff at all levels, NCSBN is sharpening brand focus and enhancing communication to pursue its vision and values.

Promotional efforts continue to raise awareness about NCSBN's role in advancing health care and the importance of the moment between a nurse and a patient. The comprehensive "Every Moment Matters" campaign has greatly expanded NCSBN's presence across digital, streaming, linear TV and social media channels. Focus on social media content and management is increasing to better engage stakeholders and extend reach. These efforts also focus on promoting key solutions, including Nursys® e-Notify and the NCSBN ID.

In public relations, the findings of the 2024 National Nursing Workforce Study were released in the *Journal of Nursing Regulation*. This was accompanied by a video media tour featuring radio and television interviews across the nation, press releases, print media coverage and social media posts. This study is the largest and most comprehensive research of the nursing workforce, uncovering valuable insights to better serve the public and inform policy decisions.

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Nursys®

For more than 25 years, Nursys has served as the national database for nurse licensure and discipline information. All 58 NRBs in the U.S. contribute data to Nursys. Additionally, 39 NRBs share advanced practice licensure data. Nursys contains information for over 5.7 million nurses with active licenses.

The public Nursys.com site remains a key component for public protection. Last year, there were more than 20 million QuickConfirm searches by those needing to verify nurse license and discipline details. The Nursys e-Notify service, which sends alerts regarding changes in license and discipline status, continues to grow. Institutional e-Notify has more than 16,000 institutions and 3 million enrolled nurses. Nursys e-Notify for individuals has 1.2 million enrollees. Each of them receives automatic updates on their own licenses.

Nursys[®] in Canada is a separate instance of Nursys that is entirely hosted within Canadian borders. Over the past year, several new functionalities have been developed, including cross-system search capabilities and global NCSBN ID assignment. Continued increased participation in Nursys in Canada by Canadian NRBs is anticipated in the coming year.

Optimal Regulatory Board System (ORBS®)

The Optimal Regulatory Board System (ORBS) is a license and enforcement management system provided by NCSBN to its U.S. NRBs. Currently, 17 NRBs utilize ORBS. The Nurse Portal and Complaint Portal within ORBS underwent significant redesigns. The primary aim of the redesign was to ensure compatibility with mobile, tablet and desktop devices. This responsive design was launched in February 2025. Another redesign goal was to meet the Web Content Accessibility Guidelines (WCAG) requirements for accessibility for individuals with disabilities. An audit for WCAG compliance was completed in February 2025, and remediation of the audit findings is currently underway.

Cybersecurity

NCSBN is the custodian to many diverse and large data sets and we strive to maintain the trust of nursing regulatory bodies, nurses, institutions and other stakeholders through cybersecurity and privacy governance, risk management, compliance and security operations. NCSBN achieved GovRAMP (formerly StateRAMP) authorization on Jan. 13, 2025, for the Nursys, ORBS and Passport systems. GovRAMP is a cybersecurity assessment required by most state governments. GovRamp requires compliance with security and privacy controls from the NIST 800-53 Rev. 5 framework, annual audits and continuous monitoring by GovRAMP.

NCSBN's commitment to the protection of data in our care is reflective of the security culture across the organization. All staff are required to attend annual privacy and security awareness training and participate in ongoing, random phishing simulations. The organization-wide Data Governance Steering Committee comprised of senior staff developed AI Policy 13.6 that was approved by the BOD in December 2024. The intent of this policy is to proactively provide security and privacy guardrails for the use and/or experimentation of authorized AI tools.

NCSBN seeks continuous improvement to mature its cybersecurity and privacy program in response to the everevolving threat environment.

2024 National Nursing Workforce Study

The results of the 2024 National Nursing Workforce Survey were published in April 2025 as a supplement to the *Journal of Nursing Regulation*. NCSBN partners with The National Forum of State Nursing Workforce Centers to conduct the largest and most comprehensive survey of the U.S. nursing workforce. This study provides regular updates on the supply of nurses in the country, including details on their demographic and practice profiles. In addition, this cycle, it also informed on the efficacy of employer-based and other policy interventions to

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address drivers (e.g., burnout, workplace violence, etc.) of workforce attrition following the COVID-19 pandemic. The findings documented evidence of a workforce recovery following the emergency phase of the health crisis, driven by the re-entry of older, more experienced nurses back into the profession. By contrast, the report also highlighted that many of the same factors driving workforce attrition and elevated intent to leave since 2020, such as short staffing, high workloads and acute levels of burnout, persist.

NCSBN's Research staff will use the 2024 National Nursing Workforce Survey data to conduct a deeper analysis of the nursing workforce. Results will be published throughout 2025 and into 2026, with presentations at select national and international conferences planned. These targeted analyses will provide further insight into the demographic characteristics and practice patterns of early and late career nurses, faculty at schools of nursing, advanced practice registered nurses and nurses working in long-term care, to name a few. The studies will explore critical issues to inform policy discussion at the state and federal levels and to support sustainable workforce development.

International Center for Regulatory Scholarship (ICRS)

The International Center for Regulatory Scholarship (ICRS) supports NCSBN members through learning opportunities to increase regulatory knowledge and better equip nursing regulators in their mandate to protect the public. In the first two quarters of FY25, ICRS offered 10 Certificate Program courses with 163 completed enrollments, nine Foundations of Regulation courses with 101 completed enrollments and 24 Continuing Education courses with 4,669 completed enrollments.

At the start of this fiscal year, ICRS launched a comprehensive evaluation of its educational programming. Phase one involved an internal review by ICRS staff, phase two will gather member feedback and phase three will analyze the data, report findings and offer future recommendations. The final report is expected by August 2025. The report will provide necessary information regarding future course development, content delivery methods, and enable our team to grow and provide meaningful information to NCSBN members.

Nurse Licensure Compact (NLC)

In the mid-1990s, the NCSBN BOD approved the creation of a Multistate Recognition Task Force to examine nurse mobility and license portability. The arduous work of this group culminated in the adoption of the NLC Model Legislation by the Delegate Assembly in 1997. The NLC commenced Jan. 1, 2000, as the first four states implemented the NLC. Since then, 43 jurisdictions have enacted the NLC. Through the NLC, a nurse can obtain one multistate license valid for practice in all NLC jurisdictions.

In 2025, the NLC marks the 25th anniversary of its implementation. An NLC 25th Anniversary Planning Committee made up of members and NCSBN staff convened over the past year to plan events throughout 2025 in recognition of this momentous occasion. The signature event was a dinner on March 10, 2025, during which members heard testimonials from some of the "founders" of the NLC. At this event, the NLC Commission also presented NCSBN leadership with the inaugural Legacy Award as a gesture of sincere appreciation for NCSBN's generous support of the NLC over the past several decades. This award signifies the NLC Commission's highest honor which can be bestowed upon an individual or organization.

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- · American Association of Nurse Anesthesiology (AANA) Annual Meeting
- American Association of Nurse Practitioners (AANP) Annual Meeting
- AANP Health Policy Conference
- · American Organization for Nursing Leadership (AONL) Annual Meeting
- · Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium

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- · Federation of Associations of Regulatory Boards (FARB) Annual Forum
- · FARB Innovation and Regulation Conference
- FARB Regulatory Law Seminar
- · International Council of Nurses (ICN)
- International Nurse Regulator Collaborative (INRC) Meeting
- National Association of Boards of Pharmacy (NABP) 120th Annual Meeting
- National Student Nurses' Association (NSNA) Annual Meeting
- Organization for Associate Degree Nursing (OADN) Annual Convention
- Sigma Theta Tau International (STTI) 36th International Nursing Research Congress
- Tri-Council Meetings
- Tri-Regulator Collaborative Meetings

Policy, Research and Education

- The BOD identified and appointed a member to fill the Area III Director vacancy on the BOD.
- The BOD reviewed and discussed the Annual Environmental Assessment Report.
- The BOD reviewed and discussed the Midyear and Annual Meeting theme and educational content.
- The BOD reviewed and discussed the Midyear Meeting and Area Meetings.
- The BOD reviewed and discussed the Model Act and Model Rules Committee report.
- The BOD reviewed and discussed the Leadership Succession Committee report.
- The BOD reviewed and discussed the Annual Research Agenda.
- The BOD reviewed and discussed the results of the 2024 National Nursing Workforce Survey.
- The BOD reviewed education and advocacy efforts within state legislatures throughout the year, including collaborative efforts with the government relations firm Prime Policy Group.
- The BOD was kept informed on the advancement of the NLC and APRN Compacts.
- The BOD reviewed the usage of NLC support funds.
- The BOD reviewed and discussed a plan for evaluating the regulatory future of the nurse aide role.

Finance

- The BOD reviewed the three-year financial forecast and approved the proposed budget for FY25.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY24.
- 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 plan year ended June 30, 2024.
- The BOD accepted the independent auditor's financial statement report for the fiscal year ended Sept. 30, 2024.
- The BOD reviewed the FY24 IRS 990 form.
- The BOD reviewed and discussed NCSBN's investment portfolio performance.

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Examinations

- The BOD reviewed the NCLEX update reports on the NCLEX examination program.
- The BOD reviewed update reports on the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Exam (MACE®) examination programs.
- The BOD approved minor revisions to various NCLEX policies.
- The BOD was kept informed of the status of content development, psychometric results and exam outcomes from the NCLEX exam.
- The BOD reviewed updates on the remote proctoring and AI project.
- The BOD reviewed the proposed 2026 NCLEX-RN and NCLEX-PN Test Plans.
- The BOD approved the 2026 NCLEX-RN and PN Standard Setting Panel of Judges.

Information Technology (IT)

- The BOD reviewed and discussed the Nursys® Annual Report.
- The BOD received an annual report on the NCSBN data security program, compliance activities and audit results.
- The BOD approved a new AI Policy.
- The BOD approved minor revisions to the IT Systems Acceptable Use policy to align with cybersecurity compliance requirements.

Operations

- The BOD reaffirmed NCSBN's mission, vision and values.
- The BOD helped to craft a strategy statement that was presented at the Midyear Meeting and will be voted on at the Annual Meeting.
- The BOD received an update on the NCLEX Online Candidate Talk-Alouds for Remote Proctoring.
- The BOD reviewed the Meeting Performance and Outcome reports.
- The BOD reviewed the usage of the Resource Fund.
- The BOD approved two new awards and changes to Policy 2.6, Member Recognition Program Policy.
- The BOD reviewed revisions to Nursys Policy 12.20.
- The BOD reviewed a report on the Member Engagement Focus Groups.

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Attachment A: **NCSBN Strategic Plan Fiscal Year 2023–2025 (FY23–25)** Annual Strategic Plan Progress Report October 2024 – May 2025

Strategic Initiative A:

Promote agile regulatory systems for relevance and responsiveness to change.

Objective 1:

Regulatory Excellence Accreditation System — Develop, pilot and evaluate regulatory excellence accreditation systems that use a mixed methods approach including organizational self-assessment, external peer review and quantitative metrics.

FY25 Accomplishments

• The project handoff and lessons learned documents were completed and uploaded to the project tool after the BOD's determination that the work on this project was completed.

Future Activities

• Additional work in this area will be discussed with the membership and next steps will be drafted as needed.

Objective 2:

Develop a pathway to reform the licensure process to increase efficiency and effectiveness of the U.S. nursing regulatory bodies.

FY25 Accomplishments

- The responsive design update for the public Nurse and Complaint portals was released in February 2025. This update makes these sites fully compatible with mobile, tablet and PC devices.
- The Web Content Accessibility Guidelines (WCAG) audit of the public Nurse and Complaint portals was completed in February 2025.
- Development and testing of the remediations for findings from the WCAG audit was completed in May 2025.

Future Activities

- A WCAG re-audit began in June 2025 to ensure that all previously identified findings have been remediated.
- The release timeline will be finalized after the re-audit report is received.

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Objective 3:

Develop a vision of Contemporary Workforce Modeling through the commission of a thoughtprovoking white paper to propose potential actions that will address contemporary challenges in nursing's workforce.

FY25 Accomplishments

• After the commissioned paper was reviewed, it was determined that further work would pause on this initiative.

Future Activities

• If work continues in this area, then the next steps would need to be determined based on the information in the paper.

Objective 4:

Collect evidence-based information to assist in the development and implementation of a United Public Safety Regulatory Model for support workers.

FY25 Accomplishments

- Analyzed findings of two focus groups conducted in 2022 and 2023.
- Finalized report of Support Worker Paper.
- Presented Report of Support Worker Paper to the NCSBN Board of Directors.

Future Activities

• No future activities are planned at this point in time.

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

The work under this initiative completed in the 2020-2022 Strategic Plan has moved forward as operational work. There are no updates to report on this initiative for FY25.

Strategic Initiative C: Strengthen the capacity, capability, diversity, and engagement of regulatory leadership.

The work under this initiative completed in the 2020-2022 Strategic Plan has moved forward as operational work. There are no updates to report on this initiative for FY25.

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

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Objective 5:

Global Core Nursing – Investigate new uses of exam items to develop a core global nurse competence assessment that includes entry-to-practice exams to support international regulatory bodies in assessing the minimal competency of domestic and internationally educated nurses that provides a means of calibrating performance across jurisdictions.

FY25 Accomplishments

- · The content and editorial team reviewed GRNE items.
- The project was placed on hold as of September 2024 and is currently still on hold.

Future Activities

• The project has been sunseted until further notice. No future activities have been planned.

Objective 7:

Remote Proctoring (NCLEX[®] Online) System Development and Implementation – Covering the research, design, development and implementation of a remote proctoring solution for NCSBN examinations.

FY25 Accomplishments

- This objective is in the development phase of the project. Throughout this fiscal year, NCSBN reviewed designs, tested and provided feedback on the software consoles.
- During the 2025 Midyear Meeting, NCSBN members were provided a progress update.
- Development efforts and progress updates will continue through the remainder of FY25.

Future Activities

• We anticipate engaging in collaborative efforts both internally and with our members as we advance into the testing phases of the project.

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Attachment B: 2026–2028 Strategic Initiative Statement



Our Strategy Statement: Bringing Clarity to Action

Dear Members,

As we approach our new strategic cycle beginning in October 2025, we are shifting from our traditional planning to a more dynamic strategic thinking approach. This evolution will help us better understand the bigger picture of our organization, clarify where we need to go and map out how we will get there together.

The board of directors recently engaged in strategic thinking sessions where we reaffirmed our core mission, vision and values and crafted a strategy statement. Now, we want to bring your voices into this vital conversation about how we can use this statement to guide our work.

Our Foundation: Mission, Vision and Values

To understand our strategy statement, it is important to review the foundation that anchors everything we do:

Our Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public. This is our purpose; why we exist and the difference we are here to make.

Our Vision: Leading regulatory excellence worldwide. This is our destination; an ambitious yet achievable future we are creating together.

Our Values: Collaboration, Transparency, Innovation, Integrity, Excellence. These principles are our character; they shape our culture and guide our behavior.

These elements are not just words on a page. They provide clarity, unite us around shared commitments, help us make better decisions, drive our strategy and create authentic connections with stakeholders.

The Power of a Strategy Statement

To put our mission, vision and values into action, we need a clear strategy statement, one that creates a bridge from aspiration to implementation. This internal compass helps us:

- · Define our objective, scope and unique advantages
- Think on a strategic level
- Realize and create value
- Maximize our impact

An effective strategy statement answers three essential questions:

- · What ultimate result do we want?
- · What do we do to best achieve it?
- How do we do it in a way that is uniquely us?

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Our Strategy Statement

After brainstorming and deliberation, the board helped develop this strategy statement which will be presented for a vote at the delegate assembly:

"To protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

This statement powerfully aligns our objectives, scope and unique advantages:

Our Objective: Public protection and preserving trust in nursing. This focuses on that critical moment between a nurse and patient – ensuring the public's confidence that care is safe and competent.

Our Scope: We operate within the public protection/health, nursing and regulatory spaces.

Our Unique Advantages: We deliver value through three distinct "buckets":

- Solutions: Systems and services that demonstrate effectiveness (e.g., NCLEX, Nursys, Orbs)
- Insights: Data and its meaningful interpretation (e.g., JNR, Policy)
- Expertise: The collective knowledge and experience of our members and staff (e.g., LSC, ICRS)

This framework provides a shorthand way to organize and communicate our work across practical tools, intellectual contributions and our people.

We look forward to presenting this strategy statement at the delegate assembly and hearing your thoughts on how to best bring it to life.

Best Regards,

They D. Dickison

Phil Dickison, PhD, RN Chief Executive Officer NCSBN

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Report of the Leadership Succession Committee (LSC)

Committee Recommendations to the Delegate Assembly:

Adopt the fiscal year 2025 (FY25) slate of candidates presented by the LSC through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors (BOD) and LSC.

Rationale:

The LSC has prepared the 2025 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.

Fiscal Impact: Incorporated into the FY26 budget.

Background

Created by a revision to the NCSBN Bylaws at the 2007 Delegate Assembly, the LSC aimed to build upon the work of the Committee on Nominations by ensuring that succession planning is built into the structure of the organization with the rationale that organizational leadership is a strategic, year-round process and that leaders are developed through careful planning, cultivation, orientation, education and involvement in NCSBN.

The LSC has become a visible participant in engaging members in their leadership journeys by enhancing members' awareness of resources available to them, along with assisting in the identification of potential leaders to run for NCSBN office through peer recognition and networking.

The LSC strategies include verbal presentations during NCSBN knowledge network calls, and revision of key elements associated with the nominating and candidate campaign processes including the Leadership Succession Toolkit which is designed to foster a year-round focus on leadership succession.

Per the bylaws, the Leadership Succession Committee considers the qualifications of all nominees for officers and directors of the Board of Directors (BOD) and the LSC and presents a qualified slate of candidates for vote at the Annual Meeting.

For FY25, the committee met once virtually, and twice in-person to complete its charge. The committee members made themselves available on-site at the March 2025 NCSBN Midyear Meeting in Pittsburgh.

Committee Members

Cathy Dinauer, MSN, RN Nevada, Area I Member, Chair

Maureen Bentz, MSN, RN, CNML North Dakota, Area II Member

Adrian Guerrero, CPM Kansas, Area II (Member-at-Large)

Janice Hooper, PhD, RN, FRE, CNE Texas, Area III Member

Linda Kmetz, PhD, RN Pennsylvania, Area IV Member

Patricia Motl, RN Nebraska, Area II (Member-at-Large)

Cindy Smith, MN, RN Saskatchewan, Exam User Member (Member-at-Large)

Committee Staff

Jim Cleghorn, MA Deputy Chief Officer, Policy, Research & Education

Jenifer Kohl

Manager, Administration, Policy, Research & Education

Meeting Dates

Oct. 17, 2024 (Virtual Meeting)

Jan. 13-14, 2025 (In-person Meeting)

April 7–8, 2025 (In-person Meeting) – Applicant Interviews

Relationship to Strategic Plan

Strategic Initiative C: Strengthen the capacity, capability, diversity and engagement of

Attachments

regulatory leadership.

Attachment A: 2025 Slate of Candidates

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FY25 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the LSC charge for FY25:

- Reviewed survey responses from FY25 candidates and applicants.
- Collaborated with NCSBN's Marketing & Advocacy department to update resources for membership, including the <u>Leadership Succession Toolkit</u>, LSC Flyer and scripts for NCSBN Knowledge Network meeting pitches.
- Collaborated with Marketing and Advocacy to reorganize public and private NCSBN LSC web pages.
- Reviewed additional edits to LSC Policy 1.0 to ensure congruence with NCSBN Delegate Assembly Standing Rules.
- Provided information to NCSBN membership about positions open for applications and application process via:
 - A. Open Leadership Positions page on ncsbn.org, including a link to the application for BOD and LSC positions as well as application questions and commitment and eligibility requirements
 - B. NCSBN Knowledge Network pitches presented by committee members
 - C. Mailchimp email campaign
 - D. LSC Chair's presentation and LSC Video at the 2025 Midyear Meeting
 - E. On-site LSC Lounge at the 2025 Midyear Meeting
 - F. Open position information displayed during breaks at 2025 Midyear Meeting
 - G. Provided a Leadership Recognition Card to in person and virtual attendees at Midyear Meeting to encourage members to acknowledge themselves or another member as a potential applicant
- Followed up and provided information to those who were nominated via the recognition cards.
- · Provided resources to applicants for preparation of their interview with the LSC including:
 - A. NCSBN Mission & Vision Statements
 - B. NCSBN Bylaws
 - C. NCSBN 2023-2025 Strategic Plan
 - D. NCSBN 101 Course
 - E. NCSBN Committee Information
 - F. Public and private NCSBN LSC web pages
- · Interviewed 11 applicants virtually for seven open positions.
- Presented a slate of 10 candidates to the NCSBN membership.
- · Provided resources to slate candidates:
 - A. Candidate webinar
 - B. Candidate webpage on the NCSBN website for candidate campaign materials

Future Activities

- Present the 2025 Slate of Candidates to the NCSBN Membership.
- Incorporate the Leadership Succession Toolkit in NCSBN educational offerings to membership EO and Presidents.
- Collaborate with NCSBN's Marketing & Advocacy staff to reimagine the committee's outreach and engagement strategies.

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Attachment A: 2025 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee (LSC). Each candidate profile is taken directly from the candidate's application form. The Candidate Forum will provide the opportunity for candidates to address the 2025 Delegate Assembly.

Board of Directors

Treasurer		
Lori Scheidt	Missouri, Area II	page 32
Area I Director		
Alison Bradywood	Washington, Area I	page 34
Carolyn Jo McCormies	Arizona, Area I	page 36
Area II Director		
Sue Painter	West Virginia, Area II	page 38
Area III Director		
Jenny Barnhouse	Oklahoma, Area III	page 40
Jody Long	Florida, Area III	page 42
John Whitcomb	South Carolina, Area III	page 44
Area IV Director		
Barbara Blozen	New Jersey, Area IV	page 46
Leadership Succession Committee		

Area I Member

Reuben Argel	Washington, Area I	page 48
Patty Wolf	Alaska, Area I	<u>page 49</u>

Area III Member

Vacant

Note: Candidates' responses were edited to correct for formatting and have not been altered in any other way. **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:

- Describe your professional, regulatory and community experience.
- 2. Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.
- Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Leadership Succession Committee:

- Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.
- 2. Detail the personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/ conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) that make you a strong fit for the Leadership Succession Committee.
- Identify the attributes of effective leaders and explain what leadership means to you.

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Board of Directors

Treasurer

Lori Scheidt, MBA-HCM

Executive Director, Missouri Board of Nursing

Describe your professional, regulatory and community experience.

During my tenure, I was afforded the opportunity to perform nearly every position within our Board due to vacancies. These varied leadership experiences, along with my determination to improve nursing regulation and public protection, led to my tenure as the Executive Director of the Missouri State Board of Nursing, a position I have served in since 2001.

I earned an Associate in Arts from Columbia College in 1997, a Bachelor of Science in Computer Information Management from William Woods University in 2000, and an MBA in Healthcare Management from Western Governors University in 2012. I also became Just Culture certified in 2013. I earned my International Center for Regulatory Scholarship (ICRS) certificate in 2022. In 2002, I also earned certification as a Certified Nonprofit Accounting Professional.

I currently serve on the NCSBN Board as the Treasurer. I had the privilege to serve two years as vice-chair of the Nurse Licensure Compact Administrators. I have served on numerous NCSBN committees as follows:

- Chair, NLC Compliance Committee 2020-Present
- NLC Technology Task Force 2020-Present
- Chair, Fraud Detection Committee 2015
- Discipline Effective Practices
 Subcommittee 2014-2015
- Chair, Member Board Agreement Review Committee 2013

- Awards Panel 2004-2006
- CORE 2005
- Nursys Advisory Panel 2003-2004
- Test Service Technical Subcommittee 2001-2002
- Examination Committee 1997-2000
- NCLEX Evaluation Task Force 1996
- Committee for Special Projects (CAT) 1995
- Nurse Licensure Models Committee 2011-2012

I am a member of the Missouri Healthcare Workforce Coalition. Through my leadership, our Board has been awarded a Governor's Award for Quality and Productivity for improvements in nursing investigations and NCSBN's Regulatory Achievement Award in 2012. I received the NCSBN Outstanding Achievement Award, Meritorious Service Award and R. Louise McManus Award.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

An adverse health event in my family fueled my passion for public protection work. I believe in what we do and our ability to make a difference. I am motivated and actively engaged in the organization. I possess the duty to care, duty of loyalty and duty of obedience to continue to be a contributing member of the board. I am a strategic thinker and believe my strong and varied board operations background adds perspective and balance to the Board. I am also very driven. If there is a challenge, I will work hard to find a solution. I had my first job when I was 12 years old and haven't stopped working since that time. I am a hard worker and will continue to work hard to further the mission of the National Council of State Boards of Nursing. I pledge to continue to actively listen to the membership and remain engaged with all aspects of the organization. I have the support of the board members and office team members in my state.





I spearheaded an initiative to use board funds to issue grants to nursing education programs. To date, the board has awarded more than \$24 million in grants to nursing education programs to improve infrastructure so programs can admit more students. I obtained certification as a nonprofit accounting professional to further my competencies, not only for this grant work, but for the fiduciary responsibility of serving on the NCSBN Board of Directors.

I have embraced every opportunity through NCSBN including serving on multiple committees, serving on the Board of Directors and obtaining an ICRS certificate.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I remain actively engaged in working on the strategic initiative to champion regulatory solutions to address borderless health care delivery. Specifically, I worked with the NCSBN team to analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how we might address those by utilizing an exchange of nurse licensure, discipline and education information beyond borders. We surveyed nursing regulatory bodies to get a snapshot of current requirements and processes. This was followed by focus group session at an NCSBN annual meeting and small group meetings in Chicago. The final outcome would be to enhance public protection and streamline licensure processes for all nurses. We also need to tackle how our U.S.-educated nurses can more efficiently obtain authorization to practice in other countries. Regulatory boards need to continue to rise to the challenge to offer flexible regulatory options without sacrificing public protection. We need to continue to develop strategic alliances with other agencies and international partners. Having a more thorough understanding of how education and licensure works in other disciplines and countries will widen our body of knowledge and potential solutions. By thinking outside the traditional box, NCSBN can help form these alliances and research various regulatory options to keep the public safe while increasing numbers in the workforce. For NCSBN to accomplish these goals, they need experienced members on the Board of Directors, like myself, with vast regulatory experiences and a strong work ethic to continue moving NCSBN forward.

All of this fits into the larger strategic initiative of promoting agile regulatory systems for relevance and responsiveness to change. We have experienced many challenges, including the most recent risk of fraudulent diplomas. Rapid and dynamic innovations make nursing regulation a challenging task. Technology must be leveraged to be more efficient and responsive through real time monitoring and continuous data collection. This will enable us to manage risk more effectively and revise frameworks. The current analysis of the model act and rules serves as a solid foundation for this work. This is exciting work involving many committee members that bring their own perspectives to the table. The "listening tours" NCSBN is conducting is another way to discover challenges and develop a plan. None of this is possible without strong financial support and oversight. As a board member, I will continue to listen to the membership and incorporate the knowledge gained from the listening tours and committee work to further develop the strategic plan.

2025 NCSBN BUSINESS BOOK

Board of Directors

Area I Director

Alison Bradywood, DNP, MN/MPH, RN, NEA-BC

Executive Director, Washington State Board of Nursing

Describe your professional, regulatory and community experience.

Starting as a Peace Corps volunteer, I had an early commitment to public service. I have continually reframed this passion for community health, first in my patient assignment when I became a nurse, my students as I taught clinicals, my unit as I became a nursing director, the health system as the senior director of quality and



education through COVID-19, and >1,000 nurses as the Chief Nursing Officer. Through my doctorate program, I implemented a social determinant of health screening tool which spread across clinics, acute care hospitals, and has informed state guidelines. This work bridged patient's home context and their brief healthcare system interactions. My "community" continually required change and leadership to meet people where they were and create improvements together.

I led an outpatient clinic, homeless shelter, and long-term care facility caring for HIV/AIDS patients struggling with homelessness, mental health and substance issues. This amazing experience reminded me of why I am a nurse and my passion for our profession. As a regulatory and leadership consultant, I supported the largest long-term care facility with a similar patient population, Laguna Honda Hospital in San Francisco. On the verge of Medicare de-certification and with no option for patient placement, we empowered change quickly and sustainably, accomplishing the impossible.

Now as the executive director, I have developed regulation and implemented programs to support nurses, the workforce, and our communities. The board has had its first successful request legislation, joined the Nurse Licensure Compact, and established transparent metrics for our work. I have challenged processes, considered new options for regulation, and enhanced community involvement for sustainable change.

I continue to volunteer abroad in the Maldives and Nepal, and in Seattle through public clinics. Finally, my dog and I provide animal-assisted therapy in an acute care hospital, supporting nursing and provider mental health.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I have a passion for leadership that encompasses frontline team involvement to strategic vision. My key leadership qualities include clear and direct communication, focus on measurement and data-driven practices, and innovation. Both leadership and regulation involve integrity to uphold standards, and it is my responsibility to provide clear expectations across stakeholder groups. I believe that this can be done in a supportive way to build trust in our institutions while guiding public protection and health. Additionally, I am unique in my ability to focus on operational details, planning for successful implementation. Embracing feasibility and innovation, I have challenged current norms and through careful communication, brought along stakeholders through difficult changes.

As an example, I met with our nurses during the pandemic to detail mask shortages and welcome suggestions on appropriate distribution. This conversation made all the difference; transparency and shared decision-making allowed nurses to see the issue clearly and support allocation to priority hospital units, while others went without. Similarly, discussions about new methods of nursing assistant testing have challenged state agencies, public stakeholder groups, training programs, and my own staff. Despite this, we have 87 of the 187 state programs

voluntarily enrolled in our current skills testing pilot program, support from CMS and DSHS, and buy-in from staff as we set national precedent, most importantly easing the burden of students.

I believe in connecting data and stories to lead change. Measurement as a part of process improvement is essential to establish objective change and leverage data for decision-making. Likewise, student, licensee, or patient stories make data meaningful, demonstrating the impact to those that we serve and reminding us why trust in nursing is essential. I have honed these skills to create positive impact for our nurses and communities, I would be thrilled to contribute to the NCSBN mission.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Strategic Initiative A, promoting agile regulatory systems for relevance and responsiveness to change, strongly resonates with my passion for right-touch and innovative regulation. Our environment and healthcare industry continues to evolve at a rapid pace. NCSBN's leadership in setting standards and offering new approaches, balances public protection and interests of the nursing workforce.

Recent critiques of regulatory boards claim that they are too generous on discipline and too structured in limiting access to the field. I think the question posed in this should be considered. Are we recommending national guidelines that support low-barrier access to a profession that strongly benefits from diversity of experience, while upholding safety? Are we supporting boards to have the tools needed to adjudicate issues with substance use, mental health, or discipline? And finally, do we have a collaborative culture where we can best leverage learnings to forward goals in each state?

As a member of the board, I would encourage us to be introspective on the rationale for some long-established standards, particularly when there is data to suggest alternative approaches or an unclear correlation with public safety. Successes in license portability demonstrate opportunities to expand compacts, model rules, and state guidelines to enable nurses' trust in boards. I would advocate that NCSBN be a clearinghouse for tools and state-level best practices that provide accessible options to improve regulatory approaches. As an example, alternative to discipline programs vary across the country. Which states are successful in increasing entry, graduation, and reducing recidivism? A toolkit that offers policy, programmatic structure, and ROI/cost could be informed by boards and support executive turnover, promoting internal research on progressive approaches and quickly spreading learnings.

