

2026, Vol. 2

# IN FOCUS

A PUBLICATION OF  NCSBN

## The Guardrails of Public Protection

How Boards of Nursing  
Safeguard the Public



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2026, Vol. 2

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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 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.

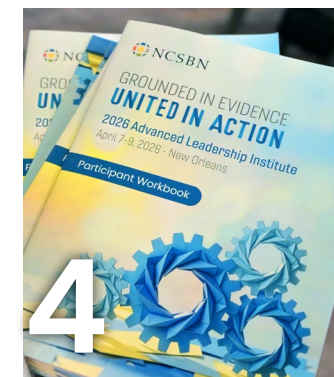
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# Congratulations 2026 ICRS Certificate Program Graduates

By Jason Schwartz, MS, Director, Member Outreach, Member Engagement

NCSBN recently honored graduates of the International Center for Regulatory Scholarship (ICRS) Certificate Program with our third biannual Advanced Leadership Institute (ALI). Regulators from around the world gathered April 7–9, 2026, in New Orleans to discuss leadership, growth and change.



Cleghorn

“As graduates of the International Center for Regulatory Scholarship move forward, we look to them with great confidence—knowing they will lead with purpose and innovation at the state, national and international levels, shaping the future of nursing regulation across North America and around the globe,” said Jim Cleghorn, MA, chief officer, Policy, Research & Education, NCSBN.



Anderson

Since 2019, the ICRS Certificate Program has helped hundreds of regulators strengthen their knowledge and leadership. “The ICRS program fostered rigorous scholarship, critical thinking, and professional accountability that translated directly into stronger regulatory leadership and oversight,” observed 2026 graduate Michelle Anderson, DNP, APRN, FNP-BC, FAANP, board member, Idaho Board of Nursing “The knowledge gained from the courses prepared

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me to approach regulatory work with greater confidence, expertise and commitment.”



Pulec

While Anderson and her fellow graduates traveled to the “Big Easy” to honor the culmination of a learning journey, the learning didn’t end when the celebration began. Very much in the spirit of ICRS, Cheryl Pulec, EdD, director of education, NCSBN, and her team endeavored to take the learning a step further by centering much of the event around a complex medspa regulatory challenge that provided graduates the chance to apply systems thinking, collaborate across roles, challenge assumptions, and reach beyond quick fixes and reactive measures. “Together, our graduates worked through the complexity of the situation and developed dual-track, evidence-based policy approaches aimed at protecting the public at both the local and

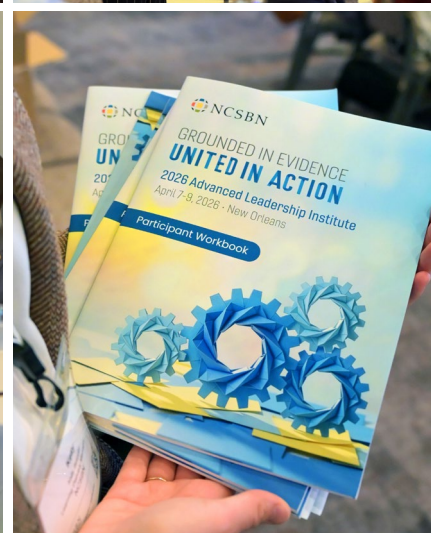
national levels,” noted Pulec. “It was powerful to watch participants move from theory into practice.”

Just as our newest cohort of graduates will now be challenged to build upon their successes, so too will the ICRS program itself, which will be evolving in the coming months to deliver even more practical, timely and accessible learning experiences. Under the guidance and support of Cleghorn and the Education Advisory Group, Pulec and her team are working toward the launch of Meridians, a brand new suite of educational offerings from NCSBN.

To the 43 graduates in the third cohort of ICRS, NCSBN extends our most sincere congratulations on your accomplishments. And for those regulators who have not yet taken advantage of the courses and learning modules offered by NCSBN, we hope you will be among the first to sign up for the Meridians offerings right around the corner! 🌍



**Pictured at left:** Regulators from around the world gathered in New Orleans to honor ICRS Certificate Program graduates and discuss leadership, growth and change.