My leadership experience demonstrates proven results in environmental assessment, responsiveness to challenges, and providing tangible tools for operational and strategic teams. I strongly believe in human factors theory, supporting people to "do the right thing" by developing processes that encourage positive change. As I have delved into existing structures in Washington, I have found opportunities to foster relationships and shift the board's identity to one that is a partner across nursing organizations, state agencies, and the healthcare industry. I have addressed policy and programmatic barriers: outdated licensure standards, a stalled alternative-to-discipline program, and excessively punitive standards. I have led our board in new areas with our first successful request legislation, new interagency work with best-practice guidance for Medi-spas across seven professions, and pilot projects to decrease barriers in nursing assistant training. I lead through leveraging teams' strengths with a focus on excellence, possibility, and vision; collective success underpins my passion for leadership.

NCSBN is well-positioned for the next iteration of regulatory excellence and collaboration. Being responsive and current in our regulatory structures and processes ensures that our work remains centered in nursing and policy domains. I would be proud to support its mission and contribute my expertise to continue to evolve nursing regulation.

2025 NCSBN BUSINESS BOOK

Board of Directors

Area I Director

Carolyn Jo McCormies, MSN, RN, FNP-BC

Board Member, Arizona State Board of Nursing

Describe your professional, regulatory and community experience.

I have dedicated over 30 years to nursing, serving as a Registered Nurse and a Board-Certified Family Nurse Practitioner. Currently, I provide healthcare to Native American communities in southeastern Arizona, demonstrating my commitment to rural and underserved populations. With extensive clinical experience across various nursing specialties, I have also taken part in medical missions to Honduras and the Dominican Republic. I value education and have worked in every level of nursing, beginning as a nursing assistant, then as an LPN, an RN, and an APRN. As a nursing educator, I discovered a passion for teaching. I served as program director for over 14 years, achieving accreditation and helping shape the next generation of nurses. My contributions to nursing regulation are significant. I have served on the Arizona State Board of Nursing (AZBN) and am now in my fifth year as board president. In that capacity, I have taken part in all three AZBN subcommittees and contributed to national nursing standards, including writing NCLEX® questions and serving on the 2019 NCLEX® RN exam standard-setting panel. I remain actively involved with the NCSBN, attending key meetings and serving on the Awards Committee. In 2024, I took part in the Second ICRS Advanced Leadership Institute. I am also a Commissioner for the Accreditation Commission for Education in Nursing (ACEN) and a longtime peer evaluator. I also served the National League for Nursing (NLN), as a site visitor and a selection committee member for the Center of Excellence designation. Additionally, I served for many years on my local community hospital board. I hold a BSN, an MS-FNP, and am a candidate for my DNP July 2025. In 2017, I received the Arizona Nurses Association's "Outstanding Nurse Champion" award. Although I belong to multiple professional organizations, my most cherished roles are wife, mother, and grandmother.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I possess key characteristics essential for serving on the NCSBN Board of Directors, including integrity, courage, and deep nursing knowledge. My integrity is evident in my longstanding commitment to nursing regulation, education, and clinical practice. I have over two decades as a Board-Certified Family Nurse Practitioner; I have consistently demonstrated ethical leadership. Serving for five years as president of the Arizona State Board of Nursing (AZBN) underscores my dedication to upholding the highest standards of public protection and professional accountability. My work in accreditation, peer evaluation, and NCLEX® exam development further reflects my commitment to fairness and excellence in nursing. In leadership roles, I show courage by making hard decisions that affect nursing practice, education, and patient safety. Whether on the AZBN's Education, Advanced Practice, or Scope of Practice Committees, I have tackled complex regulatory challenges with confidence. Participation in the Second ICRS Advanced Leadership Institute highlights my belief in advancing nursing through bold and informed decision-making. My extensive nursing practice, education, and regulation knowledge make me a valuable asset to the NCSBN Board of Directors. As a former nursing program director, ACEN Commissioner, and an NCLEX® contributor, I understand nursing competency and licensure standards comprehensively. Additionally, my experience in rural healthcare and working with underserved communities afford me a critical perspective on workforce needs and healthcare disparities. With a record of ethical leadership, fearless advocacy, and regulatory expertise, I am exceptionally well-equipped to fulfill the responsibilities of the NCSBN Board of Directors and ensure the highest standards in nursing regulation and public protection.

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Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I am exceptionally positioned to contribute to the NCSBN's strategic initiative to strengthen regulatory leadership's capacity, capability, diversity, and engagement. With extensive experience in nursing regulation, education, and practice, I bring a unique blend of expertise that aligns directly with this initiative. I have steadfastly committed to building regulatory capacity through my leadership on the Arizona State Board of Nursing (AZBN). I have served as board president for five years and on the board for over ten years. My work on the Education Advisory, Advanced Practice, and Scope of Practice subcommittees reflects a deep understanding of nursing regulation and an ability to guide policy development. I have also been actively involved with the NCSBN through participation in midyear and annual meetings, the Awards Committee, and the Second ICRS Advanced Leadership Institute. As healthcare evolves, regulation must be both evidence-based and forwardthinking—an evolution I have the experience and expertise to support. Effective governance is the foundation of strong regulatory leadership. As a commissioner for the Accreditation Commission for Education in Nursing (ACEN), my ability to navigate complex regulatory challenges, set competency standards, and assess nursing education quality has been demonstrated, reinforcing my capacity to evaluate and improve nursing education nationally. Inclusivity and engagement are at the heart of effective leadership. My dedication to diversity in nursing leadership is evident in my work with underserved populations. As an APRN serving Native American communities, I bring valuable insight into diverse populations' healthcare challenges. My advocacy for rural healthcare strengthens the board's ability to address workforce shortages and ensures that regulatory policies consider the needs of all communities, not just urban centers. Taking part in international medical missions has expanded my global perspective and cultural competency-attributes vital in an increasingly diverse healthcare landscape. I am committed to engaging and mentoring future regulatory leaders. As the former director of a nursing program, I have firsthand experience developing curricula aligned with regulatory expectations. My work writing NCLEX® questions reflects my dedication to ensuring new nurses are well prepared for practice. Active involvement in professional organizations further highlights my commitment to collaboration and knowledgesharing, enabling me to foster engagement within the nursing and regulatory communities. My background spans hospital administration, academia, regulation, and practice, providing me with proven leadership skills, a dedication to diversity, and the talent to cultivate future leaders. These qualities make me well suited to help the NCSBN enhance regulatory leadership, promote inclusivity, and strengthen the nursing workforce, ensuring safe and effective patient care. I humbly ask for your vote and your confidence in my ability to serve as your Area Director I. By voting for me, you are choosing a leader dedicated to strengthening our regulatory framework, encouraging innovation, and fostering inclusive leadership. Together, let us ensure the future of nursing remains bright, united, and responsive to the evolving needs of both our workforce and the communities we serve.

2025 NCSBN BUSINESS BOOK

Board of Directors

Area II Director

Sue Painter, DNP, MSN, RN

Executive Director, West Virginia Board of Registered Nurses

Describe your professional, regulatory and community experience.

My career initially focused on clinical practice, starting as a surgical extern and then working in a medical-surgical unit to gain a well-rounded foundation. The next phase of my journey was centered on education in acute care hospitals and pre-licensure nursing education. Most of my professional experience has taken place in leadership roles, ranging from charge nurse to Chief Nursing Officer, where I managed clinical operations for inpatient and outpatient services. The latter part of my career involved working as a national consultant in patient safety and quality.

With this extensive background, I bring a unique perspective to this role. As the Executive Director of the West Virginia Board of Registered Nurses for nine years, my background and experience with NCSBN have influenced my relational regulation style. All legislative rules have been updated since 2017 with the creation of 2 new rules. The discipline process was modified to triage complaints and assign a level of severity to ensure the timely initiation of an investigation. Since 2018, an Annual Board Dashboard was published to enhance Board Transparency. Initiated use of the web-based software, which allows secure web-based access to materials for Board and Committee meetings.

I was appointed to the Finance Committee in September 2019 and served two terms. My experience in operations and financial management, combined with my knowledge of investments, allowed me to make valuable contributions to the committee.

In my community, the West Virginia Camp for Children with Diabetes, known as Camp Kno-Koma, has been a passion of mine. Volunteers provide camp experiences for approximately 150 children each summer. I began volunteering as a registered nurse in 2001 and was elected to the Board of Directors in 2002, where I continue to serve. Although the week is demanding, the experience is gratifying, and I am "hooked" for life.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

What is a characteristic? According to the Encyclopedia Britannica, a unique quality or trait distinguishes a person, thing, or group from others. This is not a topic one often considers until prompted. I aspire to "make a difference." Many have described me as personable, equitable, and approachable, able to engage with others meaningfully. My other traits include proven leadership, effective communication, and the capacity to execute a clear vision and outcomes plan. I am self-motivated, compassionate, and energetic, with a sense of humor. I am also decisive, results-oriented, and skilled at gaining understanding and support for excellence. I thrive in ambiguous situations and build trust, establishing credibility with staff within the organization and externally with legislators, other state agencies, and professional organizations.

Throughout my career, I have served on various boards. In the past, I was elected to the West Virginia Organization of Nurse Leaders, where I served as President-elect and then President. As President, I represented the organization on other boards as well. I have been on the Board of Directors for Camp Kno-Koma for over 20 years. As a member of the board of this non-profit organization, the assets have grown from a minimum to more than 1 million dollars. Most recently, I was elected Secretary to the Board of Directors for the National Organization of Alternative Programs (NOAP). Recently, I have been elected to the West Virginia Chapter 30 Boards Association as Secretary/Treasurer. For the state of West Virginia, I was appointed to the Privacy Management Team, representing all Chapter 30 Boards and Commissions and the West Virginia Information Technology Advisory Council.

The characteristic I am most proud of was being selected for the Integrity Award within an organization of more than 1,500 employees.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I have said this before: "Throughout my career, I have engaged with numerous organizations that promise support but often fail to deliver." In contrast, NCSBN is the gold standard in regulatory excellence. This organization remains at the forefront of change and innovation, continually evolving regulatory systems. The unparalleled expertise of NCSBN's dedicated membership and staff distinguishes it from the rest. Strategic Initiative A promotes agile regulatory systems that are relevant and responsive to change. This initiative remains at the top of my bucket list as a regulator. Now, more than ever, responsiveness to change is paramount to protecting the public. Innovative systems like the Nurse Licensure Compact (NLC), the APRN Compact, the Optimal Regulatory Board System (ORBS), and Nursys' are direct NCSBN responses to these challenges.

As a board member, I desire to elevate the modernization of regulatory systems to a higher level. We can advance to the next level by opening our thinking and moving beyond the status quo. What is the next level? A focus on the tangible needs for public protection throughout the nation. This sounds so easy.

As the workforce becomes increasingly mobile, implementing a unique nurse identifier would help Boards of Nursing (BONs) accurately review the correct individuals when considering applications. Identifying a nurse can often be challenging; for example, a nurse might transpose a number or letter on their application, leading to delays in licensure. In such cases, the BON may need to gather additional personal information to resolve the issue. For nurses licensed in multiple jurisdictions -in various roles such as LPNs/LVNs, RNs, or APRNs- the assortment of numbers and letters can be overwhelming. Understandably, errors occur.

Instead of relying on cumbersome state-specific license numbers for temporary permits and varying levels of licensure -single-state or multi-state- a unique numeric code assigned to each nurse would significantly streamline identification. This code would be issued upon approval to take the NCLEX exam. It would remain linked to the nurse throughout their career, making it a beneficial solution for nursing professionals. This single identifier would consolidate critical information such as addresses, education, disciplinary actions, and aliases associated with each nurse for our member boards. Providing effective model language to the Boards of Nursing (BONs) for legislative action is vital to realizing the vision of a unique identifier. Simplifying the process with one number per nurse is not just practical; it represents a forward-thinking advancement in regulatory efficiency.

2025 NCSBN BUSINESS BOOK

Board of Directors

Area III Director

Jenny Barnhouse, DNP, RN

Executive Director, Oklahoma Board of Nursing

Describe your professional, regulatory and community experience.

I currently serve as the Executive Director and Nurse Licensure Compact Commissioner for the state of Oklahoma and as the NCSBN Area III Director. As a Registered Nurse for 29 years, I have had the privilege of working in a variety of settings to include patient care, nursing education, and nursing regulation. I hold a Doctor of Nursing Practice (DNP) degree from The George Washington University with an emphasis in health policy and a Master's of Science degree from the University of Oklahoma with a focus in nursing education. My DNP research project examined relapse indicators among nurses in Oklahoma's Alternative-to-Discipline Program.

In my role as Executive Director, I am committed to working with my Board and local and national stakeholders on matters of legislation and best practices in nursing regulation, education, and practice for public protection, while managing the finances and operations of the agency. I have had the privilege of serving as Oklahoma's Peer Assistance Program Coordinator, in which I administered the Board of Nursing's Alternative-to-Discipline program, and served on the Oklahoma Governor's Prescription Drug Workgroup. Prior to my employment with the agency, I was appointed by the Oklahoma Board of Nursing as a Peer Assistance Program Committee member for three consecutive terms, wherein I served on committee with other health professionals, to monitor the rehabilitation and practice of nurses with substance use disorder.

My commitment to service and leadership at the national level is evident through my roles as Member-At-Large on the Nurse Licensure Compact (NLC) Executive Committee, member of the NLC Compliance Committee, member of the NLC Research Committee, member of the NCSBN Model Act & Rules Committee, and as a member of Commission on Collegiate Nursing Education (CCNE) Residency Accreditation Committee. In my academic career, I was involved in university governance initiatives and initiatives through the Oklahoma City Veterans Administration with their Nurse Academic-Practice Partnership.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

My passion for transformational leadership, loyalty to mission, and innovation, guided by the principles of integrity, transparency, and excellence are what make me a strong fit to fulfill the role of Area III Director.

Having both parents in the healthcare field and a father in the military, I was raised with a healthy dose of discipline and grit. I began my leadership experiences as far back as middle school, running for class officer and student council and have had a continued passion for leadership ever since. Throughout my career, I have been offered opportunities to serve others in a variety of ways, thus shaping my core values. Nursing practice, education and regulation have refined my abilities to actively listen, work in teams, negotiate, and effectively communicate. I believe in and support NCSBN's mission to empower and support nurse regulators in their mandate to protect the public and want to serve the membership in facilitating NCSBN's vision to lead regulatory excellence worldwide. I have participated in NCSBN's ICRS development courses, have served as a voting delegate at the NCSBN Annual meetings, attend the NCSBN Midyear meetings and Executive Officer Summits. Finally, serving on the NLC Executive Committee has given me experience in governance at the national level. Along with my formal education, these experiences have developed and sharpened my leadership skills.

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Appointed by the NCSBN Board of Directors in 2024 to the Area III Director position, it would be a great honor to continue my service to the membership for a full term.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Strategic Initiative: Promote agile regulatory systems for relevance and responsiveness to change.

Germane to the promotion of agile regulatory systems is an awareness and an understanding of the needs of the public in a rapidly changing society, economy and environment. With new leadership at the helm, I believe the organization is becoming aware of these needs through a careful assessment with the esteemed membership. As a current member of the Board of Directors, I have a front row seat in observing the passion and commitment of the organization's leadership to actively listen and learn from key stakeholders. I believe it is through this communication that NCSBN will create the desired future state for the organization to be relevant and responsive to support Boards of Nursing in their mandate to protect the public, well into the future. It is a very exciting time to be an active participant in learning from you and other key stakeholders, so collaboratively, we can create an agile regulatory system to ensure public protection in every moment.

Board of Directors

Area III Director

Jody Long, MSN, MBA, RN, CEN

Board Member, Florida Board of Nursing

Describe your professional, regulatory and community experience.

With NCSBN: Served on the NIRSC Committee, currently on the Model Act and Rules Committee, and have volunteered for additional projects as needed

With Florida Board: Credentials A Committee Chair, PCP Panel Member, Worked to develop language for Florida Rules with Board Staff, Unlicensed Activity Liaison,

Volunteered with Florida Center for Nursing for Leadership and Advocacy Series, and Advocate for Leadership Development Committee in Florida

Professional: Over 25 years of Nursing experience ranging from bedside, leadership, organizational administration, healthcare technology and Provider Groups. Active in professional organizations (ENA, ANA, HIMSS) and am a mentor for both ANA and HIMSS. Professional mission for unburdening the bedside provider and reducing friction amongst the healthcare ecosystem. Nursing advocate in the regulatory and professional segment.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

Leadership and Governance Experience: Proven track record in leadership roles within healthcare and nursing organizations, demonstrating the ability to guide strategic direction and policy implementation.

Expertise in Nursing and Healthcare: Deep understanding of nursing practice, education, and regulation, with experience in clinical and administrative settings.

Commitment to Public Health and Safety: Dedication to advancing public health, safety, and welfare through effective nursing regulation and advocacy.

Collaborative Skills: Ability to work collaboratively with diverse stakeholders, including board members, regulatory bodies, and healthcare professionals, to achieve common goals.

Ethical Integrity: Strong ethical standards and integrity, ensuring decisions and actions align with the mission and values of NCSBN.

Strategic Thinking: Capacity for strategic thinking and long-term planning to address emerging challenges and opportunities in nursing regulation and healthcare.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Promote Agile Regulatory Systems - Contributing to this strategic initiative involves several key actions:

Stay Informed on Healthcare Trends: By being involved in multiple professional organizations I can regularly monitor and analyze emerging trends, technologies, and practices in healthcare to identify areas where regulatory systems may need to adapt.

Collaborate with Stakeholders: By having a large network and presence in the healthcare space, I can and know how to work closely with healthcare providers, educators, policymakers, and other regulatory bodies to gather diverse perspectives and insights on regulatory needs and challenges.

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Advocate for Policy Changes: Have a deep passion to propose and support policy changes that enhance the flexibility and responsiveness of regulatory frameworks, ensuring they remain relevant in a rapidly evolving healthcare landscape.

Leverage Technology: Having an extensive background in healthcare technology and AI development, I can utilize advanced technologies, such as data analytics and augmented intelligence, to improve regulatory processes and decision-making.

Promote a Culture of Innovation: Innovation is a passion, I can encourage a culture within the organization that values innovation, adaptability, and proactive problem-solving.

Board of Directors

Area III Director

John Whitcomb, PhD, RN, CCRN, FCCM

Board Member, South Carolina Board of Nursing

Describe your professional, regulatory and community experience.

Regulatory and Professional Leadership: In South Carolina, I am a Board Member and Secretary for the State Board of Nursing. I served on the Investigational Review Committee (now Investigational Review Conference) for seven years, collaborating with diverse professionals to evaluate clinical research protocols, enhancing my



understanding of research ethics and compliance. I also served on the Advisory Committee on Nursing Education (ACONE), advising the South Carolina Board of Nursing on 47 nursing programs. As Chair of Deans and Directors, I contributed to curriculum development, program approval, and quality assurance. At Clemson University, Faculty Senate, serving as President during the global pandemic, a period of unprecedented challenges. National Leadership: I have been a member of the American Association of Critical Care Nurses (AACN) since 1995, serving on the Board of Directors (2007-2010) and the Certification Corporation (2008-2010). I have been involved with the Society of Critical Care Medicine (SCCM), serving as President of the Carolina/Virginia Chapter and as Chair of the Scientific Review Committee. As President of the South Carolina League of Nurses (2014-2016), I advocated for improved nursing practice, policy, and professional development. Military Service: Prior to academia, I served in the U.S. Navy for 26 years, initially as a Hospital Corpsman and later as a Navy Nurse, retiring as Commander (O-5). I gained critical care expertise as the Trauma Training Officer for the White House Medical Staff and Specialty Advisor to the Surgeon General, Critical Care Nursing, providing care during Operation Iraqi Freedom. Editorial Board member for Dimensions of Critical Care Nursing and a grant reviewer for the NIH. In summary, my diverse experiences across academic, clinical, regulatory, and military settings have shaped me into a leader committed to advancing the nursing profession and improving patient outcomes.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I am confident that my extensive background in regulatory, professional, academic, and military leadership, paired with the values of the NCSBN of collaboration, transparency, innovation, integrity, and excellence, uniquely position me to contribute meaningfully to the Board of Directors (BOD). Over my 34-year career in nursing, I have consistently sought opportunities to lead and foster positive change while adhering to the highest standards of professionalism and ethics. My multifaceted leadership experience in academic, clinical, regulatory, and military settings, combined with my values makes me a strong fit to fulfill the responsibilities of the Board of Directors. I am dedicated to advancing the nursing profession, advocating for patient outcomes, and ensuring that our profession thrives in a dynamic and complex healthcare environment. Regulatory and Professional Leadership: In South Carolina, I served on the Investigational Review Committee (now Investigational Review Conference) for seven years, where I collaborated with a diverse group of professionals to evaluate clinical research protocols. This experience deepened my understanding of research ethics, compliance, and regulatory processes. As a member of the Advisory Committee on Nursing Education (ACONE), I advised the South Carolina Board of Nursing on 47 nursing programs, contributing to curriculum development, program approval, and quality assurance. My leadership as Chair of the Deans and Directors allowed me to guide critical decisions regarding nursing education, ensuring that programs met rigorous standards to prepare students for a rapidly evolving healthcare landscape. Additionally, I served as President of the Faculty Senate during the global pandemic, a time of immense challenge that tested my capacity for transparent communication, decision-making, and

fostering collaboration under pressure. National Leadership: I championed initiatives to improve nursing practice and policy, advocating for legislative support and professional development. My leadership roles in organizations reflect my ability to collaborate with diverse stakeholders, build consensus, and drive impactful change.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Promote agile regulatory systems for relevance and responsiveness to change: As a member of the Advisory Committee on Nursing Education (ACONE) in South Carolina, I worked closely with the South Carolina Board of Nursing to evaluate and advise on nursing programs across the state. Given the rapid pace of healthcare innovation and the growing complexity of nursing practice, it was imperative to ensure that the regulatory framework for nursing education was flexible enough to accommodate new advancements in healthcare delivery, as well as shifts in educational delivery, such as the growing use of simulation and online learning. My time on the investigational Review Committee provided priceless insight on regulatory issues that we are faced with as well as other state board of nursing. On a national level, my leadership within the American Association of Critical Care Nurses (AACN) and Society of Critical Care Medicine (SCCM) further exemplifies my commitment to agile regulatory frameworks. As a member of the AACN Board of Directors and the Certification Corporation, I was involved in overseeing the adaptation of certification and credentialing processes to respond to changing clinical competencies and healthcare trends. I collaborated with leaders from various sectors to ensure that certification standards were regularly updated to reflect advancements in critical care practice, such as the integration of new technologies, evidence-based practices, and interdisciplinary team approaches to patient care. This proactive approach to regulatory reform helped to maintain the relevance and responsiveness of the certification processes while ensuring that nurses in critical care settings were equipped with the latest skills and knowledge. Additionally, my military service as a Navy Nurse and Specialty Advisor to the Surgeon General, Critical Care Nursing, provided me with unique insights into the importance of regulatory systems that can swiftly adapt to the demands of complex and high-pressure environments. During Operation Iraqi Freedom, I worked in a dynamic, resource-constrained environment that required rapid regulatory adjustments to ensure optimal patient care in combat situations. This experience reinforced the necessity of regulatory flexibility and responsiveness in ensuring high-quality care even under challenging circumstances. In conclusion, my experiences in both regulatory leadership and hands-on clinical practice have reinforced my belief in the importance of agile regulatory systems—ones that are not only adaptive to changes in practice and education but are also forward-thinking enough to anticipate the needs of an ever evolving healthcare landscape. Through my leadership roles and commitment to innovation, I have helped promote and implement regulatory frameworks that enhance the responsiveness, relevance, and effectiveness of nursing practice and education, ultimately benefiting both healthcare providers and the patients they serve.

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Board of Directors

Area IV Director

Barbara Blozen EdD, MA, RN-BC, CNL

Board President, New Jersey Board of Nursing

Describe your professional, regulatory and community experience.

I have been a member of the New Jersey Board of Nursing (BON) since 2014. I was voted by my peers to lead the BON as president in 2016 and have been reelected each subsequent year since then. As a Registered Nurse for more than 40 years, my experience is extensive. I have worked in the hospital setting, as well as in the community setting. I have taught at the prelicensure, RN-BSN and Masters levels. In addition to my publications and international presentations i.e. Sigma (Theta Tau International) I was awarded grants from Robert Wood Johnson New Careers in Nursing and The Gold Foundation.

My tenure as the New Jersey Board of Nursing President has provided me with several regulatory experiences. When elected as president there were numerous staff changes at the BON and 10 new BON members. In my leadership role and position it was my duty to mentor, lead and guide the new personnel. The BON has seen three different executive officers under my tenure and, an addition of two new BON nursing positions for which I advocated. I have been a consistent and committed member of the BON, much of which I credit to the support of NCSBN. The staff and resources offered by NCSBN has proved to be invaluable for me in my leadership role. I had the opportunity to earn a certificate in Healthy Policy and Media Engagement from George Washington University, as I was awarded a scholarship through NCSBN. In addition, I am a graduate, inaugural cohort, of the invaluable International Center for Regulatory Scholarship. Both opportunities afforded to me by NCSBN has provided me with the tools I needed to be successful, and for which I am grateful. In 2022, I was the recipient of the Elaine Ellibee Award, which is bestowed to an individual who has demonstrated leadership at the local level as the president and demonstrated leadership in making significant contributions to NCSBN.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

As the New Jersey Board of Nursing president for the past 11 years, I have realized a number of characteristics that will make me a strong fit to fulfill the responsibilities of the Board of Directors. Knowledge and experience in negotiation and regulation are two of the many skills I have acquired over my tenure as President. The courses in the International Center for Regulatory Scholarship program have imparted team and consensus building skills as well as specific knowledge related to regulation and governance. Earning The George Washington University Certificate in Health Policy and Media Engagement has conferred the policy understanding and comprehension necessary for me to serve on NCSBN's Board of Directors in achieving their mission to support nursing regulators in their mandate to protect the public.

I believe I am a strong fit for the Board of Directors due to a combination of relevant experience, strategic thinking, and a deep understanding of governance responsibilities. Throughout my career, I've held senior leadership roles where I was involved in high-level decision-making, shaping organizational strategy, and overseeing financial health. In particular, I have significant experience in leading the NJ Board of Nursing which enables me to bring a strong perspective on industry trends and challenges.

Additionally, I have a proven track record of collaboration, working closely with teams to drive growth and align stakeholders around a unified vision. My commitment to ethical decision-making and transparent governance would ensure that the board's work is conducted with the highest standards of accountability.

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Furthermore, I am well-versed in the legal and fiduciary responsibilities that come with being on a Board of Directors, having worked in environments where risk management and compliance were paramount. I'm excited about the opportunity to contribute my expertise to help guide the organization toward continued success and sustainable growth.

Of the four strategic Initiatives within the NCSBN 2023–2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I would endeavor to widely contribute to NCSBN's Strategic Initiative D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence. NCSBN's commitment to deliver evidence-based regulation, develop and improve regulatory processes, while supporting jurisdictions in developing their competence to do so is in alignment with my personal and professional goals, and is exponentially important to me. As an experienced educator I have the knowledge, skills, and experience to assist NCSBN in achieving this initiative.

As a member of the NCLEX Exam Committee and while working with Dr. Dickison to assure the reliability and validity of the NCLEX, my engagement in competency assessment has been prominent. I provide ongoing support to colleagues and students in reverence to the rigor of the NCLEX exam, constructed to demonstrate that a nursing licensure candidate is prepared to practice entry-level nursing. Its importance to the profession of nursing, as the first step to providing safe and competent care, cannot be underestimated.

Having served on the Board of Directors for the past one and a half years I have embraced the knowledge and skills necessary for reelection. I have humbly served my legal duties on the Board of Directors; the duty of care, the duty of loyalty where I embrace my responsibility of Board service and a duty of obedience where I have acted consistently with NCSBN's mission and goals.

Additionally, my knowledge and experience in state, national, and international healthcare policy provide me with the resources to assist the collective governing body achieve its goals. My certificate in Health Policy and Media Engagement from George Washington University, as well as the Certificate I earned from the International Center for Regulatory Scholarship enhanced my knowledge and experience.

I would be humbled to be reelected to serve as the Area IV Director at NCSBN and feel that the skills and knowledge I possess and would bring the organization's achievement of this strategic initiative forward expeditiously and in a manner that would exemplify the mission, vision, and values of NCSBN.

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Leadership Succession Committee

Area I Member

Reuben Argel, MBA, RN

Director Nursing Assistant Education Program, Washington State Board of Nursing

Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

I have held every nursing position from CNA, to Staff/Charge RN, to Director of Nursing to Chief Nursing, and multiple Command positions. I served as a US Army Nurse Corps Officer from 1999 2024 and have served in Staff and Command position



Nurse Corps Officer from 1999-2024 and have served in Staff and Command positions where transition planning was planned, executed, and evaluated to maintain mission continuity. This was evident during my multiple combat deployments. As an example, I was the Senior Army Medical Command Officer in Afghanistan from 2018-2019. I was responsible for 3 hospitals, 5 forward surgical teams, 1 mental health unit, 1 public health unit, and the army medical supply detachment. I had to ensure that each unit has a replacement on hand with a proper transition plan while maintaining combat medical capabilities during the transition and hand-off period. Another example was my work as Director of Nursing for Surgery when I had to recruit and ensure succession planning for key Nursing leadership positions and key Medical leadership positions (Specialty Chief etc.). This all requires soft and hard skillsets that include influencing your superiors and subordinates, especially when there is a limited candidate pool to choose from.

Detail the personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/ conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) that make you a strong fit for the Leadership Succession Committee.

I have attended the NCSBN Mid-Year conference and have been heavily engaged in the Credentia and Nursing Assistant education situation. I believe there is a lot of work ahead of us in creating a national Nursing Assistant registry and creating of national Nursing Assistant exam. As a retired Army Nurse Corps Officer, I am actively involved in how we can better help our Medics/ Corpsmen transition to nursing (LPN and RN). I believe there are barriers that we break down and help out my fellow veterans. I believe I am a good fit for the Leadership Succession Committee because I have the knowledge, skills, and experience in leading small and large-scale organizations to know what attributes are a good fit for this position. I also bring with me not just success but many failures that I gained during the many leadership positions that I have held. It is important to note that making mistakes and even failing is a natural part of leadership, but the best leaders are ones who have learned, adapted, and overcome their mistakes.

Identify the attributes of effective leaders and explain what leadership means to you.

Effective leadership is the ability to influence change and make the hard decisions when needed especially when it is not popular. An effective leader is an individual who has integrity and will always make correct ethical decisions even when the majority does not support the decision. This individual must have confidence, yet have the emotional intelligence to be able to "read the room" and not look arrogant. This attribute is essential when collaborating with others to problem solve and reach a decision. Whether the leader is an introvert or extrovert, this individual needs to be a strong listener and communicator to hear and understand others and be able to respond and impart their thoughts appropriately. Above all, an effective leader is accountable for his/her actions and the organization he/she leads. There is an adage, "Success has many parents, failure is an orphan." An effective leader needs to be able to own both the success and failures of their organization he/she leads.

Leadership Succession Committee

Area I Member

Patty Wolf, MSN, RNC-OB

Executive Administrator, Alaska State Board of Nursing

Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

In every leadership role, I have had the privilege of identifying and developing potential leaders within the organization to step into key roles. Identifying roles,



assessing current leadership, recognizing high-potential candidates, and providing development opportunities are key components of leadership succession planning. It is a professional leadership obligation to mentor and build up people to grow within an organization and to hopefully take on your position when you leave. I feel strongly that all staff are supported in growth and education to meet their professional goals. In turn this will assist the organization. One story that I will share is that of a young nurse who was looking to grow in the profession and the organization. I encouraged them to consider an entry level management position by sharing the position duties and responsibilities and relating them to her strengths. She had not considered herself for that role or leadership pathway. After multiple conversations, decided to apply for the position. She was very successful in the role and many times shared with me that she appreciated me for seeing something in her that she had not yet realized. My experience with the community and other recruiting strategies includes participating in large group interviews (sometimes multiple stages) for high level leadership candidates in a large healthcare organization.