# JOURNAL OF NURSING REGULATION

## Call for Papers

**JNR Special Issue:** “Evolving Expectations: Pushing the Boundaries of Nursing Education and Regulation”

**Publication Date:** April 2027

**Manuscript Submission Deadline:** Dec. 15, 2026

Rapid changes in healthcare delivery, technological advances, and shifting population needs have affected how nurses are educated and how competence and practice readiness are assessed. This special issue of the *Journal of Nursing Regulation* will advance dialogue and evidence for regulators seeking to maintain consistent standards while supporting innovations that uphold public protection. Submissions may include:

- Approaches to regulating simulation, virtual learning, alternative clinical experiences, or accelerated pathways, including lessons learned and evidence informing approval decisions.
- Collaboration among regulators, educators and practitioners to ensure practice readiness for new nurses.
- Ways regulators can collaborate to facilitate program creativity and innovation.
- Regulatory impacts of AI and emerging technologies on prelicensure and graduate nursing education learning, clinical preparedness, and clinical judgment and reasoning.
- The role of regulators and educators in continuing competence, assessment, and quality assurance, including the evolving continuing competence models.

We welcome original quantitative or qualitative research manuscripts, literature reviews, and other academic analyses, as well as case studies that provide strategies and solutions in the context of regulation and nursing education.



### Submission Guidelines

Visit *JNR*'s [Guide for Authors](#) or [ncsbn.org/jnr](https://ncsbn.org/jnr)

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Call **800.654.2452** for more information



2026 Virtual

# NCLEX<sup>®</sup> Conference

## An NCLEX<sup>®</sup> Conference Educators Will Not Want to Miss

A Virtual Gathering for Professionals Shaping the  
Next Generation of Practice-Ready Nurses

The theme for this year's virtual [NCLEX Conference](#), taking place virtually on Thursday, Sept. 10, is *Foundations for the Future: Entry-Level Nursing Assessment and Clinical Judgment*. This will be an NCLEX Conference like no other. While the event retains the elements educators have come to appreciate — a one-day educational conference that provides program updates by the experts who develop the exam — this year's NCLEX Conference builds on that foundation.



Williams

“For the first time ever, NCSBN invited educators, researchers and assessment professionals to submit abstracts for presentations, and the response we received was significant,” says Nicole Williams, MBA, DNP, RN, NPD-BC, NEA-BC, Director, Content & Test Development, NCSBN Examinations.”

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Williams explains that NCSBN wanted to expand this year's conference, beyond sessions exclusively from NCSBN staff, seeing the value of including external experts in education and assessment. "We have colleagues doing exceptional work as it relates to entry-level nursing, and we wanted to invite them to the table."

Attendees will benefit from a day that covers innovative strategies in evidence-driven assessment and topics of interest to prelicensure nurse educators to ensure graduates are prepared for safe, effective patient care. The [agenda](#) includes:

- Overviews on NCLEX exam development, psychometrics and operations, including key NCLEX updates;
- "Reimagining Clinical Judgment Through Innovation," a forward-thinking session that highlights how innovation can deepen critical thinking, reduce variability and better prepare new nurses for complex, high-stakes environments;
- Clinical judgment sessions that examine how clinical judgment develops during initial practice and explore instructional strategies to actively engage learners;
- Regulatory Insights, where attendees will explore how regulatory bodies analyze data, provide targeted guidance and collaborate with faculty to better align academic preparation with expectations of real-world clinical practice; and
- Sensitivity and differential item functioning, where attendees will learn how these panel reviews contribute to the fairness and legal defensibility of an exam.

Live polls of the audience will be taken throughout the day and analyzed in real time by the facilitators, highlighting key takeaways, and connecting audience sentiment to broader themes and challenges. Attendees will also have ample opportunities to have their questions answered.

"As the nursing profession continues to evolve, the NCLEX Conference is advancing right alongside it," says Williams. "This year's program features a dynamic lineup of scholarly and innovative sessions designed to resonate with attendees and address the latest developments in nursing and regulation. The conference is already demonstrating strong engagement—and current trends indicate attendance is on track to exceed expectations." 



## 2026 Virtual NCLEX<sup>®</sup> Conference

Thursday, Sept. 10, 2026

Attendees will benefit from a day that covers innovative strategies in evidence-driven assessment and topics of interest to prelicensure nurse educators to ensure graduates are prepared for safe, effective patient care.