Detail the personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/ conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) that make you a strong fit for the Leadership Succession Committee.

To learn the job and my role, I have immersed myself in multiple offerings from NCSBN. As a board staff, I have been a member of NCSBN for just under two years and have participated in each Mid- year and Annual meetings, EO Orientation, EO Summit meetings, and participated in various regularly scheduled network calls. I had the pleasure of attending the Leadership and Policy Conference in Charlottesville last year. I enjoyed learning about leadership from the perspective of Thomas Jefferson, it was by far my favorite offering to date. I have participated in the Mentorship program. Learning from my mentor and traveling to their state to partake in a live board meeting was an invaluable experience and I will continue to advocate for all new EOs to participate in this program. To further support the education and orientation of the Executive Officer role, I am currently working with a subgroup to rewrite and update the mentorship tools in the EO toolkit. Additionally, I have taken multiple classes with ICRS and plan to continue working towards the ICRS certification. During a recent ICRS Leadership class we participated in a survey that outlined a few of our top strengths. My personal attributes and top five strengths according to that exercise include Developer, Arranger, Strategic, Achiever, and Learner. As a developer, I cultivate the potential in others, recognizing and nurturing their growth. I seek complex and dynamic environments as an arranger and devote time daily to goals and strategies. I have a strong desire for knowledge, to participate, and give back to my profession. I have appreciated the support that I have received from NCSBN and desire to be more involved in committees and process.

Identify the attributes of effective leaders and explain what leadership means to you.

To me, leadership is not about having a title or position of power. It's about the ability to guide, inspire, influence,

and empower others by fostering an environment where both individuals and organizations can thrive. It's about setting direction, making decisions, and motivating others to achieve a common goal or vision while fostering an environment of trust and respect. Leadership can manifest in many forms or areas where coordination and influence are needed. Leading by example and focusing on the mission, vision, values of the organization can inspire and motivate the team, even during challenging times. Leadership often comes with challenges making resilience and adaptability vital qualities to be able to bounce back from the adversity, learn from it, and move forward while maintaining a sense of optimism. Leadership is not defined by authority alone but by the capacity to create a positive impact, encourage innovation, and motivate others to overcome challenges. Attributes of an effective leader include multiple qualities, skills, characteristics, and knowledge. It is important to continue to educate yourself, obtain feedback, and adjust your techniques as you learn new skills and gain experience. Central attributes of an effective leader include integrity, adaptability, accountability, empathy, and resilience. Additionally, an effective leader is a visionary. Projecting a clear vision of where they want to go and able to communicate and inspire the vision. It is important for a leader to have emotional intelligence, the ability to manage their emotions and influence the emotions of others to help build strong relationships. Recognizing the strengths and weaknesses of team members, effective leaders know how to delegate tasks appropriately. They trust others to take responsibility and empower their team to contribute meaningfully. Clear and transparent communication is vital. Good communication ensures alignment within teams, prevents misunderstandings, and fosters a collaborative environment. Strategic thinking, setting expectations, priorities, and considering long and short-term goals is another crucial attribute. A strong leader conveys expectations, feedback, and ideas effectively, while also listening to input from others. In conclusion, leadership is about guiding and inspiring others toward a shared purpose. An effective leader embodies a combination of vision, integrity, empathy, decisiveness, adaptability, communication, accountability, and emotional intelligence. These attributes, when cultivated, create an environment where individuals feel motivated, valued, and empowered to contribute to a collective success

Report of the NCLEX[®] Examination Committee (NEC)

Committee Recommendations to the Delegate Assembly:

1. Approve the 2026 NCLEX-RN[®] Test Plan.

Rationale:

Following the analysis of survey results from the 2024 RN Practice Analysis, the draft NCLEX-RN test plan was developed and sent to NCSBN's nursing regulatory bodies (NRBs) for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-RN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the fiscal year 2026 (FY26) budget.

2. Approve the 2026 NCLEX-PN[®] Test Plan.

Rationale:

Following the analysis of survey results from the 2024 PN Practice Analysis, the draft NCLEX-PN test plan was developed and sent to NCSBN's NRBs for review and feedback. Subsequently, the draft documents were presented to the BOD. The 2026 NCLEX-PN Test Plan will be presented at Annual Meeting for review and approval by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY26 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. To accomplish this, the committee ensures that the NCLEX-RN[®] and NCLEX-PN[®] examination process meets policies, procedures, and standards utilized by the program and/or exceeds 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.

Committee Members

NCLEX[®] Examination Committee (NEC)

Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE North Carolina, Area III, Chair

Kristin Benton, DNP, RN Texas, Area III

Tammy Buchholz, DNP, RN, CNE, FRE North Dakota, Area II

Salvatore Diaz, DNP, CNE Connecticut, Area IV

JaCinda Downs, EdD, CNE Minnesota, Area II

Stacy Harper, MHS, RN, CCNE Alberta, Exam User Member

Vicki Lavender, MSN, RN Alabama, Area III

Carel Mountain, DNP, MSN, ADN California, Area I

Christine Penney, PhD, MPA, RN British Columbia, Exam User Member

Barbara Blozen, EdD, MA, RN-BC, CNL New Jersey, Area IV, Board Liaison

NCLEX[®] Item Review Subcommittee (NIRSC)

Amy Ackerson, MSN-NE Missouri, Area II

Cynthia Arpin, EdD, MSN, RN Connecticut, Area IV

Jackie Barber, EdD, MSN, RN, CNS, CNL Iowa, Area II

Sarah Bear, EdD, MSN, MA, RN, CNE Washington, Area I

Hansella Caines Robson, MSN, MHA, RN Massachusetts, Area IV

Kristina Deaver, MSN North Carolina, Area III

FY25 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY25.

FY25 Charge:

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 NRBs' need for examinations.

Technical Advisory Committee (TAC)

The TAC is composed of NCSBN 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. As there are no proposed changes to test content or procedures, there are no TAC meetings scheduled in FY25.

Remote Proctoring/AI

NCSBN has continued to work on refining requirements, reviewing designs, development and some initial testing of the new software consoles for remote proctoring.

At the 2024 Midyear Meeting, NCSBN members were given an update on the NCLEX candidate and the NRB member experience with the consoles. The update included information on the enhancement of the candidate registration process, how exam security features support exam validity and previews of the Candidate and NRB consoles.

Periodic updates on the progress of this initiative have been provided to both the NEC and the BOD and will continue until launch (date TBD).

NCSBN Examinations Department Internship Program

NCSBN's Summer Internship Program for advanced doctoral students in educational measurement or related fields was temporarily suspended in FY25, with the intention to re-evaluate and enhance the program to better align with our strategic goals.

2025 Registered Nurse (RN) and Practical Nurse (PN) Continuous Practice Analysis Studies Diana Forst, ADN

Florida, Area III

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

Grace A. Jacek, DNP, APRN, FNP-BC Michigan, Area II

Ken Johnson Texas, Area III

Rhonda Johnson, LPN Minnesota, Area II

Randall Mangrum, DNP, MSN Virginia, Area III

Judith D. McLeod, DNP, CPNP, RN California VN, Area I

Ann Marie Milner, DNP, MSN North Carolina, Area III

Victoria Record, EdD, AGPCNP-BC, RN, CNE New York, Area IV

Rhonda Scott, JD, CRNI Maryland, Area IV

Beverly Skloss, MSN, RN Texas, Area III

Sarah Spangler, RN Montana, Area I

Maceo Tanner, RN Georgia, Area III

Stacy Rollins Thompson, MSN, RN North Carolina, Area III

Sherri Trujillo, LPN Wyoming, Area I

Terry Ward, MSN, PhD, RN, CNE North Carolina, Area III

Committee Staff

Steven Viger, PhD, MS Deputy Chief Officer, Examinations

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NCSBN began administering the 2025 RN and PN Continuous Practice Analysis online survey instruments in May 2025. Six forms of the electronic survey instrument were administered to both RN and PN samples. The six 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 six weeks. After the six 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.

2024 NCLEX Registered Nurse (RN) and Practical Nurse (PN) Practice Analysis Studies

The 2024 RN and PN Practice Analysis Studies were completed. In October 2024, the results of the 2024 RN and PN Practice Analysis were presented to the NEC, and the initial draft of the 2026 NCLEX-RN Test plan and NCLEX-PN Test plan were developed.

2026 NCLEX-RN® Test Plan and 2026 NCLEX-PN® Test Plan Drafts

Following the analysis of survey results from the 2024 RN and PN Practice Analysis, the draft 2026 NCLEX-RN Test Plan and NCLEX-PN Test Plan were developed and sent to NCSBN's NRBs for review and feedback. NEC reviewed the feedback on the test plans and submitted recommendations to the BOD. The 2026 NCLEX-RN Test Plan and NCLEX-PN Test Plan will be presented at the NCSBN Annual Meeting for review and approval by the Delegate Assembly in August 2025. A strikethrough copy, a clean copy and the timeline for implementation of the 2026 NCLEX-RN Test Plan are included in Attachments A, B and C, respectively. A strikethrough copy, a clean copy and the timeline for implementation of the 2026 NCLEX-PN Test Plan are included in Attachments D, E and F, respectively.

NCLEX Alternate Item Types

The committee consistently reviews the NCLEX with an eye toward innovations that would maintain the examination's premier status in licensure.

NCLEX Test Center Enhancements

Pearson VUE plans to activate two new international Pearson

Joe Betts, PhD, EdS, MMIS

Director, Measurement & Testing, Examinations

Nicole Williams, DNP, RN, NPD-BC, NEA-BC

Director, Content and Test Development, Examinations

Cathy Doan

Exams Manager, Consolidated Services

Nicholas Barnes

Exams Specialist II, Consolidated Services

Note: Other NCSBN Examinations staff may also present or attend depending on the meeting agenda.

Meeting Dates

Oct. 22–23, 2024 (NCLEX Examination Committee Business Meeting, Chicago)

Nov. 12–14, 2024 (NCLEX Item Review Subcommittee Meeting, Chicago)

Jan. 22, 2025 (NCLEX Examination Committee Business Meeting, Virtual)

Feb. 4–6, 2025 (NCLEX Item Review Subcommittee Meeting, Chicago)

April 15, 2025 (NCLEX Examination Committee Business Meeting, Chicago)

May 13–15, 2025 (NCLEX Item Review Subcommittee Meeting, Chicago)

June 9, 2025 (NCLEX Examination Committee Business Meeting, Virtual)

June 24–26, 2025 (NCLEX Item Review Subcommittee Meeting, Chicago)

Aug. 18, 2025 (NCLEX Examination Committee Business Meeting, Virtual)

Sept. 16–18, 2025 (NCLEX Item Review Subcommittee Meeting, Chicago)

Professional Centers (PPCs) in Jordan and Pakistan in 2025. The new international PPC in Pakistan has begun NCLEX testing administration in February 2025. More detailed information regarding international test centers can be found at: <u>https://www.nclex.com/testing-locations.page</u>.

Evaluated NCLEX Examination Policies

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

Oversee Critical Aspects of Examination Development

NEC and NIRSC Sessions

Members of the NEC continue to chair NIRSC meetings to ensure consistency regarding the way NCLEX items are reviewed before becoming operational. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items and (2) provided direction regarding RN and PN exam items.

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. Currently, the number of volunteers serving on the subcommittee is 22, 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.

Item Production

Under the direction of NCSBN Examinations staff and following guidelines established with 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. 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, as well as the NCLEX tutorial located on the NCSBN website.

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 using state-of-the-art technologies and 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: <u>Proposed 2026 NCLEX-RN</u>[®]_ <u>Test Plan – Strikethrough Copy</u>

Attachment B: <u>Proposed 2026 NCLEX-RN</u>® <u>Test Plan – Clean Copy</u>

Attachment C: <u>Timeline for Implementation of the</u> 2026 NCLEX-RN[®] Test Plan

Attachment D: <u>Proposed 2026 NCLEX-PN® Test Plan –</u> <u>Strikethrough Copy</u>

Attachment E: <u>Proposed 2026 NCLEX-PN® Test Plan –</u> <u>Clean Copy</u>

Attachment F: <u>Timeline for Implementation of the</u> <u>2026 NCLEX-PN Test Plan</u>

Attachment G: <u>Annual Report of Pearson VUE</u> <u>for the NCLEX</u>®

NCSBN Item Development Sessions Held

Table 1. RN Item Development Productivity Comparison					
Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April '12 – March '13	4	45	1,579	6	2,970
April '13 – March '14	6	60	2,047	7	4,306
April '14 – March '15	4	40	1,266	4	2,700
April '15 – March '16	3	39	1,688	4	2,500
April '16 – March '17	5	49	2,250	4	3,024
April '17 – March '18	4	39	1,785	4	3,615
April '18 – March '19	5	49	2,253	3	2,275
April '19 – March '20	8	77	2,498	7	5,938
April '20 – March '21	1	5	117	0	0
April '21 – March '22	7	62	824	5	5,902
April '22 – March '23	4	54	1,344	11	5,793
April '23 – March '24	3	57	1,624	10	5,552
April '24 – March '25	5	97	2,170	9	4,301

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April '12 – March '13	6	70	2,570	12	5,481
April '13 – March '14	6	57	1,861	6	4,343
April '14 – March '15	4	38	1,367	4	2,700
April '15 – March '16	4	40	1,159	4	1,875
April '16 – March '17	4	39	1,821	4	2,308
April '17 – March '18	4	40	1,926	4	2,431
April '18 – March '19	4	38	1,592	4	1,723
April '19 – March '20	2	20	711	3	3,979
April '20 – March '21	6	53	1,331	0	0
April '21 – March '22	4	44	412	4	3,650
April '22 – March '23	3	24	582	9	4,181
April '23 – March '24	1	18	588	6	3,708
April '24 – March '25	1	20	295	6	3,657

The test development staff continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

Item Sensitivity Review

NCLEX pretest item sensitivity review procedures are designed to ensure all test items are fair across our testing population and do not include language that would disadvantage test takers based on age, gender, region, ethnicity or cultural background. 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. During this reporting period, four sensitivity review panels were held prior to the deployment of each new quarterly experimental pool up to and including the July 2025 experimental pool.

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Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions. The Examinations staff continues to oversee each panel. Overall, panelists have rated item development sessions favorably.

Operational NCLEX Item Pools

NCSBN Examinations staff balanced 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 regarding these variables and were found to be within operational specifications. These results indicate that the item bank is robust for continued operations.

To ensure that operational item pools and the item selection algorithms were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithms was scrutinized regarding the distribution of items by test plan content area specifications. It was concluded that the operational item pools and the item selection algorithms 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 empirical data. The committee will continue to track the performance of the NCLEX through these procedures, as well as 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. The NEC encourages each NRB to take advantage of the semiannual opportunities to review NCLEX items.

The April 2024 review consisted of 21 NRBs (14 U.S., six Canadian and one Australian). The October 2024 review consisted of 18 NRBs (11 U.S., six Canadian and one Australian).

Item-related Case Reports

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

Examination Administration

Procedures for Candidate Tracking: Candidate-matching Algorithm

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

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. In 2024, NCSBN completed

an examination program security audit. No critical issues were found in the audit nor was there any immediate risk to the program as determined by the auditor's assessment.

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

The NEC supervises compliance with the 30/45-day scheduling rule. For the period of Jan. 1 to Dec. 31, 2024, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze test center utilization levels in order to project future testing volumes. Pearson VUE meets biweekly with NCSBN regarding NCLEX operational matters.

Responded to NRB Inquiries Regarding NCLEX Administration

As part of its activities, the committee and the NCSBN Examinations 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 A 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 A of this report for the 2024 candidate volumes and pass rates for the international testing centers.

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 had three presentations accepted at the National Council of Measurement in Education (NCME) Annual Meetings, one presentation accepted at the American Educational Research Association (AERA), and two presentations at the Conference on Test Security. These international conferences are for prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations.

To ensure that NCSBN membership has continued involvement in the NCLEX program and is informed of test development practice, the Examinations department presented four informational webinars for NRBs. In addition, the Examinations department and Operations department provided the yearly NCLEX[®] Conference for all nursing professionals.

As part of the department's outreach activities, Examinations staff virtually presented "NCLEX and Entry-Level Nurse Clinical Judgment" to the Indiana League of Nursing in November 2024 and "Entry-level Nurses' Perceptions of the Importance of Clinical Judgment" as a podium presentation at the American Association of Colleges of Nursing 2024 Transform Conference, New Orleans. The Examinations staff provided support and resources to NRBs by conducting NCLEX Regional Workshops for the North Carolina Board of Nursing on March 21, 2025, the Texas Board of Nursing on April 2, 2025, the Maryland Board of Nursing on April 15, 2025, the Nebraska Board of Nursing on April 24, 2025 and the Connecticut Board of Examiners for Nursing on May 16, 2025.

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NCSBN Examination Manual

The NCSBN Examination Manual contains policies and procedures related to the development and administration of the NCSBN examinations (formerly titled Member Board Manual and NCLEX® Administration Manual). Once a year, NCSBN updates the Examination Manual 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 NCLEX Candidate Bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. It 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.

NCLEX[®] Conference

Historically, the Examinations staff has coordinated and hosted an NCLEX Virtual Conference in order to provide NRBs, educators, and other stakeholders an opportunity to learn about the NCLEX program updates and educational outreach. 1,525 registered participants attended the Sept. 12, 2024, Virtual NCLEX Conference. The 2025 Virtual NCLEX Conference is scheduled for Sept. 10, 2025.

NCSBN Exam Program Reports

NCSBN Examinations staff oversees production of the NCSBN Exam Program Reports as delivered by the vendor. The updated program reports, incorporating the NCLEX historical data, can be ordered, paid for and accessed via a web-based system, which permits program directors and staff to receive reports in a timely manner and in a more portable, electronic format. It also allows subscribers to distribute reports via email to those who need them most – the faculty and staff responsible for designing curriculum and teaching students. Subscribers can 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. NCSBN Exam Program Report subscriptions are available with user-specified reporting periods on a quarterly, semiannual and annual basis. Furthermore, the web-based system provides longitudinal information benchmark the education program performance against state/province level, national level and program type level. In addition, supplemental report data in comma-separated values (CSV) format is available with NCSBN Exam Program Report subscriptions.

NCLEX[®] Unofficial Quick Results Service

NRBs, 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, 54 U.S. NRBs participate in offering this service to their candidates. In 2024, approximately 237,358 candidates utilized this service.

Future Activities

- · Continue to oversee 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.
- Host the NCLEX Conference on Sept. 10, 2025.
- Explore future uses of the NCSBN Clinical Judgment Measurement Model to better support efforts of nursing regulation.

- · Continue to develop and test remote proctoring and system development consoles.
- Ability to offer NCSBN exams using remote testing and AI security technology. •
- · Continue outreach to key stakeholders in an effort to better educate and help understanding of NCLEX and examination best practices.
- · Continue to disseminate original and collaborative research at professional and academic conferences.

Attachment A: Proposed 2026 NCLEX-RN[®] Test Plan – Strikethrough Copy

1 2023-2026 NCLEX-RN® Test Plan

- 2 National Council Licensure Examination
- **3 for Registered Nurses**

4 (NCLEX-RN[®] EXAMINATION)

5 Introduction

6 Entry into the practice of nursing is regulated by the licensing authorities within each of the National 7 Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, province 8 and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for 9 licensure to meet set requirements that include passing an examination that measures the competencies 10 needed to perform safely and effectively as a newly licensed, entry-level registered nurse (RN). NCSBN 11 develops a licensure examination, the National Council Licensure Examination for Registered Nurses 12 (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

13 Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice 14 analysis that is used to collect data on the current practice of the entry-level nurse. -In the <u>{2024 RN Practice</u>} 15 Analysis: Linking the NCLEX-RN® Examination to Practice U.S. and CanadaReport of Findings from the 2021 RN 16 Practice Analysis: Linking the NCLEX RN® Examination to Practice (NCSBN, 20222025), Twenty Four 17 thousand <u>Nnearly 24,000</u> newly licensed RNs were asked about the frequency, importance and clinical 18 judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in 19 relation to the frequency of performance, impact on maintaining client safety, and client care settings where 20 the activities are performed. This analysis guides the development of a framework for entry-level nursing 21 practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. 22 Clinical judgment is one of the fundamental processes found to possess a high level of relevance and 23 importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-RN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

30 The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and 31 behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of 32 the licensing examination. It serves as a guide for examination development as well as candidate 33 preparation. The NCLEX® examination assesses the knowledge, skills, abilities and clinical judgment that 34 are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, 35 maintenance or restoration of health. The following sections describe beliefs about people and nursing that 36 are integral to the examination, cognitive abilities that will be tested in the examination and specific 37 components of the NCLEX-RN Test Plan.

38 Beliefs

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Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family or group, which includes significant others and population.

46 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts 47 from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession 48 based on knowledge of the human condition across the life span and the relationships of an individual with 49 others and within the environment. Nursing is a dynamic, continuously evolving discipline that employs 50 critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies 51 and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications and protecting, promoting, restoring and facilitating 52 53 comfort, health and dignity throughout the lifespan including at the end of life. in dying.

The RN provides a unique, comprehensive assessment of the health status of the client, applying principles of ethics, client safety, <u>health equity</u>, health promotion and the nursing process. The nurse then develops and implements an explicit plan of care considering unique cultural and spiritual client preferences, the applicable standard of care and legal instructions. The nurse assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury and support the right to a dignified death. The RN is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

61 Classification of Cognitive Levels

62 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the 63 examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires 64 application of knowledge, skills, abilities and clinical judgment, the majority of items are written at the 65 application or higher levels of cognitive ability, which require more complex thought processing.

66 Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structurefor defining nursing actions and competencies and focuses on clients in all settings.

69 Client Needs

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70 The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the 71 four categories are divided into subcategories.

72 Safe and Effective Care Environment

- Management of Care
- Safety and Infection <u>Prevention and</u> Control
- 75 Health Promotion and Maintenance
 - Psychosocial Integrity
- 77 Physiological Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies

Reduction of Risk Potential

Physiological Adaptation

82 Integrated Processes

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83 The following processes are fundamental to the practice of nursing and are integrated throughout the 84 Client Needs categories and subcategories.

- *Caring* interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- Clinical Judgment the observed outcome of critical thinking and decision-making. It is an iterative process with multiple steps that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care (detail description of the steps below).
- Communication and Documentation verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- *Culture and Spirituality* interaction of the nurse and the client (individual, family or group, including significant others and population) that recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal instructions.
- Nursing Process a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- 103*Teaching/Learning* facilitation of the acquisition of knowledge, skills and attitudes promoting
a change in behavior.

105 Clinical Judgment

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106 The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess 107 presenting situations, identify a prioritized client concern, and generate the best possible evidence-based 108 solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study 109 or as an individual stand-alone item. A case study is where six items are associated with the same client 110 presentation, share unfolding client information and address the steps in clinical judgment.

- Recognize Cues identify relevant and important information from different sources (e.g., medical history, vital signs).
 Analyze Cues organize and connect the recognized cues to the client's clinical presentation.
 - Prioritize Hypotheses evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- 116Generate Solutions identify expected outcomes and use hypotheses to define a set of117interventions for the expected outcomes.
- Take Action implement the solution(s) that address the highest priority.
- Evaluate Outcomes compare observed outcomes against expected outcomes.

120 Distribution of Content

121 The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-122 RN Test Plan is based on the results of the 2024 RN Practice Analysis: Linking the NCLEX-RN® Examination 123 to Practice U.S. and Canada (Report of Findings from the 2021 RN Practice Analysis: Linking the NCLEX RN®

124 Examination to Practice-NCSBN, 20222025), and expert judgment provided by members of the NCLEX 125 Examination Committee.

Client Needs	Percentage of Items from Each Category/Subcategory	
Safe and Effective Care Environment		
 Management of Care 	15-21%	
 Safety and Infection <u>Prevention and</u> Control 	10-16%	
Health Promotion And Maintenance	6-12%	
Psychosocial Integrity	6-12%	
Physiological Integrity		
 Basic Care and Comfort 	6-12%	
 Pharmacological and Parenteral Therapies 	13-19%	
 Reduction of Risk Potential 	9-15%	
 Physiological Adaptation 	11-17%	



129 NCLEX-RN Examinations are administrated adaptively in variable-length format to target candidate-130 specific ability. To accommodate possible variations in test length, content area distributions of the 131 individual examinations may differ up to ±3% in each category.

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Overview of Content 133

134 All content categories and subcategories reflect client needs across the life span in a variety of settings. 135 Safe and Effective Care Environment 136 The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances 137 the care delivery setting in order to protect clients and health care personnel. 138 Management of Care - providing and directing nursing care that enhances the care delivery setting 139 to protect clients and health care personnel. 140 Related content includes but is not limited to: Advance directives/self-Establishing priorities determination/life planning Ethical practice Advocacy Health equity, equal access to care and Assignment, delegation and supervision unbiased treatment -Case management Information technology . Client rights Informed consent Collaboration with interdisciplinary team . Legal rights and responsibilities Concepts of management Organ donation Confidentiality/information security Performance improvement (quality Continuity of care improvement) . Referrals 141 142 Safety and Infection Prevention and Control - protecting clients and health care personnel from 143 health and environmental hazards. 144 Related content includes but is **not limited** to: Accident/error/injury prevention Reporting of incident/event/irregular occurrence/variance Emergency response plan Safe use of equipment Ergonomic principles Security plan Handling hazardous and infectious materials Standard precautions/transmissionbased precautions/surgical asepsis Home safety Use of restraints/safety devices Least restrictive restraints and safety devices

145 Health Promotion and Maintenance

146 The nurse provides and directs nursing care of the client that incorporates the knowledge of expected 147 growth and development principles, prevention and/or early detection of health problems, and strategies

- 148 to achieve optimal health.
- 149 Related content includes but is **not limited** to:
 - Aging process
 - Ante/intra/postpartum and newborn care
 - Developmental stages and transitions
 - Health promotion/disease
- Health screening
- High-risk behaviors
- Lifestyle choices
- Self-care
- Techniques of physical assessment

prevention

150 Psychosocial Integrity

151 The nurse provides and directs nursing care that promotes and supports the emotional, mental and social

152 well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

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

- Abuse/neglect
- Behavioral interventions
- Chemical and other dependencies/substance use disorder
- Coping mechanisms
- Crisis intervention
- Cultural awareness/cultural influences on health
- End-of-life care
- Family dynamics
- Grief and loss

- Mental health concepts
- Religious and spiritual influences on health
- Sensory/perceptual alterations
- Stress management
- Support systems
- Therapeutic communication
- Therapeutic environment

154 Physiological Integrity

155 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk

- 156 potential and managing health alterations.
- 157
- Basic Care and Comfort providing comfort and assistance in the performance of activities of daily living.
- 160 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
- Pharmacological and Parenteral Therapies providing care related to the administration of
 medications and parenteral therapies.
- 163 Related content includes but is **not limited** to:
 - Adverse effects/contraindications/side effects/interactions
 - Blood and blood products
 - Central venous access devices
 - Dosage calculation
 - Expected actions/outcomes
- Medication administration
- Parenteral/intravenous therapies
- Pharmacological pain management
- Total parenteral nutrition

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165 166	 <i>Reduction of Risk Potential</i> - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.
167	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 from surgical procedures and health alterations Potential for alterations in body systems
168	
169 170	 <i>Physiological Adaptation</i> - managing and providing care for clients with acute, chronic or life- threatening physical health conditions.
171	Related content includes but is not limited to:

- Alterations in body systems
- Fluid and electrolyte imbalances
- Hemodynamics
- Illness management

- Medical emergencies
- Pathophysiology
 - Unexpected response to therapies

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Administration of the NCLEX-RN® Examination 173

The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT). CAT 174 175 is a method of delivering examinations that uses computer technology and measurement theory. With 176 CAT, each candidate's examination is unique because it is assembled interactively as the examination 177 proceeds. Computer technology selects items to administer that match the candidate's ability. The items, 178 which are stored in a large item pool, have been classified by test plan category and level of difficulty, as 179 well as a representative number of clinical judgment items. After the candidate answers an item, the 180 computer calculates an ability estimate based on all of the previous answers the candidate has selected. The 181 next item administered is chosen to measure the candidate's ability in the appropriate test plan category. 182 This process is repeated for each item, creating an examination tailored to the candidate's knowledge and 183 skills, while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items 184 selected and administered in this way until a pass or fail decision is made. 185

- 186 All RN candidates must answer a minimum of 85 items. The maximum number of items that an RN
- 187 candidate may answer is 150 during the allotted five-hour time period. Of the minimum-length exam, 52
- 188 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the

189 items will be comprised of three clinical judgment case studies. Case studies are item sets composed of six 190 items that measure each of the six domains of the NCSBN Clinical Judgment Measurement Model. The 191 remaining 15 items will be unscored pretest items. These pretest items can be composed of clinical 192 judgment case studies or stand-alone items. The maximum five-hour time limit to complete the 193 examination includes all breaks. Candidates may be administered multiple-choice items, case studies, as 194 well as items written in alternate formats. All item types may include multimedia such as charts, tables 195 and graphics. All items go through an extensive review process before being used as items on the 196 examination.

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More detailed information about the NCLEX examination, including information on the Next Generation
 NCLEX, CAT methodology, the candidate bulletin and Web tutorials can be found at the website
 NCLEX.com. A more detailed description of the item types can be found in the NCLEX Tutorial section on
 the website.

202

203 Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, engages in irregular behavior or 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 canceled 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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Attachment B: Proposed 2026 NCLEX-RN[®] Test Plan – Clean Copy

2026 NCLEX-RN® Test Plan

National Council Licensure Examination for Registered Nurses

(NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN[®]) member board jurisdictions (state, commonwealth, province and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse (RN). NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN[®]), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse. In the 2024 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice U.S. and Canada (NCSBN, 2025), nearly 24,000 newly licensed RNs were asked about the frequency, importance and clinical judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety, and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-RN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-RN Test Plan.

Beliefs

Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying

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capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family or group, which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on knowledge of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continuously evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications and protecting, promoting, restoring and facilitating comfort, health and dignity throughout the lifespan including at the end of life..

The RN provides a unique, comprehensive assessment of the health status of the client, applying principles of ethics, client safety, health equity, health promotion and the nursing process. The nurse then develops and implements an explicit plan of care considering unique cultural and spiritual client preferences, the applicable standard of care and legal instructions. The nurse assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury and support the right to a dignified death. The RN is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

Classification of Cognitive Levels

Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills, abilities and clinical judgment, the majority of items are written at the application or higher levels of cognitive ability, which require more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies and focuses on clients in all settings.

Client Needs

The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories.

Safe and Effective Care Environment

- Management of Care
- Safety and Infection Prevention and Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential

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Physiological Adaptation

Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories.

- *Caring* interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- Clinical Judgment the observed outcome of critical thinking and decision-making. It is an iterative process with multiple steps that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care (detail description of the steps below).
- Communication and Documentation verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- Culture and Spirituality interaction of the nurse and the client (individual, family or group, including significant others and population) that recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal instructions.
- Nursing Process a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- *Teaching/Learning* facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Clinical Judgment

The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study or as an individual stand-alone item. A case study is where six items are associated with the same client presentation, share unfolding client information and address the steps in clinical judgment.