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***Leader To Leader* informs nurse educators of critical issues affecting nursing education and regulation.**

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# Congratulations to Our 2026 NCSBN Awardees!

NCSBN will recognize its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, held in Chicago, Aug. 19–21, 2026. Award recipients include:

**Joey Ridenour**, MN, RN, FAAN, executive director, Arizona State Board of Nursing, will receive the **Founders 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.

**Danette Schloeder**, DNP, RNC-OB, C-EFM, C-ONQS, board chair, Alaska Board of Nursing, will be honored with the **Elaine Ellibee Award**, granted to a member who has served as a president and who has made significant contributions to NCSBN.

The **Mississippi Board of Nursing** will receive the **Regulatory Achievement Award** that recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

**Crystal Tillman**, DNP, RN, CPNP, PMHN-BC, FRE, chief executive officer, North Carolina Board of Nursing, will receive the **Meritorious Service Award**, which is granted to a member for significant contributions to the mission and vision of NCSBN.

**Kyle Martin**, director of operations, North Dakota Board of Nursing, will receive the **Nova Award**, which recognizes emerging nursing regulatory leaders and is given to an individual who is a member with less than five years tenure in nursing regulation or in their role.

**Peggy Sellers Benson**, MSN, MSHA, RN, NE-BC, executive officer, Alabama Board of Nursing, will be honored with the **Catalyst Award**. This award is given to an individual who sparks change and transformation in nursing regulation and is given for significant contributions to nursing regulation at any level.

**Priscilla Burks**, PhD, RN, director of practical nursing education, Mississippi Board of Nursing, will receive the Exceptional Contribution Award, which is given for significant contribution by a member who is not a president or executive officer and has demonstrated support of NCSBN's mission.

Service awards will be given to the following executive officers of nursing regulatory bodies (NRBs):

## Five Years

- **Nicki Chopski**, PharmD, Executive Director, Idaho Board of Nursing
- **Kelly Jenkins**, MSN, RN, NE-BC, Executive Director, Kentucky Board of Nursing
- **Jenny Barnhouse**, DNP, RN, Executive Director, Oklahoma Board of Nursing
- **Sherry Richardson**, MSN, RN, Executive Director, Tennessee State Board of Nursing
- **Shiela Boni**, MSN, RN, Executive Officer, Vermont State Board of Nursing
- **Brad Wojciechowski**, Executive Director, Wisconsin Department of Safety and Professional Services

## 10 Years

- **Ann Oertwich**, PhD, RN, Executive Director, Nebraska Board of Nursing
- **Cathy Dinauer**, MSN, RN, Executive Director, Nevada State Board of Nursing
- **Michelle L. Chapman**, MSN, MBA/HCM, RN-BC, Executive Director, West Virginia Board of Examiners for Licensed Practical Nurses
- **Sue Ann Painter**, DNP, RN, Executive Director, West Virginia Board of Registered Nurses
- **JoAnne Graham**, LPN, Executive Director/Registrar, College of Nursing of New Brunswick
- **Dawn Rix-Moore**, Chief Operating Officer, Prince Edward Island College of Nursing and Midwifery (previously Executive Director, College of Licensed Practical Nurses of Prince Edward Island)

## 15 Years

- **Laura Panteluk**, RPN, Registrar and Chief Executive Officer, College of Registered Psychiatric Nurses of Manitoba
- **Jennifer Breton**, RN, LPN, Executive Director, College of Licensed Practical Nurses of Manitoba

## 20 Years

- **Michele Bromberg**, MSN, RN, Nursing Coordinator, Illinois Department of Financial and Professional Regulation

## 25 Years

- **Lori Scheidt**, MBA-HCM, Executive Director, Missouri State Board of Nursing



## AWARDS



# The Guardrails of Public Protection

## How Boards of Nursing Safeguard the Public

Many of the people who work to protect us are often unnoticed, unrecognized and uncelebrated and yet, if their work to uphold these invisible safety nets were not there, the risks to the public would be profound. Regulation is one of those safety nets that creates and enforces rules, safety standards or compliance protocols. Nursing regulation is a system of laws, rules and standards that govern the nursing profession to protect public health and safety. It ensures that nurses are competent and operate safely within their defined scope of practice.

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The purpose of a professional license is to protect the public from harm by setting minimal qualifications and competencies for safe practitioners. Nursing is regulated because it is one of the health professions that poses a risk of harm to the public if practiced by someone who is unprepared and/or incompetent.