- Recognize Cues identify relevant and important information from different sources (e.g., medical history, vital signs).
- Analyze Cues organize and connect the recognized cues to the client's clinical presentation.
- Prioritize Hypotheses evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- Generate Solutions identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
- Take Action implement the solution(s) that address the highest priority.
- Evaluate Outcomes compare observed outcomes against expected outcomes.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-

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RN Test Plan is based on the results of the 2024 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice U.S. and Canada (NCSBN, 2025) and expert judgment provided by members of the NCLEX Examination Committee.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
 Management of Care 	15-21%
Safety and Infection Prevention and Control	10-16%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
 Basic Care and Comfort 	6-12%
 Pharmacological and Parenteral Therapies 	13-19%
 Reduction of Risk Potential 	9-15%
 Physiological Adaptation 	11-17%



NCLEX-RN Examinations are administrated adaptively in variable-length format to target candidatespecific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to $\pm 3\%$ in each category.

Overview of Content

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

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Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients and health care personnel.

 Management of Care – providing and directing nursing care that enhances the care delivery setting to protect clients and health care personnel.

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

- Advance directives/selfdetermination/life planning
- Advocacy
- Assignment, delegation and supervision
- Case management
- Client rights
- Collaboration with interdisciplinary team
- Concepts of management
- Confidentiality/information security
- Continuity of care

- Establishing priorities
- Ethical practice
- Health equity, equal access to care and unbiased treatment
- Information technology
- Informed consent
- Legal rights and responsibilities
 - Organ donation
 - Performance improvement (quality improvement)
 - Referrals
- Safety and Infection Prevention and Control protecting clients and health care personnel from health and environmental hazards.

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

- Accident/error/injury prevention
- Emergency response plan
- Ergonomic principles
- Handling hazardous and infectious materials
- Home safety
- Least restrictive restraints and safety devices
- Reporting of incident/event/irregular occurrence/variance
- Safe use of equipment
- Security plan
- Standard precautions/transmissionbased precautions/surgical asepsis

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.

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

- Aging process
- Ante/intra/postpartum and newborn care
- Developmental stages and transitions
- Health promotion/disease prevention
- Health screening
- High-risk behaviors
- Lifestyle choices
- Self-care
- Techniques of physical assessment

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

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

- Abuse/neglect
- Behavioral interventions
- Chemical and other dependencies/substance use disorder
- Coping mechanisms
- Crisis intervention
- Cultural awareness/cultural influences on health
- End-of-life care
- Family dynamics
- Grief and loss

Mental health concepts

- Religious and spiritual influences on health
- Sensory/perceptual alterations
- Stress management
- Support systems
- Therapeutic communication
- Therapeutic environment

Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

 Basic Care and Comfort - providing comfort 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
- Pharmacological and Parenteral Therapies providing care related to the administration of medications and parenteral therapies.

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

- Adverse effects/contraindications/side effects/interactions
- Blood and blood products
- Central venous access devices
- Dosage calculation
- Expected actions/outcomes

- Medication administration
- Parenteral/intravenous therapies
- Pharmacological pain management
- Total parenteral nutrition

Reduction of Risk Potential - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

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 from surgical procedures and health alterations
- Potential for complications of diagnostic tests/treatments/ procedures
- System-specific assessments
- Therapeutic procedures
- *Physiological Adaptation* managing and providing care for clients with acute, chronic or lifethreatening physical health conditions.

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

- Alterations in body systems
- Fluid and electrolyte imbalances
- Hemodynamics
- Illness management

- Medical emergencies
- Pathophysiology
- Unexpected response to therapies

Administration of the NCLEX-RN® Examination

The NCLEX-RN 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, as well as a representative number of clinical judgment items. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate has 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-RN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All RN candidates must answer a minimum of 85 items. The maximum number of items that an RN candidate may answer is 150 during the allotted five-hour time period. Of the minimum-length exam, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will be comprised of three clinical judgment case studies. Case studies are item sets composed of six items that measure each of the six domains of the NCSBN Clinical Judgment Measurement Model. The remaining 15 items will be unscored pretest items. These pretest items can be composed of clinical judgment case studies or stand-alone items. The maximum five-hour time limit to complete the examination includes all breaks. Candidates may be administered multiple-choice items, case studies, as well as items written in alternate formats. All item types may include multimedia such as charts, tables and graphics. All items go through an extensive review process before being used as items on the examination.

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More detailed information about the NCLEX examination, including information on CAT methodology, the candidate bulletin and Web tutorials can be found at the website <u>NCLEX.com</u>. A more detailed description of the item types can be found in the NCLEX Tutorial section on the website.

Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, engages in irregular behavior or 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 canceled 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.

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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Attachment C: Timeline for Implementation of the 2026 NCLEX-RN[®] Test Plan

October 2024	NCLEX® Examination Committee reviews 2024 RN Practice Analysis results and makes recommendations for the proposed 2026 NCLEX-RN® Test Plan.
January 2025	Proposed 2026 NCLEX-RN Test Plan is sent to nursing regulatory bodies for feedback.
April 2025	NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the NCSBN Board of Directors (BOD).
May 2025	NCSBN BOD reviews proposed 2026 NCLEX-RN Test Plan.
July 2025	Panel of judges meet to recommend the 2026 NCLEX-RN passing standard.
August 2025	The proposed 2026 NCLEX-RN Test Plan is submitted to the Delegate Assembly and an action is provided.
December 2025	NCSBN BOD evaluates the 2026 NCLEX-RN passing standard.
January 2026	The approved 2026 NCLEX-RN Test Plan is published and placed on the NCSBN website.
April 1, 2026	The approved 2026 NCLEX-RN Test Plan and the 2026 NCLEX-RN passing standard are effective.

Attachment D: Proposed 2026 NCLEX-PN[®] Test Plan – Strikethrough Copy

1 2023 2026 NCLEX-PN® Test Plan

- National Council Licensure Examination for <u>Licensed</u> Practical/Vocational
 Nurses
- 4 (NCLEX-PN[®] Examination)

5 Introduction

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

Practical/vocational hurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure examination for Practical Nurses (NCLEX-PN[®]), which is used by member board jurisdictions to assist in making licensure decisions.

11 12

13 Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used 14 to collect data on the current practice of entry-level LPN/VNs. In the -(2024 PN Practice Analysis: Linking the NCLEX-PN 15 16 Examination to Practice Report of Findings from In the 2021 2024 LPN/VN Practice Analysis: Linking the NCLEX PN® Examination to Practice Analy to Practice ([NCSBN, 20225)],). There were 2414 more than 26,000 newly licensed LPN/VNs were asked about the frequency, 17 importance and clinical judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in 18 relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are 19 performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client 20 21 needs, as well as processes that are fundamental to the practice of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-PN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan. The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level LPN/VN to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-PN Test Plan.

34 Beliefs

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

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

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- 49 The LPN/VN uses "specialized knowledge and skills which meet the health needs of people in a variety of settings under the 50 direction of gualified health professionals" (NFLPN, 2003). "The LPN/VN shall function within the limits of educational preparation
- direction of qualified health professionals" (NFLPN, 2003).-"The LPN/VN shall function within the limits of educational preparation
 and experience, function in promotion of and in the maintenance of good health, aide in preventing disease and disability, care
- 52 for and rehabilitate individuals who are experiencing an altered state of health, and contribute to the ultimate guality of life until
- 53 death" (NALPN, n.d.). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal
- 54 considerations the LPN/VN uses a clinical problem-solving process (the nursing process) to collect and organize relevant health
- 55 care data, assist in the identification of the health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential competencies needed to ca
- 56 interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have predictable outcomes. "Professional behaviors, within the scope of
- 58 nursing practice for a practical/vocational nurse, are characterized by adherence to standards of care, accountability of one's
- 59 own actions and behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).

60 Classification of Cognitive Levels

- 61 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,
- 62 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills,
- 63 abilities and clinical judgment; therefore, the majority of items are written at the application or higher levels of cognitive ability.

64 Test Plan Structure

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

67 Client Needs

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

Safe and Effective Care Environment

- Coordinated Care
- Safety and Infection <u>Prevention and Control</u>

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

- Basic Care and Comfort
- Pharmacological Therapies
- Reduction of Risk Potential
- Physiological Adaptation

84 Integrated Processes

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

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- Caring interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative
 environment, the nurse provides support and compassion to help achieve desired therapeutic outcomes.
- Clinical Judgment the observed outcome of critical thinking and decision-making. It is an iterative process that uses
 nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the
 best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- Clinical Problem-Solving Process (Nursing Process) a scientific approach to client care that includes data collection, planning, implementation and evaluation.

97 98 99 Communication and Documentation - verbal and nonverbal interactions between the LPN/VN and the client, as well as 100 other members of the health care team. Events and activities associated with client care are validated in written and/or 101 electronic records that reflect standards of practice and accountability in the provision of care. 102 103 Culture and Spirituality - interaction of the nurse and the client (individual, family or group, including significant others 104 and population) that recognizes and considers the client-reported, self-identified, unique and individual preferences to 105 client care, the applicable standard of care and legal considerations. 106 107 Teaching and Learning - facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change 108 in behavior. 109 **Clinical Judgment** 110 The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, 111 identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care. 112 Clinical judgment content may be represented as a case study or as individual stand-alone items. A case study is where six 113 items are associated with the same client presentation and share unfolding client information. 114 Recognize Cues - identify relevant and important information from different sources (e.g., medical history, vital signs). 115 Analyze Cues - organize and connect the recognized cues to the client's clinical presentation. 116 Prioritize Hypotheses - evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.). 117 Generate Solutions - identify expected outcomes and use hypotheses to define a set of interventions for the expected 118 outcomes. 119 Take Action – implement the solution(s) that address the highest priority. 120 Evaluate Outcomes - compare observed outcomes against expected outcomes. 121

122 Distribution of Content

123	The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on
124	the results of the study 2024 PN Practice Analysis: Linking the NCLEX-PN Examination to PracticeReport of Findings from the
125	2021 LPN/VN Practice Analysis: Linking the NCLEX PN® Examination to Practice (NCSBN, 20222025) and expert judgment
126	provided by members of the NCLEX Examination Committee.
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Client Needs

Percentage of Items from Each Category/Subcategory

 Coordinated Care Safety and Infection Prevention and Control 	18-24% 10-16%
lealth 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 Physiological Adaptation 	9-15% 7-13%

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

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are delivery setting and protects clients and rs to facilitate effective client care.
rs to facilitate effective client care.
Ethical practice <u>Health equity, equal access to care and unbiase</u> <u>treatment</u> Information technology Informed consent Legal responsibilities Performance improvement (quality improvement Referral process Resource management
e protection of clients and health care
Reporting of incident/event/irregular occurrence/variance Safe use of equipment Security plan Standard precautions/transmission-based precautions/surgical asepsis
ted stages of growth and development and Health promotion/disease prevention High-risk behaviors Lifestyle choices Self-care
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	sychosocial Integrity	
65 Th 66	e nurse provides care that assists with promotion and suppor	t of the emotional, mental and social well-being of clients.
67	Related content includes but is not limited to:	
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	 Abuse or neglect 	 Religious and spiritual influences on health
	 Behavioral management 	 Sensory/perceptual alterations
	Coping mechanisms Crisis intervention	 Stress management Substance use and other disorders and
	 Cultural awareness 	 Substance use and other disorders and dependencies
	 End-of-life concepts 	 Support systems
	 Grief and loss 	 Therapeutic communication
	 Mental health concepts 	 Therapeutic environment
69		
	nysiological Integrity	
71 Th	e nurse assists in the promotion of physical health and well-b	eing by providing care and comfort, reducing risk potential for
72 cli	ents and assisting them with the management of health altera	itions.
73		
74 75		t to clients and assistance in the performance of activities of daily
76	living.	
77	Related content includes but is not limited to:	
78		
	Assistive devices	 Nutrition and oral hydration
	EliminationMobility/immobility	Personal hygieneRest and sleep
	 Nonpharmacological comfort interventions 	- Nest and sleep
79		
30		e related to the administration of medications and monitors clients
81 82	who are receiving parenteral therapies.	
33	Related content includes but is not limited to:	
34		
	 Adverse effects/contraindications/side 	 Expected actions/outcomes
	effects/interactions	 Medication administration
	 Dosage calculations 	 Pharmacological pain management
-		
36		potential for clients to develop complications or health problems
36 37	 Reduction of Risk Potential – The nurse reduces the prelated to treatments, procedures or existing condition 	
36 37 38 39		
36 37 38 39	related to treatments, procedures or existing condition Related content includes but is not limited to:	15.
36 37 38 39	 related to treatments, procedures or existing condition Related content includes but is not limited to: Changes/abnormalities in vital signs 	 Potential for complications from surgical procedures and
85 86 87 88 89 90	related to treatments, procedures or existing condition Related content includes but is not limited to: Changes/abnormalities in vital signs Diagnostic tests	 Potential for complications from surgical procedures and health alterations
36 37 38 39	related to treatments, procedures or existing condition Related content includes but is not limited to: Changes/abnormalities in vital signs Diagnostic tests	 Potential for complications from surgical procedures and health alterations Potential for complications of diagnostic tests/treatments/ procedures
36 37 38 39 90	related to treatments, procedures or existing condition Related content includes but is not limited to: Changes/abnormalities in vital signs Diagnostic tests Laboratory values	 Potential for complications from surgical procedures and health alterations Potential for complications of diagnostic tests/treatments/
36 37 38 39 90	related to treatments, procedures or existing condition 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 from surgical procedures and health alterations Potential for complications of diagnostic tests/treatments/ procedures Therapeutic procedures
86 87 88 89	related to treatments, procedures or existing condition 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 from surgical procedures and health alterations Potential for complications of diagnostic tests/treatments/ procedures

195 196 Related content includes but is not limited to:

- Alterations in body systems
- Basic pathophysiology
- Fluid and electrolyte imbalances

- Medical emergencies
- Unexpected response to therapies

197 Administration of the NCLEX-PN[®] Examination

198 The NCLEX-PN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of 199 delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is 200 unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that 201 match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and 202 level of difficulty, as well as a representative number of clinical judgment items. After the candidate answers an item, the 203 computer calculates an ability estimate based on all of the previous answers the candidate has selected. The next item 204 administered is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each 205 item, creating an examination tailored to the candidate's knowledge and skills, while fulfilling all NCLEX-PN Test Plan 206 requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made. 207

208 All LPN/VN candidates must answer a minimum of 85 items. The maximum number of items that an LPN/VN candidate may 209 answer is 150 during the allotted five-hour time period. Of the minimum-length exam, 52 of the items will come from the eight 210 content areas listed above in the stated percentages. Eighteen of the items will be comprised of three clinical judgment case 211 studies. Case studies are item sets composed of six items that measure each of the six domains of the NCSBN Clinical 212 Judgment Measurement Model. The remaining 15 items will be unscored pretest items. These pretest items can be composed of 213 clinical judgment case studies or stand-alone items. The maximum five-hour time limit to complete the examination includes all 214 breaks. Candidates may be administered multiple-choice items, case studies, as well as items written in alternate formats. All 215 item types may include multimedia, such as charts, tables and graphics. All items go through an extensive review process before 216 being used as items on the examination.

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More detailed information about the NCLEX examination, including information on the Next Generation NCLEX, CAT
 methodology, the candidate bulletin and Web tutorials can be found at the website NCLEX.com. A more detailed description of the item types can be found in the NCLEX Tutorial section on the website.

221 Examination Security and Confidentiality

222 Any candidate that violates test center regulations or rules, engages in irregular behavior or misconduct, and/or does not follow a 223 test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam 224 results may be withheld or canceled and the licensing board may take other disciplinary action, such as denial of a license and/or 225 226 disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information. Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of 227 examination items before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules 228 can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. 229 Disclosure of examination materials includes, but is not limited to, discussing examination items with faculty, friends, family or 230 others.

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Attachment E: Proposed 2026 NCLEX-PN[®] Test Plan – Clean Copy

2026 NCLEX-PN® Test Plan

National Council Licensure Examination for Licensed Practical/Vocational Nurses

(NCLEX-PN® Examination)

Introduction

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

Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level LPN/VNs. In the 2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice (NCSBN, 2025), more than 26,000 newly licensed LPN/VNs were asked about the frequency, importance and clinical judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering patient care. These increasingly complex decisions often require the use of clinical judgment to support patient safety. NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-PN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan. The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level LPN/VN to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-PN Test Plan.

Beliefs

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

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

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"The LPN/VN shall function within the limits of educational preparation and experience, function in promotion of and in the maintenance of good health, aide in preventing disease and disability, care for and rehabilitate individuals who are experiencing an altered state of health, and contribute to the ultimate quality of life until death" (NALPN, n.d.). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations the LPN/VN uses a clinical problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have predictable outcomes. "Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to standards of care, accountability of one's own actions and behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).

Classification of Cognitive Levels

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

Test Plan Structure

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

Client Needs

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

Safe and Effective Care Environment

- Coordinated Care
- Safety and Infection Prevention and Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

- Basic Care and Comfort
- Pharmacological Therapies
- Reduction of Risk Potential
- Physiological Adaptation

Integrated Processes

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

- Caring interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides support and compassion to help achieve desired therapeutic outcomes.
- Clinical Judgment the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- Clinical Problem-Solving Process (Nursing Process) a scientific approach to client care that includes data collection, planning, implementation and evaluation.

- Communication and Documentation verbal and nonverbal interactions between the LPN/VN and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- Culture and Spirituality interaction of the nurse and the client (individual, family or group, including significant others and population) that recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
- Teaching and Learning facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.

Clinical Judgment

The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study or as individual stand-alone items. A case study is where six items are associated with the same client presentation and share unfolding client information.

- Recognize Cues identify relevant and important information from different sources (e.g., medical history, vital signs).
- Analyze Cues organize and connect the recognized cues to the client's clinical presentation.
- Prioritize Hypotheses evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- Generate Solutions identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
- Take Action implement the solution(s) that address the highest priority.
- Evaluate Outcomes compare observed outcomes against expected outcomes.

Distribution of Content

The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on the results of the study 2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice (NCSBN, 2025) and expert judgment provided by members of the NCLEX Examination Committee.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment Coordinated Care Safety and Infection Prevention and Control 	18-24% 10-16%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
 Physiological Integrity Basic Care and Comfort Pharmacological Therapies Reduction of Risk Potential Physiological Adaptation 	7-13% 10-16% 9-15% 7-13%



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

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Overview of Content

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

Safe and Effective Care Environment

The nurse provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients and health care personnel.

Coordinated Care – The nurse collaborates with health care team members to facilitate effective client care.

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

- 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
- Health equity, equal access to care and unbiased treatment
- Information technology
- Informed consent
- Legal responsibilities
- Performance improvement (quality improvement)
- Referral process
- Resource management
- Safety and Infection Prevention and Control The nurse contributes to the protection of clients and health care
 personnel from health and environmental hazards.

Related content includes but is not limited to:

- Accident/error/injury prevention
- Emergency response plan
- Ergonomic principles
- Handling hazardous and infectious materials
- Home safety
- Least restrictive restraints and safety devices
- Reporting of incident/event/irregular occurrence/variance
- Safe use of equipment
- Security plan
- Standard precautions/transmission-based precautions/surgical asepsis

Health Promotion and Maintenance

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

Related content includes but is not limited to:

- 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

Psychosocial Integrity

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

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

Physiological Integrity

The 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.

 Basic Care and Comfort – The 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
- Pharmacological Therapies The 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
- Reduction of Risk Potential The 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 from surgical procedures and health alterations
- Potential for complications of diagnostic tests/treatments/ procedures
- Therapeutic procedures
- Physiological Adaptation The 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

Administration of the NCLEX-PN® Examination

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, as well as a representative number of clinical judgment items. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate has 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.

All LPN/VN candidates must answer a minimum of 85 items. The maximum number of items that an LPN/VN candidate may answer is 150 during the allotted five-hour time period. Of the minimum-length exam, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will be comprised of three clinical judgment case studies. Case studies are item sets composed of six items that measure each of the six domains of the NCSBN Clinical Judgment Measurement Model. The remaining 15 items will be unscored pretest items. These pretest items can be composed of clinical judgment case studies or stand-alone items. The maximum five-hour time limit to complete the examination includes all breaks. Candidates may be administered multiple-choice items, case studies, as well as items written in alternate formats. All item types may include multimedia, such as charts, tables and graphics. All items go through an extensive review process before being used as items on the examination.

More detailed information about the NCLEX examination, including information on CAT methodology, the candidate bulletin and Web tutorials can be found at the website <u>NCLEX.com</u>. A more detailed description of the item types can be found in the NCLEX Tutorial section on the website.

Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, engages in irregular behavior or 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 canceled 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. 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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Medical emergencies

Unexpected response to therapies

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Attachment F: Timeline for Implementation of the 2026 NCLEX-PN® Test Plan

October 2024	NCLEX® Examination Committee reviews 2024 PN Practice Analysis results and makes recommendations for the proposed 2026 NCLEX-PN® Test Plan.
January 2025	Proposed 2026 NCLEX-PN Test Plan is sent to nursing regulatory bodies (NRBs) for feedback.
April 2025	NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the NCSBN Board of Directors (BOD).
May 2025	NCSBN BOD reviews the proposed 2026 NCLEX-PN Test Plan.
September 2025	Panel of judges meet to recommend the 2026 NCLEX-PN passing standard.
	The proposed 2026 NCLEX-PN Test Plan is submitted to the Delegate Assembly and an action is provided.
December 2025	NCSBN BOD evaluates the 2026 NCLEX-PN passing standard.
January 2026	The approved 2026 NCLEX-PN Test Plan is published and placed on the NCSBN website.
April 1, 2026	Approved 2026 NCLEX-PN Test Plan and the 2026 NCLEX-PN passing standard are effective.

Attachment G: Annual Report of Pearson VUE for the NCLEX®

National Council of State Boards of Nursing (NCSBN®)

National Council Licensure Examination (NCLEX®)

Jan. 1, 2024–Dec. 31, 2024

Prepared by: Pearson VUE

March 11, 2025

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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 presents information gained during Pearson VUE's 20th 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 from Pearson VUE and Ellen Guirl, Cary Lin and Shu-chuan Kao from NCSBN, with input from other team members.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. NCSBN is continuing to develop various item types like traditional multiple choice and multiple-response items, as well as new item types that support clinical judgment. These new item types are developed using case scenarios, graphics and chart/exhibit information. All items are targeted at various difficulty levels and in sufficient quantities to meet the examination delivery 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) did not meet in 2024.

Pearson VUE Meetings with National Council of State Boards of Nursing

- March 12–14, 2024 2024 NCSBN Midyear Meeting (Atlanta, GA)
- Aug. 20–30, 2024 2024 NCSBN Annual Meeting
- December 2024
 Bi-annual Meeting

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Recurring Meetings and Conference Calls

- Marianne Griffin, Eric D'Astolfo and Tony Zara met bi-weekly with the NCSBN Management team
- Marianne Griffin met bi-weekly with Sandy Rhodes and Cathy Doan to discuss operational processes.
- Marianne Griffin, Bill Grabowski, Julie Burgett and Shu-chuan Kao met weekly to discuss item and exam development.
- Marianne Griffin, Daniel Cho, Angie Sjostrand, met weekly with NCSBN Test Development and Psychometric teams to review the publication schedule for the quarterly pool release.

Summary of NCLEX Examination Results for the 2024 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 2023, the 2024 overall candidate volumes were lower for the NCLEX-RN examination (11.47%) and lower for the NCLEX-PN examination (3.85%). The RN passing rate for the overall group was 3.61 percentage points higher for 2024 than for 2023, and the passing rate for the reference group was 2.60 percentage points higher for this period compared to 2023. The PN overall passing rate was higher by 4.54 percentage points than in 2023, and the PN reference group passing rate was 1.71 percentage points higher than in 2023. 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 2024 testing year for the NCLEX-RN examination:

- Overall, 317,814 NCLEX-RN examination candidates tested in 2024, as compared to 358,998 during the 2023 testing year. This represented a decrease of approximately 11.47%.
- The candidate population reflected 186,765 first-time, U.S.-educated candidates who tested during 2024, as compared to 186,350 for the 2023 testing year, which represented an increase of approximately 0.22%.
- The overall passing rate was 73.27% in 2024, compared to 69.66% in 2023. The passing rate for the reference group was 91.16% in 2024, as compared to 88.56% in 2023.
- In 2024, approximately 58.38% of the total group and 65.43% of the reference group ended their tests after a minimum of 70 operational items were administered. These figures were slightly higher than in the 2023 testing year, in which 55.08% of the total group and 64.41% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 20.69% for the total group and 16.73% for the reference group in 2024. These figures were lower than last year's figures of 22.52% for the total group and 17.29% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2024 testing period was 2.62 hours for the overall group and 2.24 hours for the reference group (longer than last year's average time of 2.61 hours for the overall group and last year's average time of 2.18 hours for the reference group).
- A total of 70.49% of the candidates chose to take a break during their examinations in 2024 (compared to 70.04% last year).
- Overall, 2.28% of the total group and 0.55% of the reference group ran out of time before completing the test in 2024. These percentages were lower for the total group and higher for the reference group than the corresponding percentages for candidates during the 2023 testing year (2.39% and 0.52%, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2024 testing period indicated patterns that were similar to those observed for the 2023 testing period. These results provided continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

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The following points are candidate highlights of the 2024 testing year for the NCLEX-PN examination:

- Overall, 63,151 NCLEX-PN candidates tested in 2024, as compared to 65,679 PN candidates during the 2023 testing year. This represented a decrease of approximately 3.85%.
- The candidate population reflected 50,574 first-time, U.S.-educated candidates who tested in 2024, as compared to 47,552 for the 2023 testing year, which represented an increase of approximately 6.36%.
- The overall passing rate was 79.07% in 2024 compared to 74.53% in 2023. The passing rate for the reference group was 88.38% in 2024, as compared to 86.67% in 2023.
- In 2024, approximately 62.07% of the total group and 67.85% of the reference group ended their tests after a minimum of 70 operational items were administered. These figures were higher than those from the 2023 testing year, in which 56.43% of the total group and 64.29% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 19.87% for the total group and 16.20% for the reference group in 2024. These figures were lower than last year's figures of 22.49% for the total group and 17.41% for the reference group.
- The average time needed to take the NCLEX-PN examination during the 2024 testing period was 2.44 hours for the overall group and 2.28 hours for the reference group. These times were shorter for the total group and longer for the reference group as compared to the last year (2.48 and 2.26 hours, respectively).
- A total of 64.37% of the candidates chose to take a break during their examinations in 2024 (compared to 65.03% last year).
- Overall, 1.43% of the total group and 0.67% of the reference group ran out of time before completing the test in 2024. These percentages were lower than last year's figures of 2.00% for the total group and 0.80% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2024 testing period indicated patterns that were similar to those observed for the 2023 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 Jan. 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2024 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 23,590 RN candidates tested in 2024, as compared to 18,945 RN candidates during the 2023 testing year. This represented an increase of approximately 24.52%.
- The candidate population reflected 10,922 first-time, Canadian-educated candidates who tested in 2024, as compared to 9,820 for the 2023 testing year, which represented an increase of approximately 11.22%.
- The overall passing rate was 67.87% in 2024 as compared to 72.16% in 2023. The first-time, Canadianeducated group passing rate was 88.72% in 2024, as compared to 87.91% in 2023.
- In 2024, 56.53% of the total group and 64.93% of the first-time, Canadian-educated group who ended their tests after a minimum of 70 operational items were administered. These percentages were higher than last year's percentages of 56.37% for the total group and lower than last year's percentages of 66.59% for the firsttime, Canadian-educated group.
- In 2024, the percentage of maximum-length test takers was 21.48% for the total group and 18.23% for the first-time, Canadian-educated group. The percentage for the total group was lower than last year's percentage of 22.13%, while the percentage for the first-time, Canadian-educated group was higher than last year's percentage of 16.63%.
- The average time needed to take the NCLEX-RN examination during the 2024 testing period was 2.82 hours for the overall group and 2.31 hours for the first-time, Canadian-educated group. These times were longer

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for the total group and the first-time, Canadian-educated group as compared to 2023 times of 2.70 and 2.27 hours, respectively.

- A total of 76.86% of the candidates chose to take a break during their examinations in 2024, as compared to 72.93% in 2023.
- Overall, 3.67% of the total group and 0.57% of the first-time, Canadian-educated group ran out of time before completing the test in 2024. These percentages were higher than the 2023 figure of 2.69% for the total group and 0.46% for the first-time, Canadian-educated group.
- In general, the NCLEX-RN Canadian English examination summary statistics for the 2024 testing period indicated patterns that were similar to those observed for the 2023 testing period. These results provided continued evidence that the administration of the NCLEX-RN Canadian English examination is psychometrically sound.

	Jan.–	March	April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
Statistic	Overall	lst Time U.S educated	Overall	lst Time U.S educated	Overall	lst Time U.S educated	Overall	lst Time U.S educated	Overall	lst Time U.S educated
Number Testing	81,824	51,946	98,298	66,464	84,803	50,653	52,889	17,702	317,814	186,765
Percent Passing	79.08	94.15	77.75	92.71	73.39	89.19	55.74	82.21	73.27	91.16
Avg. # Items Taken	100.87	96.57	102.71	99.50	105.28	102.46	106.05	103.09	103.48	99.83
% Taking Min # Items	63.97	72.65	59.64	65.57	54.83	60.08	53.10	58.98	58.38	65.43
% Taking Max # Items	17.63	12.90	19.73	16.16	23.11	20.04	23.32	20.69	20.69	16.73
Avg. Test Time (hours)	2.71	2.37	2.42	2.05	2.65	2.33	2.84	2.38	2.62	2.24
% Taking Break	74.07	64.29	61.75	48.38	72.04	61.04	78.73	62.36	70.49	57.57
% Timing Out	2.62	0.68	1.82	0.32	2.18	0.65	2.75	0.80	2.28	0.55

• 97.63% of the Canadian examinations were taken in English.

Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2023 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2023	
Statistic	Overall	lst Time U.S. educated	Overall	lst Time U.S. educated	Overall	lst Time U.S. educated	Overall	lst Time U.S. educated	Overall	lst Time U.S. educated
Number Testing	119,797	56,972	93,363	60,844	90,154	51,224	55,684	17,310	358,998	186,350
Percent Passing	57.79	80.48	81.61	94.32	75.46	90.69	65.75	88.63	69.66	88.56
Avg. # Items Taken	101.87	100.09	100.07	94.80	102.83	97.86	106.06	100.02	102.29	97.74
% Taking Min # Items	44.94	47.53	64.88	75.52	59.32	69.51	53.58	65.80	55.08	64.41
% Taking Max # Items	29.13	27.07	16.44	10.66	19.53	14.39	23.35	16.98	22.52	17.29
Avg. Test Time (hours)	2.46	2.06	2.46	2.08	2.69	2.31	3.05	2.56	2.61	2.18
% Taking Break	65.23	49.63	64.09	51.07	73.48	61.77	84.81	70.94	70.04	55.42
% Timing Out	1.31	0.26	2.03	0.35	2.75	0.66	4.70	1.53	2.39	0.52

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Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2024 Testing Year

			Oper	ational Iter	m Statistio	s				_
	Jan.–	March	April	-June	July-	-Sept.	Oct.	–Dec.	Cumulative 2024	
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.10	0.22	0.10	0.21	0.10	0.21	0.09	NA	NA
Avg. Item Time (secs.)	79.53	45.61	72.66 34.96		75.70	35.67	82.17	37.66	NA	NA
			Pre	etest Item	Statistics					
# of Items ¹	477		628		690		140		1,935	
Avg. Sample Size	1,2	237	1,1	66	1,054		781		1,060	
Mean Point-Biserial	0	.12	0	.12	0	.12	0.16		0.13	
Mean P value	0.	70	0.72		0.70		0.69		0.70	
Mean Item Difficulty	-C	.53	-0.73		-0.72		-0.65		-0.66	
SD Item Difficulty	1.	1.34		1.28		1.31		1.22		29
Total Number Flagged	2	4	2	38	42		7		131	
Percent Items Flagged	9	22	6.	05	6.	09	5.00		6.77	

1 Data do not include research and retest items.

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2023 Testing Year

Operational Item Statistics											
	Jan.–March		April–June		July–Sept.		OctDec.		Cumulative 2023		
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	
Point-Biserial	0.21	0.07	0.22	0.11	0.22	0.10	0.21	0.10	NA	NA	
Avg. Item Time (secs.)	85.43	27.35	73.97	37.88	78.26	39.66	87.23	49.42	NA	NA	

		Pretest Item	Statistics		
# of Items ²	326	NA	366	129	821
Avg. Sample Size	659	NA	994	2,000	1,218
Mean Point-Biserial	0.09	NA	0.12	0.15	0.12
Mean P value	0.63	NA	0.69	0.72	0.68
Mean Item Difficulty	-0.55	NA	-0.62	-0.84	-0.67
SD Item Difficulty	1.86	NA	1.34	1.29	1.50
Total Number Flagged	145	NA	23	3	171
Percent Items Flagged	44.48	NA	6.28	2.33	20.83

2 Data do not include research and retest items.

Table 5. Longitudinal Te	echnical S	ummary f	or the NC	LEX-PN Ex	aminatior	n: Group St	atistics fo	r 2024 Tes	ting Year	
	Jan.–	March	April-	-June	July-	-Sept.	Oct	-Dec.	Cumula	tive 2024
		lst Time U.S		lst Time U.S		lst Time U.S		lst Time U.S		lst Time U.S
Statistic	Overall	educated	Overall	educated	Overall	educated	Overall	educated	Overall	educated
Number Testing	Overall educated 15,842 12,844		13,985	10,813	19,349	16,333	13,975	10,584	63,151	50,574
Percent Passing	82.38	91.09	77.86	88.30	82.62	90.04	71.59	82.60	79.07	88.38
Avg. # Items Taken	101.19	97.50	102.11	98.78	100.54	98.04	105.36	102.86	102.12	99.07
% Taking Min # Items	63.46	70.40	62.06	68.44	65.47	70.10	55.80	60.68	62.07	67.85

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Table 5. Longitudinal Te	echnical S	ummary f	or the NC	LEX-PN Ex	aminatior	n: Group St	atistics fo	or 2024 Tes	ting Year	
	Jan.–I	March	April	-June	July-	-Sept.	Oct	-Dec.	Cumula	tive 2024
		lst Time		lst Time U.S		lst Time U.S	lst Time U.S		lst Time U.S	
Statistic	U.S Overall educated		Overall	educated	Overall	educated	Overall	educated	Overall	educated
% Taking Max # Items	17.93	13.61	19.86	15.84	18.32	15.17	24.21	21.29	19.87	16.20
Avg. Test Time (hours)	2.54	2.37	2.48	2.28	2.31	2.18	2.49	2.32	2.44	2.28
% Taking Break	68.26	63.48	65.86	59.67	59.14	54.26	65.70	59.66	64.37	58.89
% Timing Out	2.01	0.97	1.49	0.64	0.98	0.43	1.32	0.71	1.43	0.67

Table 6. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2023 Testing Year

	Jan.–I	March	April	-June	July-	Sept.	Oct	-Dec.	Cumula	tive 2023
Statistic	Overall	lst Time U.S educated	Overall	1st Time U.S educated						
Number Testing	21,001	13,970	12,620	8,818	18,883	15,237	13,175	9,527	65,679	47,552
Percent Passing	65.53	79.56	77.91	90.07	81.44	90.65	75.76	87.59	74.53	86.67
Avg. # Items Taken	100.55	96.71	103.28	97.40	101.53	98.27	103.58	99.34	101.97	97.87
% Taking Min # Items	46.67	52.15	60.35	71.17	63.24	69.61	58.49	67.22	56.43	64.29
% Taking Max # Items	27.67	22.88	21.40	14.31	18.69	14.94	20.74	16.19	22.49	17.41
Avg. Test Time (hours)	2.23	1.98	2.52	2.23	2.51	2.33	2.81	2.57	2.48	2.26
% Taking Break	55.80	45.66	65.74	56.35	66.42	60.92	77.07	71.57	65.03	57.72
% Timing Out	0.94	0.36	2.12	0.67	2.02	0.85	3.51	1.46	2.00	0.80

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2024 Testing Year

			Oper	ational Iter	m Statistio	s								
	Jan.–I	March	April	-June	July-	-Sept.	Oct.	-Dec.	Cumula	tive 2024				
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.				
Point-Biserial	0.22	0.11	0.22	0.10	0.22	0.10	0.22	0.10	NA	NA				
Avg. of Median Item Time (secs.)	73.98	41.54	69.11	33.59	68.70	33.74	72.22	34.23	NA	NA				
Pretest Item Statistics														
# of Items ³	139		J	16	2	.11	16	50	6	26				
Avg. Sample Size	1,3	576	1,2	224	8	19	5	66	9	96				
Mean Point-Biserial	0	.17	0	.17	0	.15	0	.16	С	0.16				
Mean P value	О.	62	0.	62	0.	62	О.	68	0	.64				
Mean Item Difficulty	-0	.20	-0	.33	-0	.27	-0	.79	-C	.40				
SD Item Difficulty	1.0	28	1.0	29	1.	16	1.	21	1	.14				
Total Number Flagged	1	2		7	1	5	1	3	2	47				
Percent Items Flagged	8.	63	6.	03	7	.11	8	.13	7	.51				

3 Data do not include research and retest items.

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Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2023 Testing Year

	Jan.–	March	April	-June	July-	-Sept.	Oct.	-Dec.	Cumula	tive 2023			
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.			
Point-Biserial	0.21	0.08	0.23	0.12	0.23	0.11	0.22	0.11	NA	NA			
Avg. Item Time (secs.)	79.79	25.65	71.22	35.96	69.70	34.53	76.23	41.83	NA	NA			
	Pretest Item Statistics												
# of Items ⁴	ç	19	Ν	IA	7	60	1.	30	2	59			
Avg. Sample Size	50	08	Ν	IA	7	20	1,C	98	7	75			
Mean Point-Biserial	0	10	Ν	IA	0	.17	0	.19	0	.15			
Mean P value	0.	49	Ν	IA	0.	62	0.	65	0	59			
Mean Item Difficulty	0.	32	Ν	IA	-0	.35	-0	.43	-0	0.15			
SD Item Difficulty	1.	63	Ν	IA	1.	16	1.	10	1.	30			
Total Number Flagged	2	57	Ν	IA	1	C	Ţ	2	2	i9			
Percent Items Flagged	37	.37	Ν	IA	0.	00	9.	23	18	.92			

4 Data do not include research and retest items

Table 9. Longitudinal S	ummary c	of NCLEX-P	RN-1 Exam	inations D	elivered in	n the 2024	Testing Y	'ear		
	Jan.–I	March	April-	-June	July–	Sept.	Oct	-Dec.	То	tal
Jurisdiction	English	French	English	French	English	French	English	French	English	French
Alberta	1,632	0	1,877	0	1,933	0	1,604	0	7,046	0
British Columbia	502	0	773	0	632	0	481	1	2,388	1
Manitoba	117	0	175	0	156	0	135	0	583	0
New Brunswick	59	130	262	261	118	104	58	9	497	504
Newfoundland and Labrador	74	0	282	0	225	0	181	0	762	0
Northwest Territories and Nunavut	3	0	18	0	5	0	1	0	27	0
Nova Scotia	396	5	622	7	723	5	707	5	2,448	22
Ontario	1,646	12	2,548	6	2,778	19	1,587	8	8,559	45
Prince Edward Island	24	0	53	0	11	0	19	0	107	0
Saskatchewan	169	0	444	0	306	0	255	0	1,174	0
Yukon	0	0	0	0	0	0	0	0	0	0
Total	4,622	147	7,054	274	6,887	128	5,028	23	23,591	572

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2024 Testing Year Cumulative 2024 Jan.-March April–June July-Sept. Oct.-Dec. 1st Time 1st Time 1st Time 1st Time 1st Time Canadian-Canadian-Canadian-Canadian-Canadian-Statistic Overall educated Overall educated Overall educated Overall educated Overall educated Number Testing 4,621 1,733 7,054 3,990 6,887 3,530 5,028 1,669 23,590 10,922 Percent Passing 71.80 91.63 72.94 91.65 69.33 87.82 55.13 80.59 67.87 88.72 Avg. # Items Taken 104.58 97.72 103.41 99.25 105.48 103.43 104.84 100.87 104.55 100.61

Table 10. Longitudinal 1	echnical :	Summary f	or the Ca	nadian NCI	LEX-RN E>	amination	: Group St	atistics for	2024 Test	ing Year
	Jan.–	March	April	–June	July-	-Sept.	Oct.	–Dec.	Cumula	tive 2024
Statistic	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated
% Taking Min # Items	56.76	71.38	59.40	67.44	54.70	59.69	54.79	63.33	56.53	64.93
% Taking Max # Items	20.95	14.71	20.44	16.47	22.87	21.90	21.54	18.33	21.48	18.23
Avg. Test Time (hours)	3.08	2.52	2.62	2.14	2.81	2.37	2.88	2.36	2.82	2.31
% Taking Break	85.20	70.98	69.01	51.95	76.65	62.69	80.51	63.15	76.86	60.15
% Timing Out	4.80	0.75	2.88	0.30	3.73	0.68	3.66	0.78	3.67	0.57

Table 11. Longitudinal T	echnical S	Summary fo	or the Car	nadian NCL	EX-RN Ex	amination:	Group St	atistics for	2023 Testi	ng Year
	Jan.–	March	April	–June	July-	-Sept.	Oct.	–Dec.	Cumula	tive 2023
Statistic	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated	Overall	lst Time Canadian- educated
Number Testing	4,941	1,917	4,322	2,983	5,398	3,492	4,284	1,428	18,945	9,820
Percent Passing	56.16 77.10		83.85	93.03	78.40	88.29	70.96	90.83	72.16	87.91
Avg. # Items Taken	103.51			94.87	102.30	99.12	105.02	98.41	102.58	97.99
% Taking Min # Items	41.87	46.79	67.05	75.90	61.50	68.36	55.84	69.40	56.37	66.59
% Taking Max # Items	30.36	26.97	15.64	10.39	19.79	16.52	22.13	16.04	22.13	16.63
Avg. Test Time (hours)	2.64	2.18	2.46	2.12	2.63	2.33	3.09	2.53	2.70	2.27
% Taking Break	70.71	53.68	64.55	53.23	72.05	62.54	85.06	69.54	72.93	59.00
% Timing Out	1.76	0.16	1.69	0.34	2.35	0.52	5.18	0.98	2.69	0.46

International Testing Update

Pearson VUE has a total of 290 Pearson Professional Centers (PPCs) in the United States and 79 PPCs internationally. Therefore, the total number of test centers globally is 369.

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

Table 12. NCLEX Ir	nternatio	nal Te	est Co	enter Vo	olum	e by I	Membe	er Bo	bard, J	an. 1, 2	2024-	Dec.	31, 2024	4 ^{5,6}					
Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Alabama	3	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0
Alaska	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Arizona	27	2	0	6	0	0	1	0	0	3	0	1	6	0	2	0	1	0	5
British Columbia	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
California-PN	4	1	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0
California-RN	92	4	0	11	1	2	15	0	3	0	0	1	47	2	1	0	2	0	3
Colorado	715	3	16	6	0	0	203	0	0	141	1	0	63	1	198	0	0	0	83

Table 12. NCLEX I	nternatio	nal Te	est Ce	enter Vo	olum	e by l	Membe	er Bo	oard, J	an. 1, 2	2024–	Dec.	31, 2024	4 5,6					
Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Connecticut	142	0	1	5	0	0	9	0	1	0	1	0	15	95	0	1	0	7	7
Delaware	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
District of Columbia	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Florida	517	4	19	56	1	1	172	12	4	56	1	12	52	8	36	3	1	1	78
Georgia	3	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1
Hawaii	24	0	0	1	2	0	0	0	3	1	0	0	17	0	0	0	0	0	0
Idaho	7	0	0	4	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0
Illinois	8,542	22	41	2,212	12	18	2,171	3	12	634	15	27	1,540	2	1,236	13	2	5	577
lowa	3	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Kentucky	42	0	0	2	0	0	7	0	0	1	1	1	0	0	13	0	0	0	17
Louisiana-RN	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Maine	4	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1
Maryland	9	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	7
Massachusetts	56	1	2	9	0	0	13	0	0	5	0	0	1	0	9	0	0	1	15
Michigan	26	0	0	10	0	0	2	0	1	1	0	0	6	0	2	0	0	0	4
Minnesota	160	0	0	124	0	1	5	0	0	2	0	0	2	0	1	0	1	5	19
Missouri	16	0	0	2	0	0	0	1	6	0	0	0	0	0	0	0	0	0	7
Montana	2,807	13	536	81	5	2	611	56	2	565	7	48	91	0	567	38	0	32	153
Nebraska	11	3	0	1	0	0	4	0	0	1	0	0	0	0	1	0	0	0	1
Nevada	20	0	0	3	1	0	0	4	0	0	0	1	7	1	0	0	0	0	3
Newfoundland and Labrador	4	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
New Jersey	6	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	2
New Mexico	1976	4	16	86	5	0	534	29	2	249	39	0	430	0	219	19	0	34	310
New York	38,980	264	84	10,388	116	788	3,466	70	2,574	219	250	124	17,234	108	261	130	772	264	1,868
North Carolina	70	4	0	1	1	0	16	1	1	10	1	5	6	0	18	0	2	0	4
North Dakota	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northern Mariana Islands	1,412	14	1	191	7	9	136	1	6	2	6	0	932	0	1	5	4	0	97
Ohio	12	0	0	5	0	0	1	1	0	0	0	1	0	0	1	0	0	0	3
Oregon	6	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Pennsylvania	134	0	1	6	0	1	11	0	0	2	0	0	14	1	84	0	0	1	13
Prince Edward Island	4	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Saskatchewan	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 12. NCLEX Ir	nternatio	nal Te	est Ce	enter Vo	olum	e by l	Membe	er Bo	oard, J	an. 1, 2	2024-	Dec.	31, 202 [,]	4 ^{5,6}					
Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
South Dakota	8	0	1	0	0	0	1	0	0	2	0	0	1	0	0	0	0	0	3
Tennessee	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Texas	7,616	54	129	296	19	23	2,866	1	19	850	64	25	946	5	461	17	5	43	1,793
Utah	14	0	0	1	0	0	0	0	1	0	0	10	0	0	1	0	0	0	1
Vermont	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virgin Islands	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
Virginia	49	2	0	5	1	0	9	0	0	2	0	0	2	0	8	0	1	0	19
Washington	125	2	0	56	1	1	12	2	4	4	3	0	12	0	4	0	1	0	23
West Virginia-RN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Wisconsin	4	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	1
Total	63,685	398	847	13,601	174	846	10,272	181	2,643	2,752	389	256	21,430	232	3,126	227	793	393	5,125

5 Only Member Boards with international test center data are represented.

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

Table 13. NC	LEX Inte	ernati	onal T	est Cen	ter V	/olum	ne by C	ounti	ry of Ed	ucatio	n, Jan	1, 2024	4–Dec.∶	31, 20	24 7				
Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Albania	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1
Antigua and Barbuda	4	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Argentina	18	0	17	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Australia	54	42	0	2	0	2	2	0	2	0	0	0	1	0	0	0	0	0	3
Bahamas	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bahrain	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Bangladesh	19	0	0	2	0	0	13	0	0	0	1	0	0	0	0	0	0	0	3
Barbados	7	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Belarus	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Belgium	5	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Belize	6	0	0	1	0	0	0	0	0	0	0	3	0	0	0	0	1	0	1
Bermuda	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bhutan	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botswana	27	0	0	0	0	0	0	0	0	2	0	1	0	0	17	0	0	0	7
Brazil	549	6	504	17	0	0	0	0	0	0	0	0	0	0	0	4	0	0	18
Bulgaria	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Burundi	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 13. NC	LEX Inte	ernati	onal T	est Cen	ter \	/olum	ne by C	ount	rv of Ed	ucatio	n. Jan	1. 2024	4–Dec.	31. 20	24 7				
		sinteren		est een			ie by e	Garre	ly of Ea	acatio	n, sen	1, 202-	P Deel	51, 20	2-1				
Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Cameroon	94	0	0	13	1	0	45	0	0	18	0	0	1	0	8	1	0	0	7
Canada	297	0	0	296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Chile	28	0	24	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
China	391	4	0	57	0	288	1	0	13	0	6	0	1	0	4	1	14	0	2
Colombia	105	3	12	4	1	0	0	0	0	0	0	76	0	3	0	4	0	0	2
Congo, Republic of	5	0	0	1	0	0	0	0	0	2	0	0	0	0	2	0	0	0	0
Costa Rica	13	0	1	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0
Croatia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Cuba	5	0	1	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1
Cyprus	7	0	0	1	0	0	0	0	0	2	0	0	1	0	0	0	0	0	3
Czech Republic	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Denmark	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Dominica	6	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Dominican Republic	14	0	6	2	1	0	0	0	0	0	0	0	1	3	0	1	0	0	0
Ecuador	8	1	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Egypt	175	0	0	4	0	0	159	0	0	3	3	0	0	0	2	0	0	0	4
El Salvador	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Eritrea	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estonia	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
Eswatini	5	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	2
Ethiopia	127	0	0	7	1	1	54	0	0	54	1	0	2	0	3	1	0	1	2
Fiji	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Finland	26	0	0	4	2	0	0	0	0	0	0	0	0	0	0	3	0	0	17
France	10	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Gabon	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Gambia	60	0	0	0	1	0	17	0	0	13	5	0	8	0	10	0	0	0	6
Georgia	4	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Germany	10	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Ghana	2,535	4	8	100	0	0	647	0	1	263	0	0	9	0	980	1	0	0	522
Greece	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grenada	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Guatemala	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Guyana	27	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
Haiti	9	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Honduras	18	0	2	0	0	0	0	0	0	0	0	13	0	0	0	3	0	0	0
Hong Kong	124	0	0	72	0	52	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 13. NC	LEX Inte	ernati	onal T	est Cen	ter \	/olum	ne by Co	ount	ry of Ed	lucatio	n, Jan	. 1, 2024	4–Dec. 3	31, 20	24 7				
Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Hungary	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
India	9,145	52	0	5,659	8	0	2,986	0	3	0	4	1	2	0	8	6	0	0	416
Indonesia	10	0	0	1	0	0	0	0	2	0	4	0	3	0	0	0	0	0	0
Iran	500	1	0	139	1	0	136	0	0	0	7	0	0	0	0	3	0	207	6
Iraq	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Ireland	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
Israel	186	0	0	37	0	0	4	137	0	0	3	0	0	0	0	2	0	1	2
Italy	13	0	0	4	1	0	1	0	0	0	0	0	0	0	0	0	0	0	7
Jamaica	120	0	25	15	0	0	0	0	0	0	0	19	0	1	0	0	0	0	60
Japan	63	0	0	15	0	0	0	0	47	0	0	0	0	0	0	0	0	0	1
Jordan	414	1	0	14	4	0	176	0	0	0	29	0	2	0	1	6	0	33	148
Kenya	4,389	2	0	41	0	2	1,181	0	1	1,815	1	0	1	0	1,168	1	0	0	176
Korea, North	19	0	0	0	0	4	0	0	15	0	0	0	0	0	0	0	0	0	0
Korea, South	2,977	18	0	109	1	185	2	0	2,344	0	10	0	25	0	1	0	261	1	20
Kuwait	5	0	0	0	0	0	3	0	0	0	2	0	0	0	0	0	0	0	0
Lebanon	90	0	0	10	2	0	44	0	0	0	2	0	0	0	0	0	0	29	3
Lesotho	15	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	3
Liberia	5	0	0	1	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0
Lithuania	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Масао	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malawi	56	0	0	0	0	0	9	0	0	8	0	0	1	0	36	0	2	0	0
Malaysia	28	0	0	2	0	1	2	0	0	0	11	0	5	0	0	0	1	0	6
Mauritius	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mexico	103	0	0	0	1	0	0	0	0	0	0	102	0	0	0	0	0	0	0
Morocco	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Myanmar	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
Namibia	10	0	0	1	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
Nepal	2,812	28	0	280	1	2	2,460	0	15	0	0	0	1	0	0	2	0	0	23
Netherlands	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
New Zealand	15	12	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0
Niger	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	2,706	2	181	171	8	10	273	1	3	459	4	4	124	0	85	5	0	1	1,375
North Macedonia	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Norway	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Palestinian, State of	26	0	0	1	0	0	5	8	0	0	3	0	0	0	0	8	0	0	1
Pakistan	285	4	0	54	2	2	1	0	1	8	110	0	52	0	4	3	2	4	38

Table 13. NC	LEX Inte	ernatio	onal T	est Cen	ter \	/olum	ne by C	ount	ry of Ed	ucatio	n, Jan	. 1, 202	4–Dec.	31, 20	24 7				
Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
Paraguay	7	0	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Peru	14	0	10	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0
Philippines	31,918	201	7	6,198	113	169	1,893	32	139	10	60	0	21,163	0	1	119	48	12	1,753
Poland	8	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Portugal	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	7
Puerto Rico	219	0	0	0	0	0	0	0	0	0	0	0	0	215	0	1	0	0	3
Qatar	11	0	0	0	0	0	1	0	0	1	3	0	3	0	0	1	0	1	1
Romania	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Russian Federation	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Rwanda	7	0	0	1	0	0	2	0	0	3	0	0	0	0	1	0	0	0	0
Saint Lucia	17	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Saudi Arabia	21	0	0	1	1	0	3	0	0	0	0	0	1	0	0	1	0	0	14
Serbia	4	0	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Sierra Leone	4	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Singapore	12	1	0	0	0	3	1	0	0	0	4	0	3	0	0	0	0	0	0
Slovakia	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somalia	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Africa	151	0	0	4	0	0	8	0	0	1	0	0	0	0	136	0	0	0	2
Spain	51	0	0	2	2	0	0	0	0	0	0	0	0	0	0	33	0	0	14
Sri Lanka	51	0	0	29	0	0	21	0	0	0	0	0	0	0	0	0	0	0	1
St. Vincent and Grenadines	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Sudan	11	0	0	0	0	0	9	0	0	1	0	0	0	0	1	0	0	0	0
Sweden	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Switzerland	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Taiwan	257	0	0	18	0	1	0	0	0	0	0	0	0	0	0	0	238	0	0
Tajikistan	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Tanzania	45	0	0	0	0	0	8	0	0	23	0	0	0	0	14	0	0	0	0
Thailand	545	10	0	28	2	119	3	0	35	0	114	0	12	0	0	2	220	0	0
Trinidad and Tobago	56	0	12	6	0	0	0	0	0	0	0	14	0	1	0	0	0	0	23
Turkiye	149	1	0	32	5	0	1	0	0	1	0	0	0	0	1	0	0	101	7
Uganda	96	1	0	4	0	0	21	0	0	44	0	0	0	0	23	0	0	0	3
Ukraine	17	0	0	6	0	0	0	1	0	1	0	0	0	0	0	3	0	0	6
United Arab Emirates	29	0	1	1	0	0	23	0	0	0	0	0	0	0	0	1	0	0	3
United Kingdom	187	1	0	4	0	0	0	1	0	0	1	0	0	0	0	0	0	0	180
Table 13. NC	able 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2024–Dec. 31, 2024 ⁷																		
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Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Turkey	United Kingdom
United States	134	2	1	58	1	4	8	1	20	1	0	2	3	6	5	0	4	0	18
Uruguay	4	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uzbekistan	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Venezuela	19	0	16	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0
Virgin Islands, US	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Yemen	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Zambia	301	0	0	1	0	0	25	0	0	17	0	0	0	0	241	0	0	0	17
Zimbabwe	443	0	0	4	0	0	18	0	1	2	0	0	0	0	345	0	0	0	73
Total	63,685	398	847	13,601	174	846	10,272	181	2,643	2,752	389	256	21,430	232	3,126	227	793	393	5,125

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

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Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dee
81599	Adelaide	Australia	25	0	0	1	3	2	3	3	1	1	2	6	3
81597	Box Hill	Australia	34	2	3	5	1	4	1	1	2	5	1	6	3
81600	Brisbane	Australia	60	2	4	5	4	5	7	8	9	2	2	6	6
81866	Canberra	Australia	18	1	2	1	1	1	2	3	1	2	1	2	1
67712	Melbourne	Australia	97	6	8	12	8	11	4	7	5	8	11	7	10
81598	Parramatta	Australia	42	5	2	7	1	6	5	6	2	1	2	1	4
81601	Perth	Australia	23	2	0	2	2	3	0	2	0	5	3	1	3
50482	Sydney	Australia	99	6	3	11	9	10	10	9	10	8	7	7	9
50483	Sao Paulo	Brazil	847	57	54	81	87	87	94	78	73	63	62	17	94
50486	Burnaby	Canada	336	27	19	36	31	19	22	31	29	26	30	30	36
69827	Calgary	Canada	681	46	69	98	77	58	57	62	39	39	51	46	39
78699	Calgary	Canada	553	69	41	65	49	57	45	45	62	32	26	28	34
69853	Charlottetown	Canada	28	7	0	0	0	0	16	0	0	0	0	5	0
63110	Edmonton	Canada	401	36	42	50	41	35	28	56	26	22	25	19	2
78698	Edmonton	Canada	843	81	66	85	86	74	74	87	60	55	64	40	7
69844	Fredericton	Canada	115	0	26	0	0	0	45	10	0	0	34	0	0
69829	Halifax	Canada	217	18	12	18	16	20	11	13	30	19	16	29	15
78710	Halifax	Canada	227	13	14	20	32	20	16	21	9	16	19	18	29
69818	Hamilton	Canada	864	78	72	86	75	87	41	60	56	75	81	80	7
69826	London	Canada	978	78	68	97	58	105	89	118	60	70	84	65	8
69848	Membertou	Canada	11	0	0	0	0	0	0	0	11	0	0	0	C
50485	Montreal	Canada	677	53	61	70	70	62	52	51	52	58	51	36	6
69832	Nanaimo	Canada	6	0	0	0	0	0	6	0	0	0	0	0	C
80503	Oakville	Canada	513	0	0	0	0	0	76	110	41	70	75	61	80
57935	Ottawa	Canada	245	19	13	25	15	19	16	26	22	24	26	16	24
78711	Ottawa	Canada	245	18	21	15	34	24	18	31	22	18	15	12	15
69835	Prince George	Canada	1	0	0	0	0	0	0	1	0	0	0	0	C
78697	Regina	Canada	221	19	21	22	23	22	23	12	11	15	21	12	20
69830	Saskatoon	Canada	233	22	18	26	16	26	12	27	17	22	13	12	2
78703	St Johns	Canada	154	11	18	15	22	14	12	9	8	7	14	3	16
69825	Surrey	Canada	466	40	45	45	44	25	55	34	47	27	41	30	3
50484	Toronto	Canada	853	55	48	50	71	120	75	76	61	79	56	74	8
57936	Toronto	Canada	962	148	135	131	88	132	70	84	69	3	75	27	C
78704	Toronto	Canada	1.165	73	85	127	91	71	81	134	121	91	110	67	11

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2024–Dec. 31, 2024⁸

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec
78705	Toronto	Canada	1,433	97	75	121	108	129	112	124	140	88	177	100	162
78700	Vancouver	Canada	290	30	21	36	16	24	28	30	24	16	25	17	23
78701	Victoria	Canada	91	9	5	8	10	4	9	9	5	6	8	9	9
69828	Winnipeg	Canada	526	40	49	50	42	49	56	66	40	32	36	34	32
78702	Winnipeg	Canada	427	29	26	35	49	48	46	29	33	29	38	30	35
69847	Yellowknife	Canada	5	1	0	0	0	0	4	0	0	0	0	0	0
50490	Paris	France	174	28	6	21	23	26	21	3	6	13	4	7	16
50493	Hong Kong	Hong Kong	846	90	75	79	65	66	52	63	68	62	75	71	80
81606	Ahmedabad	India	331	23	27	20	22	23	26	35	32	30	36	26	31
81608	Amritsar	India	41	7	3	2	1	2	0	7	3	5	6	3	2
86887	Amritsar	India	127	8	7	9	8	15	10	12	9	14	11	11	13
50497	Bangalore	India	495	49	54	44	45	38	42	44	44	35	33	30	37
81602	Bangalore	India	831	73	52	72	69	85	60	92	65	60	63	62	78
81603	Chandigarh	India	98	10	6	5	13	4	11	10	7	7	8	9	8
50498	Chennai	India	404	40	32	28	37	34	31	31	32	34	34	40	31
81607	Gurugram	India	980	83	72	67	62	63	76	65	95	121	116	67	93
81604	Hyderabad	India	651	93	100	109	66	69	34	38	38	29	25	29	21
50496	Hyderabad Ghmc	India	607	76	95	76	64	50	51	50	45	25	33	22	20
81610	Jalandhar	India	128	17	10	8	12	17	5	15	6	5	13	9	11
88506	Jalandhar	India	30	5	1	4	2	1	0	2	3	2	1	3	6
88912	Ludhiana	India	274	29	16	16	14	16	29	30	29	21	23	28	23
88913	Mohali	India	67	6	1	15	3	8	7	6	3	5	7	1	5
88914	Mohali	India	10	1	0	0	1	0	2	0	1	0	2	1	2
50494	Mumbai	India	1,731	131	126	185	222	243	219	209	166	68	50	64	48
50495	New Delhi	India	3,053	246	294	253	289	304	297	264	252	262	240	173	179
76935	Noida	India	286	36	29	26	20	21	24	28	24	21	26	19	12
81605	Pune	India	89	21	13	13	5	7	6	4	7	4	6	1	2
81609	Surat	India	39	2	3	6	3	4	2	3	4	1	4	5	2
50499	Ramat Gan	Israel	181	15	8	17	17	20	16	24	11	12	13	10	18
57585	Osaka Shi	Japan	1,307	69	82	118	106	105	121	129	118	85	109	134	131
84078	Shinjuku	Japan	1,336	95	124	101	101	132	112	117	96	108	114	128	108
89331	Nairobi	Kenya	2,752	0	0	0	0	0	0	62	318	496	583	637	656
88878	Kuala Lumpur	Malaysia	389	0	5	17	20	19	27	37	41	54	61	55	53
50503	Mexico City	Mexico	256	20	14	19	32	16	19	24	27	20	25	21	19
88821	Makati	Philippines	6,794	832	777	805	178	615	852	684	966	873	212	0	0
54555	Manila	Philippines	20,095	1547	1233	1413	2169	1756	1583	1712	1419	1102	2340	1794	202
89911	Muntinlupa City	Philippines	1,335	0	0	0	0	0	0	0	0	0	0	498	837
47108	Guaynabo	Puerto Rico	232	19	24	26	20	27	25	19	17	16	12	12	15
55315	Johannesburg	South Africa	3,126	141	347	253	320	291	305	327	282	227	271	188	174
50505															-
	Madrid	Spain	227	16	13	23	15	15	20	20	30	18	16	26	15
50506	Taipei City	Taiwan	793	93	63	80	73	78	52	56	64	65	49	71	49
50508	Istanbul	Turkiye	393	26	39	38	30	37	32	38	52	28	0	30	43
48868	Belfast	United Kingdom	140	11	16	12	11	12	10	15	17	10	9	7	10
77701	Docklands London	United Kingdom	820	29	90	64	71	97	87	90	63	54	45	40	90
48901	Edinburgh	United Kingdom	140	12	9	11	14	10	10	14	9	17	7	12	15
48909	Glasgow	United Kingdom	74	13	1	8	5	10	9	3	2	13	3	0	7
82839	Horley, Surrey	United Kingdom	450	22	46	38	36	57	40	22	32	37	36	39	45
48940	Leeds	United Kingdom	242	1	6	24	28	21	20	21	16	26	30	24	25
77197	Manchester	United Kingdom	293	6	46	29	18	42	41	16	12	20	16	18	29
77156	Mile End, London	United Kingdom	1,323	67	79	107	118	150	106	96	140	100	157	122	81
73885	Southwark	United Kingdom	1,643	72	198	172	166	138	98	94	146	88	175	153	143
	Jouriwaik	Shites Kinguolli	1,040	14	001	1/2	100	1.00	0	54	1+0	00	1/0	00	143

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

2025 NCSBN BUSINESS BOOK

										Delivered	l /Total Pas	s (Pass Ra	lej			
Site ID	City	Country	Total Taken	Total Passed	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50482	Sydney	Australia	99	60	6/6 (100.00%)	3/2 (66.67%)	11/10 (90.91%)	9/7 (77.78%)	10/4 (40.00%)	10/5 (50.00%)	9/9 (100.00%)	10/5 (50.00%)	8/2 (25.00%)	7/3 (42.86%)	7/5 (71.43%)	9/2 (22.22%)
67712	Melbourne	Australia	97	54	6/3 (50.00%)	8/4 (50.00%)	12/8 (66.67%)	8/5 (62.50%)	11/7 (63.64%)	4/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	4/1 (25.00%)	0/0 (0.00%
81599	Adelaide	Australia	25	8	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	3/2 (66.67%)	2/0 (0.00%)	3/1 (33.33%)	3/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)	6/2 (33.33%)	3/1 (33.33%
81600	Brisbane	Australia	60	31	2/2 (100.00%)	4/2 (50.00%)	5/3 (60.00%)	4/1 (25.00%)	5/3 (60.00%)	7/5 (71.43%)	8/3 (37.50%)	9/6 (66.67%)	2/0 (0.00%)	2/1 (50.00%)	6/3 (50.00%)	6/2 (33.33%)
81597	Box Hill	Australia	34	20	2/1 (50.00%)	3/1 (33.33%)	5/3 (60.00%)	1/1 (100.00%)	4/3 (75.00%)	1/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)	5/4 (80.00%)	1/1 (100.00%)	6/2 (33.33%)	3/3 (100.00%)
81598	Parramatta	Australia	42	17	5/2 (40.00%)	2/2 (100.00%)	7/3 (42.86%)	1/1 (100.00%)	6/2 (33.33%)	5/2 (40.00%)	6/4 (66.67%)	2/0 (0.00%)	1/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	4/1 (25.00%)
81601	Perth	Australia	23	15	2/1 (50.00%)	0/0 (0.00%)	2/1 (50.00%)	2/2 (100.00%)	3/2 (66.67%)	0/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	5/2 (40.00%)	3/3 (100.00%)	1/1 (100.00%)	3/1 (33.33%
81866	Canberra	Australia	18	10	1/1 (100.00%)	2/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	2/1 (50.00%)	3/2 (66.67%)	1/1 (100.00%)	2/1 (50.00%)	1/0 (0.00%)	2/0 (0.00%)	1/1 (100.00%)
50483	Sao Paulo	Brazil	847	454	57/29 (50.88%)	54/36 (66.67%)	81/45 (55.56%)	87/59 (67.82%)	87/42 (48.28%)	94/57 (60.64%)	78/38 (48.72%)	73/36 (49.32%)	63/33 (52.38%)	62/24 (38.71%)	17/7 (41.18%)	94/48 (51.06%)
50484	Toronto	Canada	853	347	55/28 (50.91%)	48/21 (43.75%)	50/26 (52.00%)	71/31 (43.66%)	120/53 (44.17%)	75/34 (45.33%)	76/34 (44.74%)	61/29 (47.54%)	79/29 (36.71%)	56/13 (23.21%)	74/22 (29.73%)	88/27 (30.68%)
50485	Montreal	Canada	677	349	53/33 (62.26%)	61/32 (52.46%)	70/35	70/37 (52.86%)	62/34 (54.84%)	52/29 (55.77%)	51/28 (54.90%)	52/25 (48.08%)	58/25 (43.10%)	51/20 (39.22%)	36/14 (38.89%)	61/37 (60.66%)
50486	Burnaby	Canada	336	180	27/15 (55.56%)	19/9 (47.37%)	36/22 (61.11%)	31/19 (61.29%)	19/6 (31.58%)	22/8 (36.36%)	31/20 (64.52%)	29/15 (51.72%)	26/14 (53.85%)	30/16 (53.33%)	30/17 (56.67%)	36/19 (52.78%)
57935	Ottawa	Canada	245	106	19/6 (31.58%)	13/9 (69.23%)	25/14 (56.00%)	15/5 (33.33%)	19/11 (57.89%)	16/4 (25.00%)	26/11 (42.31%)	22/11 (50.00%)	24/12 (50.00%)	26/10 (38.46%)	16/3 (18.75%)	24/10
63110	Edmonton	Canada	401	168	36/18 (50.00%)	42/22 (52.38%)	50/25 (50.00%)	41/12 (29.27%)	35/19 (54.29%)	28/15 (53.57%)	56/22 (39.29%)	26/11 (42.31%)	22/8 (36.36%)	25/5 (20.00%)	19/5 (26.32%)	21/6 (28.57%)
57936	Toronto	Canada	962	402	148/66 (44.59%)	135/59 (43.70%)	131/69 (52.67%)	88/31 (35.23%)	132/52 (39.39%)	70/27 (38.57%)	84/27 (32.14%)	69/31 (44.93%)	3/1 (33.33%)	75/28	27/11 (40.74%)	0/0 (0.00%
69830	Saskatoon	Canada	233	113	22/12 (54.55%)	18/12 (66.67%)	26/17 (65.38%)	16/9 (56.25%)	26/15 (57.69%)	12/6 (50.00%)	27/8 (29.63%)	17/6 (35.29%)	22/10 (45.45%)	13/7 (53.85%)	13/5 (38.46%)	21/6 (28.57%)
69818	Hamilton	Canada	864	362	78/38 (48.72%)	72/38 (52.78%)	86/47 (54.65%)	75/25 (33.33%)	87/36 (41.38%)	41/18 (43.90%)	60/22 (36.67%)	56/26 (46.43%)	75/28 (37.33%)	81/37 (45.68%)	80/26 (32.50%)	73/21 (28.77%)
69825	Surrey	Canada	466	204	40/20 (50.00%)	45/26 (57.78%)	45/22 (48.89%)	44/26 (59.09%)	25/14 (56.00%)	55/23 (41.82%)	34/18 (52.94%)	47/17 (36.17%)	27/9 (33.33%)	41/8 (19.51%)	30/9 (30.00%)	33/12 (36.36%)
69826	London	Canada	978	391	78/34 (43.59%)	68/34 (50.00%)	97/56 (57.73%)	58/22 (37.93%)	105/47 (44.76%)	89/39 (43.82%)	118/36 (30.51%)	60/25 (41.67%)	70/21 (30.00%)	84/28 (33.33%)	65/21 (32.31%)	86/28
69827	Calgary	Canada	681	262	46/16 (34.78%)	69/37 (53.62%)	98/53 (54.08%)	77/35 (45.45%)	58/23 (39.66%)	57/16 (28.07%)	62/16 (25.81%)	39/12 (30.77%)	39/9 (23.08%)	51/16 (31.37%)	46/14 (30.43%)	39/15 (38.46%)
69828	Winnipeg	Canada	526	208	40/19 (47.50%)	49/22 (44.90%)	50/27 (54.00%)	42/15 (35.71%)	49/24 (48.98%)	56/26 (46.43%)	66/22 (33.33%)	40/13 (32.50%)	32/10 (31.25%)	36/10 (27.78%)	34/10 (29.41%)	32/10 (31.25%)
69829	Halifax	Canada	217	97	18/7 (38.89%)	12/7 (58.33%)	18/6 (33.33%)	16/10 (62.50%)	20/10 (50.00%)	11/7 (63.64%)	13/5 (38.46%)	30/15	19/8 (42.11%)	16/9	29/7 (24.14%)	15/6 (40.00%)
78697	Regina	Canada	221	96	19/11 (57.89%)	21/12 (57.14%)	22/12 (54.55%)	23/12 (52.17%)	22/12 (54.55%)	23/8 (34.78%)	12/8 (66.67%)	11/4 (36.36%)	15/4 (26.67%)	21/3 (14.29%)	12/2 (16.67%)	20/8
78698	Edmonton	Canada	843	329	81/40	66/35	85/37	86/32	74/29	74/18	87/34	60/20	55/22 (40.00%)	64/20	40/15 (37.50%)	71/27
78699	Calgary	Canada	553	235	(49.38%) 69/36	(53.03%)	(43.53%) 65/28	(37.21%)	(39.19%) 57/34	(24.32%)	(39.08%)	(33.33%)	32/10	(31.25%)	28/8	(38.03%)
78700	Vancouver	Canada	290	155	(52.17%) 30/20	(46.34%) 21/16 (76.10%)	(43.08%) 36/22 (6111%)	(42.86%) 16/9	(59.65%) 24/13 (54.17%)	(40.00%) 28/13	(37.78%) 30/11	(30.65%) 24/14 (58.33%)	(31.25%)	(34.62%) 25/9 (36.00%)	(28.57%)	(47.06%) 23/15 (65.22%)
78701	Victoria	Canada	91	53	(66.67%) 9/5 (55.56%)	(76.19%) 5/4 (80.00%)	(61.11%) 8/6	(56.25%)	(54.17%) 4/2	(46.43%) 9/5	(36.67%)	5/2	(37.50%) 6/4	8/6	9/5 (55.56%)	(65.22%) 9/6 (66.67%)
78702	Winnipeg	Canada	427	151	29/14 (48.28%)	26/9 (34.62%)	(75.00%) 35/20 (57.14%)	(50.00%) 49/14 (28.57%)	(50.00%) 48/20 (41.67%)	(55.56%) 46/12 (26.09%)	29/14 (48.28%)	(40.00%) 33/12 (36.36%)	(66.67%) 29/9 (31.03%)	(75.00%) 38/9 (23.68%)	30/8 (26.67%)	(66.67%) 35/10 (28.57%)
78703	St Johns	Canada	154	75	(40.20%)	18/10	15/11	22/12	(41.87%) 14/9 (64.29%)	(28.09%) 17/5 (29.41%)	9/5 (55.56%)	(36.36%) 8/3 (37.50%)	7/4 (57.14%)	14/6	3/0 (0.00%)	16/4
78704	Toronto	Canada	1,165	506	73/40 (54.79%)	(55.56%) 85/41 (48.24%)	(73.33%) 127/71 (55.91%)	(54.55%) 91/34 (37.36%)	(64.29%) 71/27 (38.03%)	81/46	134/62	121/50	91/37	(42.86%) 110/30 (27.27%)	67/18	(25.00%) 114/50
78710	Halifax	Canada	227	93	(54.79%) 13/8 (61.54%)	14/10	(55.91%) 20/9 (45.00%)	(37.36%) 32/15 (46.88%)	(38.03%) 20/11 (55.00%)	(56.79%) 16/8 (50.00%)	(46.27%) 21/8 (38.10%)	(41.32%) 9/4 (44.44%)	(40.66%) 16/7 (43.75%)	(27.27%) 19/2 (10.53%)	(26.87%)	(43.86%) 29/9 (31.03%)
78711	Ottawa	Canada	245	100	18/8 (44.44%)	(71.43%)	15/10	34/12	24/9	18/6	31/17	22/9	18/9	15/6	12/3	17/6
78705	Toronto	Canada	1433	612	97/47	75/40	(66.67%) 121/66 (54.55%)	(35.29%)	(37.50%) 129/52 (40.31%)	(33.33%)	(54.84%) 124/46 (3710%)	(40.91%) 140/49 (35.00%)	(50.00%) 88/30 (34.09%)	(40.00%) 177/66 (37.29%)	(25.00%) 100/33 (33.00%)	(35.29%) 162/76 (46.91%)
80503	Oakville	Canada	513	182	(48.45%)	(53.33%)	(54.55%)	(46.30%)	(40.31%)	(50.89%) 76/28	(37.10%)	(35.00%) 41/15	(34.09%) 70/26	(37.29%) 75/19	(33.00%) 61/23	(46.91%) 80/27

Table	e 15. NCLEX	Internat	ional \	Volume	by Pas	s/Fail Ra	te, Jan.				d /Total Pas	s (Pass Ra	te)			
Site ID	City	Country	Total Taken	Total Passed	Jan.	Feb.	March	April	Мау	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50490	Paris	France	174	114	28/21 (75.00%)	6/4 (66.67%)	21/13 (61.90%)	23/18 (78.26%)	26/16 (61.54%)	21/14 (66.67%)	3/3 (100.00%)	6/3 (50.00%)	13/6 (46.15%)	4/2 (50.00%)	7/4 (57.14%)	16/10 (62.50%)
50493	Hong Kong	Hong Kong	846	474	90/55 (61.11%)	75/45 (60.00%)	79/50 (63.29%)	65/39 (60.00%)	66/39 (59.09%)	52/20 (38.46%)	63/35 (55.56%)	68/41 (60.29%)	62/35 (56.45%)	75/37 (49.33%)	71/30 (42.25%)	80/48 (60.00%)
50494	Mumbai	India	1,731	1,063	131/94 (71.76%)	126/86 (68.25%)	185/131 (70.81%)	222/132 (59.46%)	243/158 (65.02%)	219/128 (58.45%)	209/127 (60.77%)	166/100 (60.24%)	68/37 (54.41%)	50/22 (44.00%)	64/28 (43.75%)	48/20 (41.67%)
50495	New Delhi	India	3,053	1,934	246/183 (74.39%)	294/201 (68.37%)	253/174 (68.77%)	289/177 (61.25%)	304/172 (56.58%)	297/186 (62.63%)	264/180 (68.18%)	252/169 (67.06%)	262/157 (59.92%)	240/132 (55.00%)	173/112 (64.74%)	179/91 (50.84%)
50496	Hyderabad GHMC	India	607	385	76/50 (65.79%)	95/64 (67.37%)	76/52 (68.42%)	64/42 (65.63%)	50/34 (68.00%)	51/30 (58.82%)	50/35 (70.00%)	45/23 (51.11%)	25/11 (44.00%)	33/23 (69.70%)	22/11 (50.00%)	20/10 (50.00%)
50497	Bangalore	India	495	222	49/26 (53.06%)	54/29 (53.70%)	44/22 (50.00%)	45/17 (37.78%)	38/17 (44.74%)	42/18 (42.86%)	44/20 (45.45%)	44/16 (36.36%)	35/17 (48.57%)	33/13 (39.39%)	30/12 (40.00%)	37/15 (40.54%)
50498	Chennai	India	404	174	40/20 (50.00%)	32/17 (53.13%)	28/16 (57.14%)	37/14 (37.84%)	34/16 (47.06%)	31/17 (54.84%)	31/13 (41.94%)	32/15 (46.88%)	34/12 (35.29%)	34/10 (29.41%)	40/17 (42.50%)	31/7 (22.58%)
76935	Noida	India	286	181	36/28 (77.78%)	29/24 (82.76%)	26/19 (73.08%)	20/14 (70.00%)	21/7 (33.33%)	24/12 (50.00%)	28/23 (82.14%)	24/15 (62.50%)	21/11 (52.38%)	26/17 (65.38%)	19/5 (26.32%)	12/6 (50.00%)
81607	Gurugram	India	980	647	83/65 (78.31%)	72/48 (66.67%)	67/44 (65.67%)	62/44 (70.97%)	63/42 (66.67%)	76/53 (69.74%)	65/41 (63.08%)	95/62 (65.26%)	121/85 (70.25%)	116/75 (64.66%)	67/36 (53.73%)	93/52 (55.91%)
81604	Hyderabad	India	651	392	93/61 (65.59%)	100/69 (69.00%)	109/73 (66.97%)	66/42 (63.64%)	69/42 (60.87%)	34/22 (64.71%)	38/25 (65.79%)	38/19 (50.00%)	29/14 (48.28%)	25/10 (40.00%)	29/6 (20.69%)	21/9 (42.86%)
81610	Jalandhar	India	128	38	17/7 (41.18%)	10/6 (60.00%)	8/3 (37.50%)	12/3 (25.00%)	17/8 (47.06%)	5/1 (20.00%)	15/2 (13.33%)	6/0 (0.00%)	F /7	13/1 (7.69%)	9/2 (22.22%)	11/2 (18.18%
81605	Pune	India	89	54	21/15 (71.43%)	13/11 (84.62%)	13/8 (61.54%)	5/3 (60.00%)	7/2 (28.57%)	6/3 (50.00%)	4/3 (75.00%)	7/3 (42.86%)	4/3 (75.00%)	6/3 (50.00%)	1/0 (0.00%)	2/0 (0.00%)
81602	Bangalore	India	831	344	73/36 (49.32%)	52/27 (51.92%)	72/33 (45.83%)	69/26 (37.68%)	85/42 (49.41%)	60/23 (38.33%)	92/44 (47.83%)	65/31 (47.69%)	60/25 (41.67%)	63/16 (25.40%)	62/20 (32.26%)	78/21 (26.92%)
81608	Amritsar	India	41	16	7/4 (57.14%)	3/1 (33.33%)	2/1 (50.00%)	1/1 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	7/4 (57.14%)	3/0 (0.00%)	5/1 (20.00%)	6/3 (50.00%)	3/0 (0.00%)	2/0 (0.00%)
81609	Surat	India	39	18	2/0 (0.00%)	3/1 (33.33%)	6/6 (100.00%)	3/3 (100.00%)	4/3 (75.00%)	2/1 (50.00%)	3/0 (0.00%)	4/1 (25.00%)	1/1 (100.00%)	4/0 (0.00%)	5/1 (20.00%)	2/1 (50.00%)
81603	Chandigarh	India	98	40	10/6 (60.00%)	6/2 (33.33%)	5/2 (40.00%)	13/4 (30.77%)	4/2 (50.00%)	11/5 (45.45%)	10/4 (40.00%)	7/4 (57.14%)	7/2 (28.57%)	8/2 (25.00%)	9/4 (44.44%)	8/3 (37.50%)
81606	Ahmedabad	India	331	162	23/13 (56.52%)	27/22 (81.48%)	20/12 (60.00%)	22/10 (45.45%)	23/15 (65.22%)	26/9 (34.62%)	35/16 (45.71%)	32/16 (50.00%)	30/14 (46.67%)	36/14 (38.89%)	26/8 (30.77%)	31/13 (41.94%)
86887	Amritsar	India	127	71	8/5 (62.50%)		9/4 (44.44%)	8/6 (75.00%)	15/10 (66.67%)	10/5 (50.00%)	12/3 (25.00%)	9/4 (44.44%)	14/9 (64.29%)	11/7 (63.64%)	11/7 (63.64%)	13/5 (38.46%)
88506	Jalandhar	India	30	13	5/2 (40.00%)	1/1 (100.00%)	4/2 (50.00%)	2/1 (50.00%)	1/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	3/2 (66.67%)	2/0 (0.00%)	1/0 (0.00%)	3/1 (33.33%)	6/3 (50.00%)
88912	Ludhiana	India	274	103	29/13 (44.83%)	16/7 (43.75%)	16/5 (31.25%)	14/7 (50.00%)	16/7 (43.75%)	29/13 (44.83%)	30/10 (33.33%)	29/8 (27.59%)	21/9 (42.86%)	23/7 (30.43%)	28/8 (28.57%)	23/9 (39.13%)
88913	Mohali	India	67	23		1/1 (100.00%)	15/6 (40.00%)	3/2 (66.67%)	8/4 (50.00%)	7/2 (28.57%)	6/2 (33.33%)	3/0	5/0 (0.00%)	7/2 (28.57%)	1/0 (0.00%)	5/2 (40.00%)
88914	Mohali	India	10	1	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	2/1 (50.00%)
50499	Ramat Gan	Israel	181	111	15/10 (66.67%)	8/5 (62.50%)	17/12 (70.59%)	17/11 (64.71%)	20/14 (70.00%)	16/7 (43.75%)	24/16 (66.67%)	11/5 (45.45%)	12/5 (41.67%)	13/4 (30.77%)	10/10 (100.00%)	18/12 (66.67%)
57585	Osaka shi	Japan	1307	740	69/37 (53.62%)	82/57 (69.51%)	118/71 (60.17%)	106/71 (66.98%)	105/60 (57.14%)	121/68 (56.20%)	129/75 (58.14%)	118/73 (61.86%)	85/47 (55.29%)	109/52 (47.71%)	134/62 (46.27%)	131/67 (51.15%)
84078	Shinjuku	Japan	1,336	833	95/57 (60.00%)	124/76 (61.29%)	101/68 (67.33%)	101/66 (65.35%)	132/90 (68.18%)	112/70 (62.50%)	117/74 (63.25%)	96/64 (66.67%)	108/76 (70.37%)	114/67 (58.77%)	128/68 (53.13%)	108/57
89331	Nairobi	Kenya	2,752	1,740	0/0 (0.00%)		0/0 (0.00%)	0/0 (0.00%)		0/0 (0.00%)	62//2	318/213 (66.98%)	496/347 (69.96%)	583/339 (58.15%)	637/398 (62.48%)	656/401 (61.13%)
88878	Kuala Lumpur	Malaysia	389	202	0/0 (0.00%)	5/3 (60.00%)	17/9 (52.94%)	20/13 (65.00%)	19/11 (57.89%)	27/11 (40.74%)	37/19 (51.35%)	41/21 (51.22%)	54/32 (59.26%)	61/33 (54.10%)	55/28 (50.91%)	53/22 (41.51%)
50503	Mexico City	Mexico	256	137	20/14 (70.00%)	14/9 (64.29%)	19/13 (68.42%)	32/15 (46.88%)	16/8 (50.00%)	19/9 (47.37%)	24/12 (50.00%)	27/15 (55.56%)	20/11 (55.00%)	25/11 (44.00%)	21/12 (57.14%)	19/8 (42.11%)
54555	Manila	Philippines	20,095	9,569	1547/832 (53.78%)	1233/699 (56.69%)	1413/749 (53.01%)	2169/1085 (50.02%)	1756/829 (47.21%)	1583/793 (50.09%)	1712/868 (50.70%)	1419/690 (48.63%)	1102/536 (48.64%)	2340/954 (40.77%)	1794/733 (40.86%)	2027/801 (39.52%)
89911	Muntinlupa City	Philippines	1,335	604	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%)	498/240 (48.19%)	837/364 (43.49%)
47108	Guaynabo	Puerto Rico	232	78	19/5 (26.32%)	24/7 (29.17%)	26/10 (38.46%)	20/3 (15.00%)	27/9 (33.33%)	25/12 (48.00%)	19/7 (36.84%)	17/7 (41.18%)	16/5 (31.25%)	12/3 (25.00%)	12/1 (8.33%)	15/9 (60.00%)
55315	Johannesburg	South Africa	3,126	2,025	141/106 (75.18%)	347/253 (72.91%)	253/169 (66.80%)	320/196 (61.25%)	291/182 (62.54%)	305/202 (66.23%)	327/213 (65.14%)	282/196 (69.50%)	227/156 (68.72%)	271/152 (56.09%)	188/108 (57.45%)	174/92 (52.87%)
50505	Madrid	Spain	227	135	16/8 (50.00%)	13/8 (61.54%)	23/12 (52.17%)	15/10 (66.67%)	15/8 (53.33%)	20/13 (65.00%)	20/13 (65.00%)	30/19 (63.33%)	18/13 (72.22%)	16/10 (62.50%)	26/13 (50.00%)	15/8 (53.33%)

Table	e 15. NCLEX	Internat	ional	Volume	e by Pas	s/Fail Ra	te, Jan.	1, 2024-	-Dec. 31	, 2024 ⁹						
								To	otal Exams	Delivered	d /Total Pas	s (Pass Ra	te)			
Site ID	City	Country	Total Taken	Total Passed	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50506	Taipei City	Taiwan	793	444	93/58 (62.37%)	63/36 (57.14%)	80/44 (55.00%)	73/33 (45.21%)	78/41 (52.56%)	52/30 (57.69%)	56/30 (53.57%)	64/42 (65.63%)	65/34 (52.31%)	49/31 (63.27%)	71/39 (54.93%)	49/26 (53.06%)
50508	Istanbul	Türkiye	393	264	26/17 (65.38%)	39/27 (69.23%)	38/26 (68.42%)	30/20 (66.67%)	37/27 (72.97%)	32/22 (68.75%)	38/27 (71.05%)	52/32 (61.54%)	28/16 (57.14%)	0/0 (0.00%)	30/22 (73.33%)	43/28 (65.12%)
48940	Leeds	United Kingdom	242	154	1/0 (0.00%)	6/4 (66.67%)	24/15 (62.50%)	28/22 (78.57%)	21/14 (66.67%)	20/10 (50.00%)	21/18 (85.71%)	16/9 (56.25%)	26/16 (61.54%)	30/19 (63.33%)	24/15 (62.50%)	25/12 (48.00%)
48868	Belfast	United Kingdom	140	78	11/6 (54.55%)	16/12 (75.00%)	12/8 (66.67%)	11/6 (54.55%)	12/9 (75.00%)	10/7 (70.00%)	15/8 (53.33%)	17/9 (52.94%)	10/4 (40.00%)	9/1 (11.11%)	7/3 (42.86%)	10/5 (50.00%)
48901	Edinburgh	United Kingdom	140	87	12/9 (75.00%)	9/5 (55.56%)	11/8 (72.73%)	14/11 (78.57%)	10/5 (50.00%)	10/6 (60.00%)	14/8 (57.14%)	9/7 (77.78%)	17/9 (52.94%)	7/2 (28.57%)	12/8 (66.67%)	15/9 (60.00%)
48909	Glasgow	United Kingdom	74	42	13/8 (61.54%)	1/1 (100.00%)	8/3 (37.50%)	5/3 (60.00%)	10/8 (80.00%)	9/6 (66.67%)	3/2 (66.67%)	2/1 (50.00%)	13/8 (61.54%)	3/0 (0.00%)	0/0 (0.00%)	7/2 (28.57%)
73885	Southwark	United Kingdom	1,643	1,077	72/42 (58.33%)	198/154 (77.78%)	172/122 (70.93%)	166/117 (70.48%)	138/101 (73.19%)	98/60 (61.22%)	94/62 (65.96%)	146/92 (63.01%)	88/59 (67.05%)	175/84 (48.00%)	153/93 (60.78%)	143/91 (63.64%)
77156	Mile End, London	United Kingdom	1,323	828	67/51 (76.12%)	79/58 (73.42%)	107/70 (65.42%)	118/77 (65.25%)	150/94 (62.67%)	106/69 (65.09%)	96/59 (61.46%)	140/92 (65.71%)	100/61 (61.00%)	157/82 (52.23%)	122/73 (59.84%)	81/42 (51.85%)
77197	Manchester	United Kingdom	293	174	6/3 (50.00%)	46/30 (65.22%)	29/20 (68.97%)	18/12 (66.67%)	42/22 (52.38%)	41/24 (58.54%)	16/9 (56.25%)	12/7 (58.33%)	20/12 (60.00%)	16/11 (68.75%)	18/9 (50.00%)	29/15 (51.72%)
77701	Docklands London	United Kingdom	820	517	29/20 (68.97%)	90/63 (70.00%)	64/46 (71.88%)	71/50 (70.42%)	97/63 (64.95%)	87/55 (63.22%)	90/58 (64.44%)	63/38 (60.32%)	54/29 (53.70%)	45/26 (57.78%)	40/20 (50.00%)	90/49 (54.44%)
82839	Horley, Surrey	United Kingdom	450	287	22/19 (86.36%)	46/35 (76.09%)	38/24 (63.16%)	36/21 (58.33%)	57/36 (63.16%)	40/23 (57.50%)	22/16 (72.73%)	32/24 (75.00%)	37/20 (54.05%)	36/23 (63.89%)	39/24 (61.54%)	45/22 (48.89%)
	Total		63,685	33,040	4538/2600 (57.29%)	4585/2790 (60.85%)	5084/2961 (58.24%)		5502/2894 (52.60%)	4993/2606 (52.19%)	5409/2828 (52.28%)	5038/2677 (53.14%)	4454/2347 (52.69%)	6155/2730 (44.35%)	5649/2604 (46.10%)	6582/2984 (45.34%)

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

2025 NCSBN BUSINESS BOOK

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. The recipients are honored each year at the NCSBN Annual Meeting Awards Ceremony held in August in Chicago. Since 2021, there has been a decline in the number of award submissions, therefore the Awards Committee members have focused on strategies to promote the awards program and member recognition. We concluded 2024 with an interactive photo booth at the NCSBN Annual Meeting to capture the energy and momentum of members interacting.

The committee meets annually with the Marketing & Advocacy department to discuss ideas and recommendations for the annual awards campaign. These ongoing efforts have proven to be effective as we experienced an increase in the number of submissions in 2024 and 2025. This year, two new awards, the Nova and Catalyst awards, were approved by the Board of Directors (BOD). The Catalyst Award is given to someone who sparks change and transformation. The Nova Award is given to someone perceived to be an emerging nursing regulatory leader.