Dickison

As NCSBN CEO Phil Dickison, PhD, RN, puts it succinctly, “lives are at stake.”

Nurses often care for people at the most vulnerable points in their lives and are responsible for advocating for them when they are unable to do so for themselves. “No patient should ever have to concern themselves with whether the person caring for them is safe and competent to practice and they don’t have to because of boards of nursing and their diligence in protecting the public.” Dickison adds.

For more than 100 years, boards of nursing (BONs) in the U.S. have protected the public’s health and welfare by licensing safe and competent nurses. Even before they themselves were allowed to vote, pioneering women worked to persuade legislatures to enact nurse practice acts designed to protect public health and safety by regulating nursing practice, defining scope of practice and setting licensure requirements.

For most nurses, their encounters with the BONs in their state or jurisdiction are brief and uneventful. As student nurses they seek out an authorization to take the NCLEX® exam, then apply for licensure as a new graduate and eventually renew their license on a regular basis. In fact, those transactions make up a sizable portion of what BONs do but they don’t tell the whole story of their work and their dedication to public protection.

The structure of each BON varies across the country. Some are independent entities, others are located within a larger, centralized state agency that manages multiple professions. Some boards employ large staffs while some boards have smaller staffs where the individuals perform multiple roles, but all of them have the same mission – public protection.

The individuals who staff BONs and serve on their boards are committed to this mandate. Before dedicating themselves to the public protection mission, many of them previously worked as licensed nurses who stood at the bedside, managed the nursing workforce, conducted research, educated the next generation of nurses or in other nursing capacities.

Keeping the public safe from harm begins long before a nursing license is ever issued. By regulating academic programs, BONs ensure that nursing graduates possess the clinical

“ No patient should ever have to concern themselves with whether the person caring for them is safe and competent to practice and they don’t have to because of boards of nursing and their diligence in protecting the public. — Phil Dickison ”



competencies and theoretical knowledge necessary to provide safe and effective healthcare.

One of the most important roles that the majority of BONs have remains largely unseen but is crucially important, the approval of nursing programs in their jurisdiction. This is vital because the U.S. nursing regulatory model dictates in order for nursing graduates to be eligible to take the NCLEX exams, they must show evidence of graduating from an approved nursing program. Approved programs have undergone rigorous BON evaluation to obtain their initial approval and must continue to maintain high standards to keep it.

Licensure in nursing is a two-pronged system. By making students eligible to take the NCLEX, nursing faculty verify that nursing students are clinically competent to safely practice nursing. Therefore, nurse educators have enormous power in the licensure model in the U.S. Nursing regulatory bodies rely on each other to make sound program approval decisions so that mobility across jurisdictions can be as seamless as possible.

Nursing education consultants play a vital role at BONs. In most cases they are responsible for the management of RN and LPN/VN nursing education programs. They also facilitate new nursing program approvals, nursing program

status changes, and initial and reapproval of refresher course programs and continuing education programs. As part of their duties they monitor NCLEX pass rates in their jurisdiction, collect data and analyze program related metrics.

They proactively explore and recommend needed rule amendments and provide interpretation of laws and rules to guide key stakeholders. They serve as a key liaison with various organizations. When necessary, they navigate compliance concerns with nursing programs.



Lewis

North Carolina Board of Nursing Director of Education Jennifer Lewis PhD, MSN/MBA, RN, notes, “I have administrative responsibilities as well as those of the education consultant. In addition to the management of

nursing education programs, I am engaged in a few special projects including exploring different pathways to nursing licensure, consulting with staff on transcript reviews, and working with external partners to disseminate information related to North Carolina education programs.”

Lewis is someone who understands the challenges facing the nursing profession and nursing educators. She started her own nursing career in a cardiovascular step-down unit before moving into care

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NCSBN empowers and supports nursing regulators in their mandate to protect the public. There are 58 U.S. NCSBN members (as of July 1, 2026) which are nursing regulatory bodies responsible for the licensure and discipline of the nurses in their state or the territories of American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. The District of Columbia also has its own BON. In three states, California, Louisiana and West Virginia there are two BONs, one that licenses registered nurses and the other which licenses practical/vocational nurses.



“ I also believe our role as regulators will continue to evolve as we embrace those same innovations. This is an exciting time for nursing education and nursing education regulation, and I count it a privilege to be a part of it... — Jennifer Lewis ”

management and utilization review roles. After pursuing her MBA and her doctorate in nursing, she also served as adjunct faculty at UNC Greensboro. “Nursing programs are grappling with shrinking budgets, pressures to increase student enrollment, concerns in securing clinical sites, and obstacles to the recruitment and retention of skilled nursing faculty,” she remarks. “BONs recognize the issues facing nursing programs and work to support them by providing initial orientation sessions for new program directors facilitated by a dedicated assigned education consultant, as well as ongoing specialized online learning modules and guidance to help them better understand nursing education regulation.”

Even in the midst of these challenges, Lewis remains optimistic about the future of nursing education saying she is excited by the continued development of innovative techniques and tools and believes that they will enhance the learning environment. “I also believe our role as regulators will continue to evolve as we embrace those same innovations. This is an exciting time for nursing education and nursing education regulation, and I count it a privilege to be a part of it,” she adds.

BON executive officers (EOs) are the top administrative leaders responsible for ensuring that a state or jurisdiction’s nursing regulatory system runs effectively. They oversee board operations, manage staff, guide policy, enforce nursing laws and ensure compliance with state and federal regulations. They work closely with the board president to guide the board in interpreting and applying the nurse practice act.

For the 43 jurisdictions that are members of the Nurse Licensure Compact (NLC), the EO generally also serves as a commissioner to the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA). The commissioners function as the governing body of the agency and work collaboratively to carry out its mission. The ICNLCA enhances nurse mobility and public protection through maintaining uniform licensure standards among party state BONs, promoting cooperation and collaboration between party states, facilitating the exchange of data and information between party states and educating stakeholders.

The majority of EOs are also nurses who previously served as nurse executives, holding positions such as chief nursing officers (CNOs), directors of nursing, nurse managers or leaders in governmental or regulatory agencies. Phyllis



Johnson

Polk Johnson, DNP, APRN, FNP-BC, FNAP, president of the [NCSBN Board of Directors](#) and EO of [Mississippi Board of Nursing](#), is one such example of an EO who had varied and extensive nursing background before assuming that role. She had a rich career moving from a bedside nurse to a family nurse practitioner at the Department of Veterans Affairs before beginning her regulatory career.

Commenting on the role that EOs perform, one of NCSBN’s longest serving executive officers at 31 years and counting, Joey Ridenour, MN, RN, FAAN, from the [Arizona State Board of Nursing](#), says, “Executive officers have simply elevated our scope of practice from healing the individual patient to safeguarding the population at large.”



Ridenour

Prior to joining the Arizona board, Ridenour was the vice president of nursing at a 500-bed public teaching hospital where she oversaw team of 1,200 nursing staff. In that role she interacted with the BON when unprofessional conduct occurred. “The vast majority of these professionals were exceptional, dedicating their lives to their patients,” Ridenour recounts. “However, with a team that large, you inevitably confront the reality of human fallibility. I have sat across the desk from a highly skilled nurse whose judgment had lapsed, often due to a personal crisis or other pressures, which taught me the profound, unyielding truth that patient safety is paramount.”

While less than 1% of nurses in the U.S. will ever face disciplinary actions from a BON, discipline cases are a vital part of their duties to ensure that only safe and competent nurses are allowed to practice.

Decisions about discipline are made by individuals who serve on the board, in consultation with the EO and other board staff. Board members are appointed by the governor or another state authority and represent different perspectives in healthcare and the public. The membership of these boards may be comprised of different combinations of licensed nurses from various practice settings, APRNs, nurse educators, nurse administrators, other health professionals and public or consumer members who are not nurses.



Esquibel

“One my most important duties is making sure the board has all of the information they need to make decisions about discipline cases,” 11-year veteran EO of the [Maine State Board of Nursing \(MSBON\)](#) Kim Esquibel, PHD, MPA, MSN, RN, remarks. “Of the nine board members, seven are practicing nurses. They know what the standards are because they live them everyday.”