The Awards Committee selected four members as recipients for the 2025 awards program. In addition, 13 executive officers will receive the Executive Officer Recognition Award, for their years of service and contributions to nursing regulation. The following is a list of all members who will be honored at the 2025 NCSBN Annual Meeting:

Regulatory Achievement Award

College of Registered Nurses of Alberta Joy Peacock, MSc, RN Chief Executive Officer and Registrar

Exceptional Contribution Award

Jacci Reznicek, EdD, MSN, RN, ANP-BC Nursing Education Consultant Nebraska Board of Nursing

Catalyst Award

Douglas Bungay, MN, RN Chief Executive Officer and Registrar Nova Scotia College of Nursing

Nova Award

Alison Bradywood, DNP, MN/MPH, RN, NEA-BC Executive Officer Washington Board of Nursing

Committee Members

Jennifer Best, MSN, MN, RN, FRE Nova Scotia, Exam User Member

Bonny Kehm, PhD, RN Missouri, Area II

Carolyn Jo McCormies, MSN, RN, FNP-BC Arizona, Area I

Shannon E. McKinney, DNP, APRN, WHNP-BC, RNC-OB Arkansas, Area III

Carol Moreland, MSN, RN Kansas, Area II

Cynthia Swineford, MSN, RN, CNE Virginia, Area III

Lori Underwood Washington, Area I

Committee Staff

Alicia Byrd Director, Member Engagement

Meeting Dates

Oct. 1, 2024 (Virtual Meeting) Dec. 16, 2024 (In-person Meeting) Feb. 21, 2025 (Virtual Meeting) April 14, 2025 (In-person Meeting)

Relationship to Strategic Plan

N/A

Attachments

Attachment A: 2025 Awards Brochure

Executive Officer Recognition Award

Five Year Award

- Loretta (Lori) Melby, MSN, RN, Executive Officer, California Board of Registered Nursing
- · Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE, Executive Officer, North Carolina Board of Nursing
- Wendy Miller, MSN, RN, Executive Secretary, Pennsylvania State Board of Nursing
- · Linda Young, MS, RN, FRE, Executive Director, South Dakota Board of Nursing
- Jeanne Weis, MN, RN, LPN, CHPCN(C), Executive Director & Registrar, College of Licensed Practical Nurses of Alberta
- · Kim Lampron, MBA, Secretary General, Ordre des infirmières et infirmiers du Québec

10 Year Award

- Peggy Benson, MSN, MSHA, NE-BC, RN Executive Officer, Alabama Board of Nursing
- Margaret Sesepasara, MS, RN, Executive Secretary, American Samoa Health Services Regulatory Board
- · Kim Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing
- Stacey Pfenning, DNP, APRN, FNP, FAANP, Executive Director, North Dakota Board of Nursing
- Sue Smith, MAOL, RN Chief Executive Officer & Registrar, Nova Scotia College of Nursing (retired May 2025)

15 Year Award

• Sue Tedford, MNSc, APRN, Executive Director, Arkansas State Board of Nursing (retired June 2025)

30 Year Award

· Joey Ridenour, MN, RN, FAAN, Executive Director, Arizona Board of Nursing

Fiscal Year 2025 (FY25) Highlights and Accomplishments

- Following the 2024 awards survey and awards campaign, the Awards Committee continued to meet with the Marketing & Advocacy department to discuss the awards program to enhance, update and recommend new awards to acknowledge excellence in nursing regulation and honor member's accomplishments. The discussions focused on engagement strategies and innovative resources to promote the 2025 awards campaign and boost membership engagement.
- In December the following committee recommendations from the Awards Committee were approved by the BOD:
 - Two new award categories: Catalyst and Nova awards.
 - Changes to Policy 2.16, Member Recognition Policy to support the attendance of the Awards Committee
 members to attend the Midyear and Annual Meetings.
 - · Changed the launch date for the annual awards campaign to October.
 - Approved revisions to the existing awards criteria to recognize accomplishments and excellence in nursing regulation performed at the nursing regulatory body.
- Held two webinars to raise awareness and educate members about the awards categories, tips for write a "winning" nomination and ideas to motivate and inspire members to submit a nomination.
- Supported an exhibit table at the 2024 Annual Meeting and the 2025 Midyear Meeting to engage members with the awards program and encourage them to submit a nomination.

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- Member Engagement staff reviewed the nominations to ensure compliance with the committee's blind review process and supported the committee's review and selection of recipients.
- Awards Committee members gave promotional "pitches" on Knowledge Network calls to raise awareness of the awards campaign.
- Presented the BOD at the May meeting with the names of the four 2025 award recipients and the executive officers who received the Executive Officer Recognition Award.

Future Activities:

The committee will meet this summer to review feedback from the April 2025 committee and meet with marketing to discuss plans for the FY26, October campaign launch.

Attachment A: 2025 Awards Brochure



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

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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 2025 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 and nominators will be notified after the May 2025 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 is made, the nominator will be contacted to determine if he/she is agreeable to the nominee being given a different award.

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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

Number of Recipients One

Annually as applicable

Award Cycle



Watch the video for the 2024 award recipient, Jay Douglas, MSM, RN, CSAC, FRE, former Executive Director (retired), Virginia Board of Nursing.

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 served as a member president 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



Watch the video for the 2022 award recipient, Barbara Blozen, EdD, MA, RN-BC, CNL, Board President, New Jersey Board of Nursing.

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 nursing regulatory body who is a member

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



Watch the video for the 2024 award recipient, British Columbia College of Nurses and Midwives.

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

Criteria for Selection

- Significant promotion of the mission and vision of NCSBN and nursing regulation
- Positive impact on the contributions of NCSBN
- · Demonstrated support of NCSBN's mission and nursing regulation
- Dedication to public protection

Award Cycle

Annually as applicable

Number of Recipients

One



Watch the video for the 2024 award recipient, Sue Tedford, MNSc, APRN, Executive Director, Arkansas State Board of Nursing.

CONSERVATIONS CALL FOR AWARD NOMINATIONS CALL FOR AWARD NOMINATIONS NOV NOVA is a star showing an increase in brightness. This award recognizes emerging nursing regulatory leaders. Lightlity An individual who is a member with less than five years tenure in nursing regulation or in their role Criteria for Selection Ominiment to public protection Ominiment of Recipients Ominiment of Recipients Ominiment of Recipients Ominiment of Recipients Ominiment Om

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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 and nursing regulation.

Eligibility

An NCSBN Member who is not a president or executive officer

Criteria for Selection

- Significant contributions to nursing regulation
- Demonstrated support of NCSBN's mission and nursing regulation
- Dedication to public protection

Award Cycle

Annually as applicable

Number of Recipients

One



Watch the video for the 2024 award recipient, Victoria Record, EdD, MS, RN, AGPCNP-BC, CNE, Board Member, New York State Board of Nursing.



Watch the video for the 2024 award recipient, Patricia Towler, Board Staff, Nevada State Board of Nursing.

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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

One



Watch the video for the 2020 award recipient, David Swankin, Esq., President and CEO, Citizen Advocacy Center (CAC).

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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;
- 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

David Henton REALPACE FROM DOUBLE FROM DOUBLE DOUBL

Watch the video for the 2023 award recipient, David Benton, RGN, PhD, FRCN, FAAN, NCSBN CEO, 2015-2023.



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

14

Previous NCSBN Award Recipients

FOUN	DERS AWARD	1998	Jennifer Bosma		Gertrude Malone	2007	Massachusetts Board of
2023	David Benton		Elaine Ellibee	1997	Sister Teresa Harris		Registration in Nursing
2020	Carmen A. Catizone		Marcia M. Rachel		Helen Kelley	2006	Louisiana State Board
	Elizabeth Lund	1997	Jean Caron	1996	Tom O'Brien		of Nursing
2018	Jovce M. Schowalter	1996	Joan Bouchard	1995	Gail M. McGuill	2005	Idaho Board of Nursing
2017	Thomas G. Abram	1995	Corinne F. Dorsey	1994	Billie Haynes		North Carolina Board of Nursing
2015	Kathy Apple	1992	Renatta S. Loquist	1993	Charlie Dickson	2002	West Virginia State Board of
		1989	Marianna Bacigalupo	1991	Sharon M. Weisenbeck		Examiners for Licensed Practical Nurses
R. I. OI	JISE MCMANUS AWARD	1986	Joyce Schowalter	1990	Sister Lucie Leonard	2001	Alabama Board of Nursing
	Jay Douglas	1983	Mildred Schmidt	1988	Merlyn Mary Maillian	2001	Alabama board of Nursing
	Anne Coghlan			1987	Eileen Dvorak	ELAIN	E ELLIBEE AWARD
	Kim Glazier	MERI	ORIOUS SERVICE AWARD			2022	Barbara Blozen
	Lori Scheidt	2024	Sue Tedford	REGU	LATORY ACHIEVEMENT AWARD	2020	Patricia Sharpnack
2019	Elizabeth Lund	2023	Paula R. Meyer	2024	British Columbia College of	2017	Valerie J. Fuller
2018	Gloria Damgaard	2020	Adrian Guerrero		Nurses and Midwives	2016	Susan Odom
2017	Mary Blubaugh	2019	Fred Knight		Kansas State Board of Nursing	2015	Deborah Haagenson
2016	Julia L. George	2017	Linda D. Burhans		North Dakota Board of Nursing	2013	Linda R. Rounds
2015	Rula Harb	2016	Lori Scheidt	2020	North Carolina Board of Nursing		
2014	Myra Broadway	2015	Elizabeth Lund	2019	Alabama Board of Nursing	EXCE	PTIONAL CONTRIBUTION AWARD
2013	Betsy Houchen	2014	Gloria Damgaard	2018	College of Nurses of Ontario	2024	Victoria Record
2012	Sandra Evans	2013	Constance Kalanek	2017	Minnesota Board of Nursing	202.	Patricia Towler
2011	Kathy Malloch	2012	Debra Scott	2016	West Virginia State Board of Examiners for Licensed	2023	Suzanne Hunt
2009	Faith Fields	2011	Julia George		Practical Nurses	2020	Mary A. Baroni
2008	Shirley Brekken	2010	Ann L. O'Sullivan	2015	Washington State Nursing	2019	Ingeborg "Bibi" Schultz
	Polly Johnson	2009	Sheila Exstrom	2010	Care Quality Assurance	2018	Lois Hoell
	Laura Poe	2008	Sandra Evans		Commission		Suellyn Masek
2005	Barbara Morvant	2007	Mark Majek	2014	Nevada State Board of Nursing	2017	Nathan Goldman
2004	Joey Ridenour	2005	Marcia Hobbs	2013	North Dakota Board of Nursing		Mindy Schaffner
2003	Sharon M. Weisenbeck	2004	Ruth Ann Terry	2012	Missouri State Board of Nursing		Catherine C. Woodard
2002	Katherine Thomas	2001	Shirley Brekken	2011	Virginia Board of Nursing	2016	Rene Cronquist
	Charlie Dickson	2000	Margaret Howard	2010	Texas Board of Nursing		Rhonda Taylor
1999	Donna Dorsey	1999	Katherine Thomas	2009	Ohio Board of Nursing	2015	Janice Hooper
		1998	Helen P. Keefe	2008	Kentucky Board of Nursing	2014	Ann L. O'Sullivan
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Previous NCSBN Award Recipients (continued)

AWARD, CONTINUED	The following awards are no longer presente	ad.
2013 Susan L. Woods		
2012 Julia Gould	EXCEPTIONAL LEADERSHIP AWARD	MEMBER BOARD AWARD
Sue Petula	2011 Lisa Klenke	2000 Arkansas Board of Nursing
2011 Judith Personett	2010 Catherine Giessel	1998 Utah State Board of Nursing
Mary Beth Thomas	2007 Judith Hiner	1997 Nebraska Board of Nursing
2010 Valerie Smith	2006 Karen Gilpin	1994 Alaska Board of Nursing
Sue Tedford	2005 Robin Vogt	1993 Virginia Board of Nursing
2009 Nancy Murphy	2004 Christine Alichnie	1991 Wisconsin Board of Nursing
2008 Lisa Emrich	2003 Cookie Bible	1990 Texas Board of Nurse Examiners
Barbara Newman Calvina Thomas	2002 Richard Sheehan	1988 Minnesota Board of Nursing
2007 Peggy Fishburn	2001 June Bell	1987 Kentucky Board of Nursing
2007 Feggy Fishburn 2005 William Fred Knight		
2004 Janette Pucci	NCSBN 30TH ANNIVERSARY	
2003 Sandra MacKenzie	SPECIAL AWARD	
2002 Cora Clay	2008 Joey Ridenour	
2001 Julie Gould	Sharon Weisenbeck Malin	
Lori Scheidt	Mildred S. Schmidt	
Ruth Lindgren	NCSBN SPECIAL AWARD	
DISTINGUISHED ACHIEVEMENT AWARD		
2020 David Swankin	2008 Thomas G. Abram	
2018 Gregory Y. Harris	2004 Robert Waters	
Deb Soholt	2002 Patricia Benner	
2015 Patricia "Tish" Smyer	SILVER ACHIEVEMENT AWARD	
2013 Lorinda Inman		
	2000 Nancy Wilson	
	1998 Joyce Schowalter	
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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 <u>www.ncsbn.org/awards</u> (NCSBN Passport account is required).
- All entries must be submitted no later than March 21, 2025.
- Members may nominate themselves or others.
- Two letters of support are required, one of which must be from the executive officer or designee.
- If the executive officer or designee is a nominator or nominee, they cannot write a letter of support. Instead, the letter of support should come from the following:
 - another nursing regulatory body, or
 - an external regulatory agency.
- Nominations for the Regulatory Achievement Award must include one letter of support from another member nursing regulatory body or from an external regulatory agency.
- Your narrative should be between 1,000 –1,500 words total.

If you have questions about the Awards Program, email <u>awards@ncsbn.org</u>.

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111 E. Wacker Drive, Suite 2900 Chicago, IL 60601-4277 312.525.3600 www.ncsbn.org These awards are designed to celebrate significant contributions in nursing regulation. Nominate those who have made an impact.

Recognition. Celebration. Inspiration.





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.

Fiscal Year 2025 (FY25) 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 ended Sept. 30, 2024. 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.
- 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, 2023.
- Reviewed and discussed the financial reserve; and informed the BOD concerning the outlook for the long-term financial position of the organization. A steadily declining fund balance value is forecasted. The committee recommended that the BOD propose an increase in the NCLEX[®] exam fee to address the forecasted decline in the reserve balance and to maintain a strong financial position for the long term. The committee recommended that the BOD propose an increase to the Delegate Assembly at the annual meeting to be held in August 2026.
- Reviewed and discussed the quarterly financial statements and supporting schedules; 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, Mariner, quarterly. Informed the BOD that the current investment policy and strategy are appropriate for NCSBN.

Committee Members

Lori Scheidt, MBA-HCM Missouri, Area II, Treasurer, Chair

Donald Bucher, DNP, ACNP-BC, FAANP Pennsylvania, Area IV

Sarah Cecil, DNP, MSCN, APRN, FNP-BC, PMHNP-BC Kentucky, Area III

Jeremy Cummins, LPN, LNHA Mississippi, Area III

Dawn Gerencer, MBA, RN, CNOR, CASC New Mexico, Area I

Dan Li, MBA, CPA, CA Exam User Member

Michael Starchman, RN, CPA Oklahoma, Area III

Committee Staff

Robert Clayborne, MBA, CPA, CGMA Chief Financial Officer

Gloria Melton, CPA Director of Finance

Meeting Dates

Dec. 12, 2024 Jan. 31, 2025 (Virtual Meeting) April 28, 2025 (Virtual Meeting) Aug. 4, 2025

Attachments

Attachment A: <u>Report of the Independent</u> <u>Auditors FY24</u>

2025 NCSBN BUSINESS BOOK

Future Activities

- There are no recommendations to the BOD for the August 2025 Annual Meeting. The purpose of this report is for information only.
- At a future meeting (scheduled for Aug. 4, 2025) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2025.

2025 NCSBN BUSINESS BOOK

Attachment A: Report of the Independent Auditors FY24

	RSM
	RSMUSLLP
	Independent Auditor's Report
-	oard of Directors lational Council of State Boards of Nursing, Inc.
V w s	Apinion We have audited the financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2024 and 2023, the related tatements of activities, functional expenses and cash flows for the years then ended, and the related otes to the financial statements.
p fl	n our opinion, the accompanying financial statements present fairly, in all material respects, the financial osition of the NCSBN as of September 30, 2024 and 2023, and the changes in its net assets and cash ows for the years then ended in accordance with accounting principles generally accepted in the United tates of America.
V o R ir e	Tasis for Opinion We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's tesponsibilities for the Audit of the Financial Statements section of our report. We are required to be adependent of NCSBN and to meet our other ethical responsibilities in accordance with the relevant thical requirements relating to our audits. We believe that the audit evidence we have obtained is ufficient and appropriate to provide a basis for our audit opinion.
N a d p	Responsibilities of Management for the Financial Statements Anagement is responsible for the preparation and fair presentation of the financial statements in ccordance with accounting principles generally accepted in the United States of America and for the esign, implementation and maintenance of internal control relevant to the preparation and fair resentation of financial statements that are free from material misstatement, whether due to fraud or rror.
e g	n preparing the financial statements, management is required to evaluate whether there are conditions or vents, considered in the aggregate, that raise substantial doubt about NCSBN's ability to continue as a oing concern within one year after the date that the financial statements are issued or available to be sued.
C fr ir a fr o fr	Auditor's Responsibilities for the Audit of the Financial Statements Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are ee from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance nd, therefore, is not a guarantee that audit conducted in accordance with GAAS will always detect a naterial misstatement when it exists. The risk of not detecting a material misstatement resulting from aud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional missions, misrepresentations, or the override of internal control. Misstatements are considered material there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.
THE P	OWER OF BEING UNDERSTOOD
RSMUSLU	RANCE TAX CONSULTING Pis Ulev IS: menuter firm of RSM International a global intervent of independent assurance. Law, and consulting firms.
VISIT CATAL	scon/Jacoutus for more information regarding RSM US LLP and RSM international.

2025 NCSBN BUSINESS BOOK

In performing audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to
 fraud or error, and design and perform audit procedures responsive to those risks. Such procedures
 include examining, on a test basis, evidence regarding the amounts and disclosures in the financial
 statements.
- Obtain an understanding of internal control relevant to the audit 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 NCSBN's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant
 accounting estimates made by management, as well as evaluate the overall presentation of the
 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
 raise substantial doubt about NCSBN's ability to continue as a going concern for a reasonable period
 of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

RSM US LLP

Chicago, Illinois December 20, 2024

2025 NCSBN BUSINESS BOOK

Statements of Financial Position September 30, 2024 and 2023

	2024	2023
Assets		
Cash and cash equivalents	\$ 25,071,933	\$ 17,571,679
Cash held for others	1,429,232	1,199,340
Accounts receivable	254,252	209,464
Accrued investment income	621,526	503,487
Prepaid expenses	1,891,587	2,157,587
Investments	266,740,452	251,863,530
Operating lease right-of-use assets, net	3,344,409	4,089,243
Financing lease right-of-use assets, net	41,521	78,577
Property and equipment, net	18,153,495	10,585,291
Total assets	\$ 317,548,407	\$ 288,258,198
Liabilities and Net Assets		
Liabilities:		
Accounts payable	\$ 2,331,193	\$ 1,566,878
Due to test vendor	5,747,910	6,144,435
Accrued payroll, payroll taxes and compensated absences	1,740,096	1,630,341
Contract liabilities	21,719,008	22,930,884
Grants payable	375,036	614,395
Cash held for others	1,429,232	1,199,340
Operating lease liability	5,040,087	5,796,688
Financing lease liability	46,613	79,855
Total liabilities	38,429,175	39,962,816
Net assets without donor restrictions:		
Board-designated	125,000,000	125,000,000
Undesignated	154,119,232	123,295,382
Total net assets without donor restrictions	279,119,232	248,295,382
Total liabilities and net assets	\$ 317,548,407	\$ 288,258,198

See notes to financial statements.

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Very Frided Contempor 20, 2004 and 2002		
Years Ended September 30, 2024 and 2023		
	2024	2023
Changes in net assets without donor restrictions: Revenue:		
Examination fees	¢ 402 749 500	¢ 111 CEO EO
	\$ 103,748,509	\$ 114,658,522 11,490,55
Other program services income	9,677,854	16,517,45 ²
Net realized and unrealized gain (loss) on investment Interest and dividend income, net of investment expenses	38,779,025	4,995,54
Total revenue	5,683,517	4,995,54
	157,888,905	147,002,003
Expenses:		
Program services:		
Nurse competence	84,836,484	102,132,476
Nurse practice and regulatory outcome	17,121,755	14,130,690
Information	19,288,815	14,769,800
Total program services	121,247,054	131,032,966
Support services:		
Management and general	5,818,001	7,144,879
Total support services	5,818,001	7,144,879
Total expenses	127,065,055	138,177,84
Increase in net assets without donor restrictions	30,823,850	9,484,220
let assets without donor restrictions—beginning of year	248,295,382	238,811,162
Net assets without donor restrictions—end of year	\$ 279,119,232	\$ 248,295,382

See notes to financial statements.

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Statement of Functional Expenses Year Ended September 30, 2024

	Program Services								
	Nurse Competence	and	Nurse Practice and Regulatory Outcome		Information		Management and General		Total
Salaries	\$ 5,376,932	\$	5,078,741	\$	5,419,299	\$	2,838,779	\$	18,713,751
Fringe benefits	1,463,662	Ŧ	1,462,016	Ť	1,570,674	Ŧ	605,080	Ŷ	5,101,432
NCLEX processing costs	75,063,060		-		-		-		75,063,060
Other professional services fees	945,889		4,155,512		3,205,074		1,083,790		9,390,265
Supplies	14,458		17,309		21,171		12,383		65,321
Meetings and travel	1,123,252		3,592,847		271,475		530,145		5,517,719
Telephone and communications	-		24,885		181,639		-		206,524
Postage and shipping	8,564		18,802		8,594		6,934		42,894
Occupancy	394,305		444,282		627,789		317,635		1,784,011
Printing and publications	703		94,470		703		566		96,442
Library and membership	110,190		31,973		1,261		33,161		176,585
Equipment and maintenance	5,785		857,377		4,471,679		123,220		5,458,061
Depreciation and amortization	118,924		125,530		3,509,457		95,800		3,849,711
Other expenses	210,760		68,022		-		170,508		449,290
Grants	-		1,149,989		-		-		1,149,989
Total functional expenses	\$ 84,836,484	\$	17,121,755	\$	19,288,815	\$	5,818,001	\$	127,065,055

See notes to financial statements.

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Statement of Functional Expenses Year Ended September 30, 2023

	Program Services					_		
	Nurse Practice					_		
	Nurse	and Regulatory Outcome		Information		Management and General		
	Competence							Total
Salaries	\$ 4,578,234	\$	4,451,814	\$	4,928,687	\$	3,609,896	\$ 17,568,631
Fringe benefits	1,243,157		1,155,855		1,310,935		738,896	4,448,843
NCLEX processing costs	81,469,216		-		-		-	81,469,216
Other professional services fees	13,624,686		3,337,253		2,484,880		1,535,151	20,981,970
Supplies	26,744		24,486		26,271		17,107	94,608
Meetings and travel	602,070		3,507,915		72,472		546,806	4,729,263
Telephone and communications	1,750		400		197,293		-	199,443
Postage and shipping	9,957		30,283		9,733		6,192	56,165
Occupancy	357,127		339,781		431,248		221,997	1,350,153
Printing and publications	-		125,356		-		-	125,356
Library and membership	62,265		22,911		1,725		46,577	133,478
Equipment and maintenance	1,030		269,748		3,482,906		19,941	3,773,625
Depreciation and amortization	139,693		120,815		1,823,650		86,836	2,170,994
Other expenses	16,547		74,302		-		315,480	406,329
Grants			669,771		-		-	669,771
Total functional expenses	\$ 102,132,476	\$	14,130,690	\$	14,769,800	\$	7,144,879	\$ 138,177,845

See notes to financial statements.

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Statements of Cash Flows Years Ended September 30, 2024 and 2023

		2024		2023
Cash flows from operating activities:				
Increase in net assets without donor restrictions	\$	30,823,850	\$	9,484,220
Adjustments to reconcile increase in net assets without				
donor restrictions to net cash used in operating activities:				
Depreciation and amortization		3,849,711		2,170,994
Net realized and unrealized gain on investments		(38,779,025)		(16,517,451
Amortization of operating right-of-use assets		744,834		251,416
Changes in assets and liabilities:				
Accounts receivable		(44,788)		125,461
Due from test vendor		-		39,744
Accrued investment income		(118,039)		(45,940
Prepaid expenses		266,000		(795,073
Accounts payable		764,315		(1,750,252
Due to test vendor		(396,525)		456,832
Accrued payroll, payroll taxes and compensated absences		109,755		39,789
Contract liabilities—deferred revenue		(1,211,876)		(2,170,507
Grants payable		(239,359)		140,477
Cash held for others		229,892		169,458
Operating lease liability		(756,601)		(553,528
Net cash used in operating activities		(4,757,856)		(8,954,360
Net cash used in operating activities		(4,757,050)		(0,004,000
Cash flows from investing activities:				
Purchase of property and equipment		(11,380,859)		(990,699
Purchases of investments		(84,894,789)		(51,002,736
Proceeds from sales of investments		108,796,892		46,113,161
Net cash provided by (used in) investing activities		12,521,244		(5,880,274
Cash flows from financing activities:				
Principal payments for finance lease liability		(33,242)		(24,947
Net cash used in financing activities		(33,242)		(24,947
Net increase (decrease) in cash, cash equivalents and				
cash held for others		7,730,146		(14,859,581
Cash, cash equivalents and cash held for others—beginning of year		18,771,019		33,630,600
Cash, cash equivalents and cash held for others—end of year	\$	26,501,165	\$	18,771,019
Classification and each each againstants and each hold for others.				
Classification and cash, cash equivalents and cash held for others:	¢	05 074 000	¢	47 574 070
Cash and cash equivalents	\$	-,- ,	\$	17,571,679
Cash held for others		1,429,232		1,199,340
Total cash, cash equivalents and cash held for others	\$	26,501,165	\$	18,771,019

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Notes to Financial Statements

Note 1. Nature of Activities

National Council of State Boards of Nursing, Inc. (NCSBN) is a nonprofit 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 with implementation of strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information: Develop information technology solutions valued and utilized by member boards to enhance regulatory efficiency.

Note 2. Significant Accounting Policies

Basis of presentation: NCSBN is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Net assets are generally reported as net assets without donor restrictions unless assets are received from donors with explicit stipulations that limit the use of the assets. NCSBN does not have any net assets with donor restrictions.

Revenue recognition: NCSBN derives its revenue primary from the National Council Licensure Examination (NCLEX) fees. Other significant revenue streams include licensure verification fees, member dues, and publication sales. During 2024 and 2023, NCSBN recognized revenue from contracts with customers of \$113,426,363 and \$126,149,073, respectively. For the year ended September 30, 2024, the beginning balance of NCSBN's receivables from contracts with customers was \$209,464 and the closing balance was \$254,252. For the year ended September 30, 2023, the beginning balance of NCSBN's receivables from contracts was \$374,669 and the closing balance was \$209,464. This includes fees that have been collected on behalf of NCSBN by NCSBN's outsourced test vendor, Pearson VUE.

For each revenue stream identified above, revenue recognition is subject to the completion of performance obligations. For each contract with a customer, NCSBN determined whether the performance obligations in the contract are distinct or bundled. Factors to be considered include the pattern of transfer, whether customers can benefit from the resources, and whether the resources are readily available.
Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

NCSBN's revenue is recognized when a given performance obligation is satisfied, either over a period of time or at a given point in time. NCSBN recognizes revenue over a period of time if the customer receives and consumes the benefits that NCSBN provides simultaneously or if NCSBN's performance does not create an asset with an alternative use and has an enforceable right to payment for the performance. The revenue is recognized at a given point in time when the control of the goods or service is transferred to the customer and when the customer can direct its use and obtain substantial benefit from the goods. The transaction price is calculated as the amount of consideration to which NCSBN expects to be entitled (such as the exam price and verification fee price). NCSBN collects payment upfront for NCLEX fees and at the time of purchase for all other revenue streams. For NCLEX fees, NCSBN collects cash prior to the satisfaction of the performance obligations, which results in NCSBN recognizing contract liabilities upon receipt of payment. For the year ended September 30, 2024, the beginning balance of NCSBN's contract liabilities was \$22,930,884 and the closing balance was \$21,719,008. For the year ended September 30, 2023, the beginning balance of NCSBN's contract liabilities was \$22,930,884.

The following explains the performance obligations related to each revenue stream and how they are recognized:

Examination fees: The NCLEX is administered primarily in the United States. Approximately 8% and 7% of examination fee revenue related to the NCLEX in Canada for the years ended September 30, 2024 and 2023, respectively. NCSBN has a performance obligation to provide the NCLEX to the candidates and recognizes revenue when the exam is taken.

The revenue streams listed below are included in other program services income on the statements of activities.

Nurse practicing exam fees: During fiscal year 2023, NCSBN provided practice exams to potential candidates. NCSBN had a performance obligation to make the practice exam and online courses available and recognized revenue at that point. Offering of the Nurse Practice Exam was discontinued in fiscal year 2023.

Licensure verification fees: Nurses can request verification of their licenses by completing a verification process, for which NCSBN charges a fee. NCSBN has a performance obligation to provide the verification, which is satisfied at the time of purchase.

Member dues: NCSBN earns dues from its associate members and exam user members. Member dues are earned over each fiscal year, representing the period over which NCSBN satisfied the performance obligation.

Publication sales: Customers can purchase NCSBN's publication, *Journal of Nursing Regulation*. NCSBN has a performance obligation to provide the publication, and revenue is recognized upon purchase.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Total revenue recognized at a point in time and over time was as follows for the years ended September 30, 2024 and 2023:

	2024	2023
Revenue recognized at a point in time Revenue recognized over time	\$ 113,335,863 90,500	\$ 126,110,823 88,250
·····	\$ 113,426,363	\$ 126,199,073

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

Cash held for others: Cash held for others represents cash held for the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA).

Accounts receivable: Accounts receivable represent amounts owed to NCSBN, stated at contract amount less an estimate made for credit losses. Management determines the allowance for credit losses by identifying troubled accounts and by using historical risk characteristics that are meaningful to estimating credit losses and any new risk characteristics that arise in the natural course of business applied to an aging of accounts. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Interest is not charged on past due accounts. Based on management's risk assessment over outstanding receivable balances, management's best estimate is that all balances will be collected. Accordingly, NCSBN has not established an allowance for credit losses at September 30, 2024 and 2023.

Board-designated net assets: The board has designated \$100,000,000 in a long-term reserve for the purpose of supplementing future programmatic revenue. In addition, the board has designated \$25,000,000 for future capital expenditures. These designations are based on board actions, which can be altered or revoked at a future time by the board.

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. 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 that 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 statements of activities as an increase (decrease) in net assets.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Property and equipment: Purchases of individual fixed assets of \$1,000 or greater are capitalized and depreciated. Property and equipment is 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. Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. No impairment was recognized during the years ended September 30, 2024 and 2023.

Leases: NCSBN accounts for leases according to Accounting Standards Codification (ASC) Topic 842 as of October 1, 2022. NCSBN determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) NCSBN obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. NCSBN also considers whether its service arrangements include the right to control the use of an asset.

NCSBN made an accounting policy election available under Topic 842 not to recognize right-of-use (ROU) assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or October 1, 2022, for existing leases upon the adoption of Topic 842). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives.

To determine the present value of lease payments, NCSBN made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Due to test vendor: NCSBN has a contract with Pearson VUE to administer the examinations. NCSBN accrues a base price fee at the time the exam is taken. 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 totals \$5,747,910 and \$6,144,435 as of September 30, 2024 and 2023, respectively, and includes administered exams that had not been paid at the end of the year.

Grants payable: NCSBN awards grants to selected institutions for nurse practice and regulatory outcome research, which are generally available for periods of one to two years. Unconditional grants are recorded by NCSBN in the period awarded. The expenditures in the accompanying financial statements include the amount expensed for the years ended September 30, 2024 and 2023. Conditional grants, if any, are expensed when such conditions are substantially met. There were no conditional grants awarded as of September 30, 2024 and 2023.

Functional allocation of expenses: The costs of providing the program and support services have been reported on a functional basis in the statements of functional expenses. Costs are charged to program and support services on an actual basis when available. Additionally, certain occupancy, equipment and maintenance, and depreciation and amortization have been allocated between program and support services based on estimates of time and effort determined by management.

Advertising expenses: Advertising expenses are expensed as incurred. Total advertising expenses were \$1,356,483 and \$141,009 for the years ended September 31, 2024 and 2023, respectively.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Income taxes: NCSBN is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3), except for income taxes pertaining to unrelated business income. The Financial Accounting Standards Board (FASB) issued guidance that requires tax effects from uncertain tax positions to be recognized in the consolidated financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. Management has determined there are no material uncertain tax positions that require recognition in the financial statements, as such, no provision for income taxes is reflected. Additionally, there is no interest or penalties recognized in the statements of activities or statements of financial position.

NCSBN files Form 990 in the U.S. federal jurisdiction and the state of Illinois.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) 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.

Adopted accounting pronouncements: Effective October 1, 2023, NCSBN adopted Accounting Standards Update (ASU) 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, using a modified retrospective approach for its financial assets in the scope of the standard. The ASU creates a new credit impairment standard for financial assets measured at amortized cost and available-for-sale debt securities, requiring such financial assets (including loans, trade receivables and held-to-maturity debt securities) to be presented at the net amount expected to be collected, through an allowance for credit losses that are expected to occur over the remaining life of the asset, rather than incurred losses. The measurement of credit losses for newly recognized financial assets (other than certain purchased assets) and subsequent changes in the allowance for credit losses are recorded in the statement of income as the amounts expected to be collected to be collected to be collected in the statement of income as the amounts expected to be collected to be collected in the statement of income as the amounts expected to be collected change. NCSBN's financial assets within the scope of this standard are insignificant, therefore the adoption of the new standard did not have a significant impact on the financial statements.

Subsequent events: NCSBN has evaluated subsequent events through December 20, 2024, which is the date the financial statements were available to be issued.

Note 3. Cash Concentrations

The cash and cash equivalents balance as of September 30, 2024 and 2023, consisted of the following:

	 2024	2023
JPMorgan Chase:		
Checking account	\$ 5,178,033	\$ 7,453,910
Savings account	7,560,254	5,954,025
Credit card merchant accounts	26,595	35,890
Certificates of deposit with original maturity of 3 months or less	 12,307,051	4,127,854
Total	\$ 25,071,933	\$ 17,571,679

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.

Notes to Financial Statements

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, 2024 and 2023, and the valuation techniques used by NCSBN to determine those fair values.

- Level 1: The estimated fair values for NCSBN's money market funds, marketable mutual funds and common stock are based on quoted market prices in an active market.
- Level 2: U.S. government issues (consisting of Treasury notes and bonds, Treasury Inflation-Protected Securities, and other 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.
- 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 (NAV): NAV consists of shares or interests in investment companies at year-end where the fair value of the investment held is estimated based on NAV per share (or its equivalent) of the investment company.

In instances where 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.

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Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	A	ssets Measured	au	ali value on a r	\CCull			
	-	uoted Prices in				U		-,
	A	ctive Markets	Si	gnificant Other	ę	Significant		
		for Identical		Observable	Ur	nobservable		
		Assets		Inputs		Inputs		
		(Level 1)		(Level 2)		(Level 3)		Total
ixed income:								
Money market funds	\$	2,006,577	\$	-	\$	-	\$	2,006,57
U.S. government issues		-		65,217,211		-		65,217,21
Corporate bonds		-		21,575,876		-		21,575,87
utual funds:								
Mortgage-backed fixed-income mutual fund		4,302,131		-		-		4,302,13
Developed market institutional fund		15,819,594		-		-		15,819,59
nstitutional index fund		71,168,111		-		-		71,168,11
Small-cap Index-Institutional Fund		33,419,687		-		-		33,419,68
American EuroPacific Growth Fund		7,597,757		-		-		7,597,75
uities—common stock		32,502,679		-		-		32,502,67
Total	\$	166,816,536	\$	86,793,087	\$	-		253,609,62
							=	
estments measured at NAV—real estate								
								13 130 82
	Q	ssets Measured uoted Prices in				0	\$ Septe	13,130,82 266,740,45 mber 30, 202
investment trust	Q	uoted Prices in Active Markets for Identical Assets		gnificant Other Observable Inputs	ŝ	Significant nobservable Inputs		266,740,45 mber 30, 202
nvestment trust Total investments at fair value	Q	uoted Prices in Active Markets for Identical		gnificant Other Observable	ŝ	Significant nobservable		266,740,45
nvestment trust Total investments at fair value red income:	Qı	uoted Prices in Active Markets for Identical Assets (Level 1)	Si	gnificant Other Observable Inputs	ې Ur	Significant nobservable Inputs	Septe	266,740,45 mber 30, 202 Total
nvestment trust Total investments at fair value red income: Money market funds	Q	uoted Prices in Active Markets for Identical Assets		gnificant Other Observable Inputs (Level 2)	ŝ	Significant nobservable Inputs		<u>266,740,45</u> mber 30, 202 Total 3,956,49
nvestment trust Total investments at fair value ed income: Money market funds J.S. government issues	Qı	uoted Prices in Active Markets for Identical Assets (Level 1)	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	<u>266,740,45</u> mber 30, 202 Total 3,956,49 58,807,67
nvestment trust Total investments at fair value ed income: Money market funds J.S. government issues Corporate bonds	Qı	uoted Prices in Active Markets for Identical Assets (Level 1)	Si	gnificant Other Observable Inputs (Level 2)	ې Ur	Significant nobservable Inputs	Septe	<u>266,740,45</u> mber 30, 202 Total 3,956,49 58,807,67
investment trust Total investments at fair value ked income: Money market funds U.S. government issues Corporate bonds utual funds:	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 -	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	<u>266,740,45</u> mber 30, 202 Total 3,956,49 58,807,67 18,549,65
investment trust Total investments at fair value ked income: Money market funds U.S. government issues Corporate bonds utual funds: Mortgage-backed fixed-income mutual fund	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	<u>266,740,45</u> mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84
nvestment trust Total investments at fair value eed income: Money market funds U.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund	Qı	uoted Prices in active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36
nvestment trust Total investments at fair value eed income: Money market funds U.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79
nvestment trust Total investments at fair value eed income: Money market funds U.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50
investment trust Total investments at fair value Red income: Money market funds U.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59
nvestment trust Total investments at fair value ed income: Money market funds J.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund nstitutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund uities—common stock	Qi A \$	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596 32,451,039	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674 18,549,657 - - - - - - - -	ې Ur \$	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59 32,451,03
nvestment trust Total investments at fair value ed income: Money market funds U.S. government issues Corporate bonds itual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund	Qı	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674	ې Ur	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59 32,451,03
investment trust Total investments at fair value Red income: Money market funds U.S. government issues Corporate bonds Jual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund juities—common stock Total	Qi A \$	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596 32,451,039	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674 18,549,657 - - - - - - - -	ې Ur \$	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59 32,451,03
investment trust Total investments at fair value Red income: Money market funds U.S. government issues Corporate bonds utual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund juities—common stock Total	Qi A \$	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596 32,451,039	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674 18,549,657 - - - - - - - -	ې Ur \$	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59 32,451,03 237,383,96
ixed income: Money market funds U.S. government issues Corporate bonds lutual funds: Mortgage-backed fixed-income mutual fund Developed market institutional fund Institutional index fund Small-cap Index-Institutional Fund American EuroPacific Growth Fund quities—common stock	Qi A \$	uoted Prices in Active Markets for Identical Assets (Level 1) 3,956,495 - - 3,822,841 12,685,362 68,127,793 32,885,503 6,097,596 32,451,039	Si	gnificant Other Observable Inputs (Level 2) - 58,807,674 18,549,657 - - - - - - - -	ې Ur \$	Significant nobservable Inputs (Level 3) - - - - - - - - - - - - - - - - - - -	Septe	266,740,45 mber 30, 202 Total 3,956,49 58,807,67 18,549,65 3,822,84 12,685,36 68,127,79 32,885,50 6,097,59 32,451,03

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Investments in entities that calculate NAV per share: The investment below is valued at net asset value, and there are no unfunded commitments as of September 30, 2024 and 2023:

				Redemption	
	 Fair Value at S	Septe	ember 30	Frequency,	Redemption
	 2024		2023	if Eligible	Notice Period
Real estate investment (a)	\$ 13,130,829	\$	14,479,570	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 primarily of institutional-quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8% to 10% total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's NAV. Ownership interests and redemptions are calculated based upon NAV. 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 NAV at the last day of the calendar guarter immediately preceding the redemption date.

Note 5. Leases

NCSBN has a lease agreement for office space. On May 15, 2019, NCSBN amended its previous lease agreement to extend the lease term for the space through February 28, 2030. The amended agreement includes lease incentives, including a free rent period and a tenant improvement allowance. The leases includes an option to renew at NCSBN's sole discretion, with renewal terms that can extend the lease term by five years. This option to extend the lease is not included in the lease term as it is not reasonably certain that NCSBN will exercise that option. NCSBN's operating lease does not contain any material restrictive covenants or residual value guarantees.

NCSBN also leases equipment under finance lease agreements with terms ranging from two to three years. NCSBN's finance leases generally do not contain any material restrictive covenants or residual value guarantees.

Operating lease cost is recognized on a straight-line basis over the lease term. Finance lease cost is recognized as a combination of the amortization expense for the right-of-use assets and interest expense for the outstanding lease liabilities, and results in a front-loaded expense pattern over the lease term.

The components of lease expense are as follows for the years ended September 30, 2024 and 2023:

	 2024		2023
Operating lease cost	\$ 717,355	\$	717,355
Finance lease cost—amortization of right-of-use assets	37,056		24,291
Finance lease cost—interest on lease liabilities	2,485		2,874
Short-term lease cost	44,737		47,147
Variable lease cost	2,184		3,011
Total lease cost	\$ 803,817	\$	794,678

Notes to Financial Statements

Note 5. Leases (Continued)

Supplemental cash flow information related to leases is as follows for the years ended September 30, 2024 and 2023:

	 2024	 2023	
Cash paid for amounts included in measurement of lease liabilities:			
Operating cash outflows—payments on operating leases	\$ 962,606	\$ 785,981	
Operating cash outflows—payments on finance leases	1,068	2,874	
Financing cash outflows—payments on finance leases	33,242	24,947	
Right-of-use assets obtained in exchange for new lease obligations:			
Operating leases	-	-	
Finance leases	-	104,804	

Supplemental information related to leases as presented on the statement of financial position as of September 30, 2024 and 2023, is as follows:

	2024			2023
Finance leases:				
Equipment	\$	97,059	\$	104,804
Accumulated depreciation		(55,538)		(26,227)
Finance lease right-of-use assets, net	\$	41,521	\$	78,577
Weighted-average remaining lease term: Operating leases Finance leases Weighted-average discount rate: Operating leases Finance leases		2 years 6 years 3.82% 4.18%		6.42 years 2.34 years 3.82% 4.18%

Future undiscounted cash flows for each of the next five years and thereafter and a reconciliation to the lease liabilities recognized on the statement of financial position are as follows as of September 30, 2024:

	Operating Leases	Finance Leases
Years ending September 30:		
2025	\$ 983,801	\$ 35,980
2026	1,004,996	11,750
2027	1,026,191	-
2028	1,047,386	-
2029	1,068,581	-
Thereafter	 450,395	-
Total	5,581,350	47,730
Less imputed interest	 (541,263)	(1,117)
Total present value of lease liabilities	\$ 5,040,087	\$ 46,613

Notes to Financial Statements

Note 6. Property and Equipment

The composition of property and equipment as of September 30, 2024 and 2023, is as follows:

	2024	2023	Depreciable Life (Years)
Furniture and equipment	\$ 1,436,525	\$ 1,522,605	5-7
Course development costs	723,083	723,083	2-5
Computer equipment and software	29,719,858	31,547,022	3-7
Leasehold improvements	2,746,604	2,746,604	Shorter of useful
			life or life of lease
Software in development	11,000,000	-	
Total cost	45,626,070	36,539,314	-
Less accumulated depreciation	27,472,575	25,954,023	
Net property and equipment	\$ 18,153,495	\$ 10,585,291	_

Depreciation and amortization expense for 2024 and 2023 was \$3,849,711 and \$2,170,994, respectively.

As of September 30, 2024, NCSBN had a contract with a vendor for the development of software to be used by NCSBN. This software was not yet placed into service as of September 30, 2024. As such, associated costs related to the software were classified as software in development. The total remaining cost of the project is expected to be approximately \$6,000,000.

Note 7. 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 two grants ranging in amounts from approximately \$110,000 to \$175,000 and four grants ranging in amounts from approximately \$10,000 to \$300,000 during the years ended September 30, 2024 and 2023, respectively.

The following summarizes the changes in grants payable as of September 30, 2024 and 2023:

	 2024	2023
Grants awarded in the current year Grants awarded in prior years	\$ 282,078 92.958	\$ 475,480 138,915
Total	\$ 375,036	\$ 614,395

Note 8. Retirement Plans

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8% of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled \$1,448,615 and \$1,351,794 for the years ended September 30, 2024 and 2023, respectively.

Notes to Financial Statements

Note 9. Liquidity and Availability of Resources

NCSBN regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The finance committee reviews and the Board of Directors annually assesses the adequacy of financial reserves as they relate to current and long-range spending plans. NCSBN's financial planning policy requires a total of \$100 million held as a long-term board-designated fund to supplement future programmatic revenue and \$25 million held as a board-designated fund to be spent on future capital expenditures.

The following table shows the total financial assets held by NCSBN as of September 30, 2024 and 2023, and the amounts of those financial assets that could be made readily available within one year of September 30 to meet general expenditures:

	2024	2023
	* 05 074 000	• • • • • • • • • • • • • • • • • • •
Cash and cash equivalents	\$ 25,071,933	\$ 17,571,679
Cash held for others	1,429,232	1,199,340
Investments	266,740,452	251,863,530
Accounts receivable	254,252	209,464
Accrued investment income	621,526	503,487
Financial assets at year-end	294,117,395	271,347,500
Less those unavailable for general expenditures within one year due to:		
Cash held for others	1 400 000	1 100 240
	1,429,232	1,199,340
Board designations	125,000,000	125,000,000
Financial assets available to meet cash needs for		
general expenditures within one year	\$ 167,688,163	\$ 145,148,160

Note 10. Commitments

NCSBN has a contract with Pearson VUE through December 31, 2029 which grants rights to Pearson VUE to act as the sole provider to NCSBN of examination-related services covered by the agreement.

Notes to Financial Statements

Note 6. Property and Equipment

The composition of property and equipment as of September 30, 2023 and 2022, is as follows:

	2023	2022	Depreciable Life (Years)
Furniture and equipment	\$ 1,522,605	\$ 1,502,649	5-7
Course development costs	723,083	723,083	2-5
Computer equipment and software	31,547,022	21,800,730	3-7
Leasehold improvements	2,746,604	2,746,604	Shorter of useful life or life of lease
Software in development	-	8,775,547	
Total cost	36,539,314	35,548,613	-
Less accumulated depreciation	25,954,023	23,809,254	
Net property and equipment	\$ 10,585,291	\$ 11,739,359	=

Depreciation and amortization expense for 2023 and 2022 was \$2,170,994 and \$683,105, respectively.

As of September 30, 2022, NCSBN had \$572,705 in commitments with Pearson VUE for the development of software to be used by NCSBN. This software was not yet placed into service as of September 30, 2022. As such, associated costs related to the software were classified as software in development. The software was placed in service in 2023.

Note 7. 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 four grants ranging in amounts from approximately \$10,000 to \$300,000 and seven grants ranging in amounts from approximately \$50,000 to \$240,000 during the years ended September 30, 2023 and 2022, respectively.

The following summarizes the changes in grants payable as of September 30, 2023 and 2022:

	2023 2022			2022
Grants awarded in the current year		475,480	\$	362,924
Grants awarded in prior years		138,915		110,994
Total	\$	614,395	\$	473,918

Note 8. Retirement Plans

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8% of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled \$1,351,794 and \$1,261,486 for the years ended September 30, 2023 and 2022, respectively.

Notes to Financial Statements

Note 9. Liquidity and Availability of Resources

NCSBN regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The finance committee reviews and the Board of Directors annually assesses the adequacy of financial reserves as they relate to current and long-range spending plans. NCSBN's financial planning policy requires a total of \$100 million held as a long-term board-designated fund to supplement future programmatic revenue and \$25 million held as a board-designated fund to be spent on future capital expenditures.

The following table shows the total financial assets held by NCSBN as of September 30, 2023 and 2022, and the amounts of those financial assets that could be made readily available within one year of September 30 to meet general expenditures:

	2023	2022
Cash and cash equivalents	\$ 17,571,679	\$ 32,600,718
Cash held for others	1,199,340	1,029,882
Investments	251,863,530	230,456,504
Accounts receivable	209,464	334,925
Due from test vendor	-	39,744
Accrued investment income	503,487 457,54	
Financial assets at year-end	271,347,500 264,919,320	
Less those unavailable for general expenditures within one year due to:		
Cash held for others	1,199,340	1.029,882
Board designations	125,000,000 125,000,000	
Financial assets available to meet cash needs for	· ·	· ·
general expenditures within one year	\$ 145,148,160	\$ 138,889,438

Note 10. Commitments

NCSBN has a contract with Pearson VUE through December 31, 2024 which grants rights to Pearson VUE to act as the sole provider to NCSBN of examination-related services covered by the agreement.

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Report of the Governance and Bylaws Review Committee

Background

The committee was formed to review the governance structure including mandatory committees, positions and terms of the NCSBN Board of Directors (BOD) — and make recommendations per the five charges.

- Assess the articles of incorporation considering the current and foreseeable developments as being driven via the strategic initiatives and associated objectives.
- 2. Review the governance structure, including mandatory committees, positions and terms of the NCSBN BOD and make recommendations.
- Review each section of the bylaws for clarity and currency, and ensure they apply to both independent and umbrella boards, and they facilitate the achievement of NCSBN's vision of leading regulatory excellence worldwide.
- 4. Modernize the Leadership Succession Committee including assessment and selection of BOD candidates based on a competency-based approach.
- 5. Evaluate the necessity for the continuation of dividing the nursing regulatory bodies (NRBs) into regional areas

Fiscal Year 2025 (FY25) Highlights and Accomplishments

Completed the focus group listening sessions with our membership on the meeting dates stated above to gather their feedback on the current and future needs of NCSBN's governance structure and bylaws.

Future Activities

• The committee will use the findings of the focus group listening sessions to propose changes to NCSBN's Bylaws and governance structure.

Members

Kim Glazier, MEd, RN Virginia, Area III, Chair

Sara Griffith, PhD, MSN, RN, NE-BC North Carolina, Area III

Karen Lyon, PhD, MBA, APRN-CNSBC, NEABC

Louisiana RN, Area III

Shan Montgomery, MPPA, MBA Mississippi, Area III

Michael Payne, JD West Virginia RN, Area II

Heather Totton, MHSA/LLB Nova Scotia, Exam User Member

Phyllis Polk Johnson, DNP, RN, FNP-BC Mississippi, Area III, Board Liaison

Staff

Philip Dickison, PhD, RN Chief Executive Officer

Dalilah Hill Executive Assistant, Executive Office

Meeting Dates

Jan. 14, 2025 March 13–14, 2025 July 10, 2025 Aug. 12, 2025

Relationship to Strategic Plan

Strategic Initiative C:

Strengthen the capacity, capability, diversity and engagement of regulatory leadership.

Strategic Objective: Governance Reform

Report of the Model Act and Rules Committee

Fiscal Year 2025 (FY25) Committee Charge:

Perform ongoing review, revision, and development of the Model Act and Model Rules to reflect the current regulatory environment across education, licensure, practice and enforcement through nursing regulatory bodies' mission of public protection.

Fiscal Impact:

Incorporated into the FY25 budget.

Background

The Model Act and Model Rules were last updated in 2021. In 2023, discussions were held regarding necessary updates to the documents to include language compliant with the Americans with Disabilities Act (ADA). In July 2023, the Board of Directors (BOD) determined that a committee should be formed to review the model documents in their entirety.

FY25 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the Model Act and Rules Committee charge for FY25.

- Met within subgroups to discuss changes to Act and Rules.
- Met as a full committee in November to discuss all changes and determine additional areas that required modification.
- Presented draft of revised documents to the NCSBN BOD at the December 2024 meeting, noting their feedback and questions.
- Presented the draft to the 2025 Midyear Meeting attendees, holding table conversations and collecting member input.
- Held a webinar to present the draft to the membership at large on May 22, 2025, to allow for additional member input.

Future Activities

- Review feedback from the BOD, Midyear Meeting and webinar attendees, incorporating changes when deemed appropriate.
- · Provide additional feedback sessions if deemed necessary.
- Revise draft further for presentation to the 2026 Delegate Assembly.

Committee Members

Gerianne Babbo, EdD, MSN, RN Washington, Area I, Chair (Education)

Mary Boyer, JD Ohio, Area II (Discipline)

David Dawson, JD Arkansas, Area III (Licensure and Governance)

Cindy Griffin Maine, Area IV (Discipline)

Jody Long, MBA, MSN, RN Florida, Area III (Practice)

Emma Mamaluy, JD Arizona, Area I (Licensure and Governance)

Sam McCord Nevada, Area I (Discipline)

Gretchen Mrozinski, JD Wisconsin, Area II (Discipline)

Christine Mueller, DNP, RN, PCCN Florida, Area III (Education)

Kelly Olson Alaska, Area I (Practice)

Meredith Parris, JD North Carolina, Area III (Discipline)

Stacey Pfenning, DNP, MSN, APRN, FNP-C, FAANP North Dakota, Area II (Practice)

Kerry Przybylo, JD Michigan, Area II (Licensure and Governance)

Sherry Richardson, MSN, RN Tennessee, Area III (Education)

Natara Taylor Georgia, Area III (Discipline)

Roberta Thompson, EdD, MS, RN California VN, Area I (Practice)

Jacquelyn Wilmoth, MSN, RN Virginia, Area III (Education)

Lisa Wooten, MPH, RN Arkansas, Area III (Practice)

Committee Staff

Jim Cleghorn, MA Deputy Chief Officer, Policy, Research & Education

Nicole Livanos, JD, MPP Director, Government Affairs

Nancy Spector, PhD, RN, FAAN Director, Nursing Education Policy

Qiana McIntosh Project Specialist, Nursing Education Policy

Jenifer Kohl Manager, Administration, Policy, Research & Education

Tim Arehart, JD Senior Policy Advisor, Policy

Audrey Volk Assistant Editor, Research

Meeting Dates

Education Subcommittee:

· July 15-16, 2024 (In-person Meeting)

Licensure & Governance Subcommittee:

- · April 15-16, 2024 (Virtual Meeting)
- · July 9, 2024 (Virtual Meeting)
- · Sept. 23, 2024 (Virtual Meeting)

Practice Subcommittee:

- · June 24, 2024 (Virtual Meeting)
- · Aug. 13, 2024 (Virtual Meeting)
- · Aug. 20, 2024 (Virtual Meeting)

Discipline Subcommittee:

- · Aug. 4-5, 2024 (In-person Meeting)
- · Oct. 15, 2024 (Virtual Meeting)
- · Oct. 28, 2024 (Virtual Meeting)

Full Committee:

· Nov. 19-20, 2025 (In-person Meeting)

Relationship to Strategic Plan

Strategic Initiative A:

Promote agile regulatory systems for relevance and responsiveness to change.

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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 the leading nurse aide assessment instrument in the U.S. 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.

MACE is a national examination that NCSBN developed for U.S. 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 and Credentia are the test administrators for national MACE and responsible for the delivery, administration and publishing (electronic and paper) while assisting with sales and market development activities associated with the exam. Credentia became the new test administrator for North Carolina MACE starting in 2022.

On Jan. 1, 2022, Credentia became the new test administrator for the NNAAP exams. In this role, they provide 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 Credentia include initial certification, recertification and reciprocity management, as well as online public access registry verifications.

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

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Meeting Dates

Feb. 25–26, 2025 MACE Job Analysis/KSA/Test Specification Panel

March 26–27, 2025 MACE Standard-setting Panel

Relationship to Strategic Plan

Strategic Initiative D:

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

of unlicensed direct care providers who have been approved by their state/jurisdiction to administer medications in long-term care settings ("medication aides").

In October 2024, the NCSBN Board of Directors (BOD) discussed the findings of the 2023-2025 strategic plan related to investigating Health Care Support Worker Reform. As a component of the Health Care Support Worker Reform investigation, NCSBN staff provided the BOD with the following historical information related to the NNAAP and MACE. After careful consideration and discussion, the BOD has determined that development of the nurse aide and medication aide examinations are not currently aligned with the mission of NCSBN. Therefore, the existing examination content and related intellectual property was transferred to Credentia in late spring 2025. This ensures Credentia can continue to meet the needs of their clients through their contract obligations.

Program Highlights and Test Development Activities

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for fiscal year 2025 (FY25):

- Built 2026 test forms for written examinations for NNAAP
- Built 2026 test forms for MACE

MACE Job Analysis/KSA/Test Specification Panel

From Feb. 25–26, 2025, the Examinations department gathered a panel of SMEs for the MACE Job Analysis/KSA/ Test Specification Panel. This panel was composed of nursing experts with a broad range of skills who had direct work with medication aides. They were comprised of a diverse group of individuals from across the geographic areas using the MACE exam. This panel aimed to review all job-related tasks and knowledge statements for accuracy and recency. In addition, they provided a relationship mapping between the knowledge statements and job tasks, providing information on which knowledge statements supported each job task. Finally, the panel reviewed all the information and developed the test plan specifications. The final report was developed and provided to the appropriate committee/entity for consideration in their determination of the final test specifications.

MACE Standard Setting Panel

From March 26–27, 2025, the Examinations department gathered a panel of SMEs for the MACE Written Standard-Setting Panel. This assembly aimed to reassess the current passing standard for the MACE written examination, which outlines the minimum competency level that entry-level MAs need to ensure safe and effective care. The evaluation employed a criterion-referenced methodology known as the modified Angoff method. The SMEs were drawn from various NCSBN geographic regions and possessed a broad spectrum of nursing expertise. The results of the panel were compiled into a report and provided to the appropriate committee/entity for consideration in their determination of the passing standard for the exam.

Future Activities

In May 2025, NCSBN divested full ownership of the intellectual property for the NNAAP and MACE programs to Credentia Nurse Aide LLC. As of this date, NCSBN will discontinue operations related to both programs.

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Summary of NNAAP Examination Results for Calendar Year 2023 – Pass Rates by State

Across all jurisdictions, the pass rates for NNAAP were 88% for the written or oral examinations and 75% for the skills evaluation. The table below provides pass rates by jurisdiction for the written or oral examination, skills evaluation, and overall pass rates for forms administered in 2023. 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. The pass rate information for 2024 will be available within the coming year.

Table 1: Pass Rates by Jurisdiction in 2023

Number of candidates is in parentheses.

Table 1: Pass Rates	by Jurisdiction	in 2023					
		Written/Oral		Skills			
Jurisdiction	First-time Takers	Repeaters	Total	First-time Takers	Repeaters	Total	Total
Alabama	86% (294)	50% (24)	83% (318)	63% (284)	57% (82)	62% (366)	76% (262)
Alaska	94% (284)	50% (10)	92% (294)	75% (269)	81% (42)	76% (311)	87% (250)
California	91% (9,234)	55% (918)	87% (10,152)	90% (8,822)	85% (801)	90% (9,623)	93% (8,934)
Colorado	92% (5,595)	49% (385)	89% (5,980)	66% (5,379)	63% (1,602)	66% (6,981)	81% (5,227)
District of Columbia	88% (297)	65% (20)	86% (317)	71% (265)	77% (61)	72% (326)	86% (260)
Georgia	90% (7,934)	51% (659)	87% (8,593)	72% (7,527)	72% (1,738)	72% (9,265)	84% (7,573)
Guam*							
Maryland	86% (2,655)	47% (300)	82% (2,955)	78% (2,308)	77% (339)	78% (2,647)	84% (2,125)
Mississippi	84% (3,125)	50% (454)	80% (3,579)	66% (2,762)	67% (756)	66% (3,518)	75% (2,852)
Nevada	97% (1,343)	46% (24)	96% (1,367)	70% (1,331)	74% (336)	71% (1,667)	90% (1,226)
North Carolina	96% (13,578)	58% (564)	94% (14,142)	77% (13,376)	72% (2,940)	76% (16,316)	90% (13,317)
Northern Mariana Islands*							
Pennsylvania	93% (6,002)	53% (487)	90% (6,489)	64% (5,778)	66% (2,182)	64% (7,960)	81% (5,976)
Rhode Island	81% (1,961)	58% (420)	77% (2,381)	87% (1,762)	83% (209)	86% (1,971)	90% (1,749)
South Carolina	91% (4,418)	52% (320)	88% (4,738)	79% (4,312)	76% (739)	79% (5,051)	87% (4,345)
Virgin Islands*							
Virginia	92% (5,195)	52% (383)	89% (5,578)	74% (5,171)	66% (1,235)	72% (6,406)	84% (5,141)
Washington	90% (7,067)	47% (746)	86% (7,813)	82% (7,419)	75% (1,570)	81% (8,989)	90% (7,041)
Total	91% (68,982)	52% (5,714)	88% (74,696)	76% (66,765)	71% (14,632)	75% (81,397)	87% (66,278)

* No candidates took the examination in the jurisdictions during the reporting period.

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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

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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 empowers and supports nursing regulators in their mandate to protect the public.

NCSBN currently has four strategic initiatives for Fiscal Year 2023–2025 (FY23–25):

- A. Promote agile regulatory systems for relevance and responsiveness to change.
- · B. Champion regulatory solutions to address borderless health care delivery.
- · C. Strengthen the capacity, capability, diversity and engagement of regulatory leadership.
- D. 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.

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 prelicensure 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 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.

*Nursing Regulatory Bodies is a new umbrella term for boards of nursing and regulatory bodies in the U.S. and internationally.

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NCSBN has nine exam user members:

- British Columbia College of Nurses and Midwives
- · College of Nurses of Ontario
- · College of Registered Nurses of Alberta
- · College of Registered Nurses of Manitoba
- · College of Registered Nurses of Newfoundland and Labrador
- College of Registered Nurses of Prince Edward Island
- College of Registered Nurses of Saskatchewan
- Nova Scotia College of Nursing
- Yukon Registered Nurses Association

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 21 associate members:

- Association of New Brunswick Licensed Practical Nurses
- · Bermuda Nursing and Midwifery Council
- 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 Psychiatric Nurses of Alberta
- College of Registered Psychiatric Nurses of Manitoba
- · Council of Official Associations of Nursing of Spain
- · Kazakhstan National Center for Independent Examination (NCIE)
- 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
- Puerto Rico Board of Nurse Examiners
- · Registered Nurses Association of the Northwest Territories and Nunavut
- Registered Psychiatric Nurses Association of Saskatchewan
- · Saskatchewan Association of Licensed Practical Nurses
- Singapore Nursing Board

AREAS

NCSBN's U.S. Members are divided into four geographic areas. The purpose of this division is to enable members of each area to share common concerns regarding regulatory issues. U.S. member delegates elect area directors from their respective Areas through a majority vote of the DA.

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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 one alternate. Each EUM has one vote and may name one delegate and one 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 or appointed. 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 or appointed. Four directors-at-large will be elected for terms of two years or until their successors are elected or appointed.

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 standing rules dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The presidentelect fills a vacancy in the office of president. Board 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.

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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 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 by ballot with a plurality vote. The BOD appoints three at-large members, one of whom shall have previously 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 on the BOD 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

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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 from EUMs 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.

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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 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 BOD 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 the membership 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 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

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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, reviews and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization and 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.

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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.

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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.

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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.

<u>Proviso</u>: 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.

<u>Proviso</u>: 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.
 - 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 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.

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)	-

Proviso: Leadership Succession Committee (LSC) Members shall be elected and appointed in the
years 2018-2020 in accordance with the following schedule:

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 2026 NCSBN Annual Meeting Aug. 19–21, 2026 | Chicago

For more information about upcoming events, visit ncsbn.org/events



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