Recruited by the previous EO on her retirement, Esquibel came to better know the inner workings of the BON through her doctoral work of RN perceptions of working with chemically impaired colleagues. She reached out to the MSBON for help with publicly available data she could use. She then served on the [Medical Professionals Health Program Advisory Committee](#); the state’s substance use monitoring program. The MSBON is a small, but resolute team of professionals who all wear many hats. In addition to her EO duties, Esquibel also serves as the education consultant but admits that more than 50% of her time is taken up by complaints and investigations.

[Complaints about a nurse](#) can be submitted by patients, employers, colleagues or the public. The BON reviews the

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complaint to assess whether it falls within its authority and has sufficient information to move forward. BONs do not investigate cases related to labor disputes, interpersonal conflicts or fee or billing issues; they are only concerned when there is an alleged violation of the state’s nurse practice act.

If determined to be valid, the BON investigates by collecting evidence, interviewing witnesses and reviewing records. Based on the findings, the board may hold hearings where the nurse can respond. If a violation is confirmed, disciplinary actions—ranging from reprimands to license revocation—may be applied. Final outcomes are then reported to national databases, employers and other regulatory bodies.

First and foremost, in all BON proceedings is that the public trust in nursing be upheld by holding nurses accountable for their actions.

This process is designed to ensure that nurses receive fair and just due process without compromising public protection. The ultimate goal is not to punish but to practice “right-touch regulation,” which emphasizes fairness, proportionality, transparency and learning.

The desired outcome of these actions is that when appropriate, nurses receive remediation and correction which may include mandated continuing education, supervision and practice restrictions or rehabilitation so that they might someday safely return to practice. In the most extreme cases a license may be removed for a set period of time or revoked permanently.

To assist nurses struggling with substance use disorders or mental health issues many BONs offer alternative to discipline programs. These confidential, intensive monitoring programs protect the public by pulling the nurse from practice until they are safe, while supporting their recovery without a public disciplinary record. BONs make this investment because they acknowledge that these disorders and issues are diseases that need to be dealt with, but without threatening the safety of the public. The ultimate goal would be for these nurses

to return to practice when they are safe to do so.

Both Esquibel and Ridenour emphasize the importance of these decisions. Protecting the public is not just a clever slogan or abstract jargon, it’s a profound mission. Complex cases weigh a nurse’s livelihood and career against the physical safety of every future patient they might encounter.

“The internal angst that accompanies a license revocation or suspension is heavy. We know the sacrifices it takes to become a nurse, but we must remain fiercely loyal to the patient’s vulnerability,” Ridenour notes.

Neither the nursing population nor the public at large truly grasp that the BONs exist to protect the public health, safety and welfare -- and not nurses.

“We are not a barrier, we are a protection,” Esquibel remarks. “Everyone seems to get that wrong, even some of the legislators. We aren’t here to punish nurses. We afford them due process, and these decisions are not made lightly.”

“Executive officers have simply elevated our scope of practice from healing the individual patient to safeguarding the population at large.”  
— Joey Ridenour

“We are not a barrier, we are a protection. Everyone seems to get that wrong, even some of the legislators. We aren’t here to punish nurses. We afford them due process, and these decisions are not made lightly.”  
— Kim Esquibel



“Nursing licensure is not a right, it’s a privilege,” Ridenour adds.

Beyond their responsibilities surrounding discipline, EOs also need to be keenly aware of the health care landscape. The rapidly evolving health care environment with the growing influence of AI, telehealth expansion and ongoing workforce shortages and maldistribution of nurses requires them to prudently advise lawmakers to update regulations to maintain public safety through a modernized and effective statutory framework. They work to better educate the public, nurses, nursing students and policymakers about their mission, stressing that their paramount goal is public protection.

BONs are often hamstrung between expectations of the public and legislators to “fast track” nurses into the workforce and what their actual authority is regarding alleviating nursing shortages. For example, while boards approve education programs they cannot create new nursing student slots or fund needed faculty positions.

BONs monitor issues affecting the workforce, but shortages and maldistribution of nurses driven primarily by retirements, burnout, and issues with staffing levels, salaries, benefits and working conditions are beyond their control.

Public protection remains their priority. Even during workforce shortages, BONs cannot lower licensure standards, eliminate competency

requirements or license unqualified individuals. Their obligation is to ensure safe patient care.

Both EOs say that one of the things they stress with nursing students is that BONs have made a commitment to them by working to ensure that their nursing programs have prepared them for practice. They also emphasize the students’ responsibility in knowing the nurse practice act in their state or jurisdiction and to be mindful these acts vary across the country. They highlight the national NCSBN Nursys® database that interconnects all BONs and actively flags disciplinary actions across state lines preventing unsafe practitioners from moving to a new state to avoid disciplinary actions.

For almost a quarter of a century, the public has repeatedly ranked nurses as the most trusted profession in the U.S. That trust has been earned at the bedside, in healthcare facilities, in schools and scores of other settings by safe and competent nurses that have been vetted by BONs.

Regulation can be poetically described as “the air we breathe” something so ubiquitous, that we hardly even think about but underpins almost every aspect of our lives. The public may not see these safeguards, but they exist to shield them from harm. BONs have an unspoken contract with the public to uphold their trust in nursing by dedicating their entire focus to that mission. 🌍

# Your Voice Matters

## The 2026 National Nursing Workforce Survey is Underway!

Nurses across the country will be selected at random to participate in the survey. Those nurses who complete the survey will help us keep vital workforce issues at the forefront.

Every two years, NCSBN partners with the National Forum of State Nursing Workforce Centers to conduct the only national-level survey specifically focused on the U.S. nursing workforce. The [National Nursing Workforce Survey](#) generates information on the supply of nurses, which is critical to workforce planning and to ensure a safe and effective healthcare system.

“Since the onset of the COVID-19 pandemic, the nursing workforce has exhibited significant volatility, initially marred by heightened workplace burnout, increased workloads and an elevated intent to leave,” says Brendan Martin, PhD, NCSBN Research, Director. “Our 2024 survey results offered cautious glimmers of hope, as emotional exhaustion levels moderated and more experienced nurses returning to the workforce suggested greater stability. Now as we look to the 2026 survey cycle, it is critical to understand whether efforts to build on that momentum to ensure the health, safety and well-being of the American public have been successful.”

### About the 2026 Survey:

- **When:** April–September 2026.
- **Who:** A nationally representative sample of licensed registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) from across the U.S.
- **How:** Surveys will be sent via email and U.S. mail. Responses returned via mail or survey platform.
- **Why:** If you're randomly selected to participate, it is critically important for you to respond since you are representing many of your colleagues.
- **Results:** Aggregated responses will comprise the national nursing workforce dataset. Responses will be analyzed by NCSBN and the National Forum and will be published in the *Journal of Nursing Regulation*.

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**Survey Impacts:**

NCSBN's [2022 National Nursing Workforce Survey](#) raised a new level of awareness of issues essential to nursing, and nurses' concerns. Amid the emergency phase of the COVID-19 pandemic, the nursing workforce underwent a dramatic shift due to burnout, rising workloads, and the loss of hundreds of thousands of experienced RNs and LPNs/LVNs. The 2022 survey found that almost 1 million nurses indicated an intent to leave the profession by 2027.

Nurses' input in the [2024 National Nursing Workforce Survey](#) showed that the workforce had exhibited greater stability and confirmed progress in diversifying and increasing the educational attainment of the nursing workforce. Increased demand for nursing services likely also contributed to notable increases in RN and LPN/LVN salaries.

Despite moderate reductions in the levels of emotional distress and burnout nurses reported during the pandemic, large proportions of the RN (40%) and LPN/LVN (41%) workforces still reported plans to leave the profession within five years. These parallel findings may have been indicative of two factors that could influence the composition of the nursing workforce in the years to come. First, while hospitals continued to

prioritize investments in mental health and other support services for nurses since the pandemic, structural issues such as short staffing and the accompanying high workloads that predated the pandemic still remained, and represented a potential long-term threat to the stability of nurses not eligible for retirement. Second, the re-entry of more experienced nurses to the workforce, while unquestionably an immediate and short-term net benefit, may have represented a more temporary phenomenon depending on their revised retirement timelines.

Regardless, elevated intent to leave, while more informative than predictive, remained a primary concern moving forward as retirements coupled with experiences of stress and burnout were consistently reported as core reasons for nurses who left the workforce in the prior four years. Continued efforts to retain more experienced nurses and otherwise address longstanding factors associated with nurses' premature intent to leave, such as burnout, insufficient staffing, and high workloads, were identified as necessary to ensure sustainable workforce planning moving forward.

**For more information about the 2026 National Nursing Workforce Survey visit [ncsbn.org/workforce](https://ncsbn.org/workforce).** 

**Learn more about the outcomes from previous National Nursing Workforce Surveys**

[Learn More](#)



**NLC LEGAL FORUM**  
A Virtual Conference Series

**Explore Key NLC-related Legal Issues**

Choose from Free Online Sessions in July 2026



Join experts to explore key legal issues that relate to the Nurse Licensure Compact (NLC). While the sessions are geared toward attorneys and investigators, participation is open to all board of nursing staff in all states. CLE credits for board attorneys and CE credits for nurses will be offered.

Once you register, you can select the sessions you would like to attend. Attendees will receive emailed calendar invitations for the sessions, which will be hosted on Microsoft Teams. This conference series is only open to NCSBN U.S. members, associate members and exam user members. The deadline to register is the Friday before each session date.

**July 9 | 2:00 - 2:30 pm CT**

Getting Clear on "Agreed Disposition" and Eligibility for a Multistate License

**July 16 | 2:00 - 3:00 pm CT**

Compact Briefs: Unraveling Some of the Most Misunderstood NLC Topics

**July 23 | 2:00 - 2:30 pm CT**

Trending: Clean Slate Laws (and How the Multistate License May be Impacted)

**Register for one or more today!**

# News & Notes



## King Named Interim Dean at Vincennes University College of Health Sciences and Human Performance

Jason King, DNP, RN, CENP, CLNC, FAONL, has been named interim dean of the College of Health Sciences and Human Performance at Vincennes University. King currently serves as president of the [Indiana State Board of Nursing](#), where he leads efforts to advance regulatory excellence and public protection.

In his new academic role, King will oversee programs that prepare the next generation of health care professionals, with a focus on academic quality, workforce readiness and community engagement. His combined experience in nursing leadership, education and regulation positions him to strengthen collaboration between academic institutions and regulatory bodies.

King's appointment reflects his ongoing commitment to advancing nursing practice, supporting student success and addressing evolving health care needs across Indiana.



## Newfoundland & Labrador College of Nurses Officially Established

On April 15, 2026, the [Newfoundland & Labrador College of Nurses](#) (NL College of Nurses) was officially established as the regulatory body for nursing in Newfoundland and Labrador.

This milestone marks the coming together of the former College of Registered Nurses of Newfoundland and Labrador (CRNNL) and the former College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) into a single, unified regulator. The creation of the NL College of Nurses reflects a continued commitment to modern,

consistent and effective regulation in the public interest.

As the regulator for registered nurses (RNs), nurse practitioners (NPs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs), the College is responsible for setting standards for education and practice, supporting ongoing competence and addressing concerns related to professional conduct. This integrated model strengthens its ability to serve and protect the public while supporting a coordinated approach to nursing regulation.

This is a significant moment for nursing regulation in Newfoundland and Labrador. The College is proud of the work that has brought it to this point and optimistic about the opportunities ahead.



## Bucher Receives Statewide Nurse Practitioner Award

In February, Donald H. Bucher, DNP, CRNP, vice chair, [Pennsylvania State Board of Nursing](#), received the 2026 American Association of Nurse Practitioners (AANP) State Award for Outstanding Contributions for Pennsylvania. The award honors nurse practitioners who have significantly advanced healthcare through clinical practice, education, advocacy, research and leadership. Bucher is vice chair of advanced practice in the Department of Medicine at Penn State Health Milton S. Hershey Medical Center and an assistant professor at Penn State College of Medicine.

"Today February 26, 2026, we proudly proclaimed it Donald H. Bucher Day in Dauphin County in honor of his 2026 American Association of Nurse Practitioners State Award for Outstanding Contributions for Pennsylvania," said Dauphin County Commissioner Justin Douglas. "This recognition reflects more than a decade of clinical excellence, leadership, and advocacy that has strengthened health care across our Commonwealth. We are grateful for Donald's compassionate care for his patients and his

commitment to expanding access to high-quality, equitable health care. Dauphin County is better because of his work, and we are proud to celebrate him in this way."

Bucher will be recognized during the Salute to the States Award Ceremony at the AANP National Conference in June in Las Vegas. 🌟



**Pictured above:** Dauphin County Commissioner Justin Douglas congratulates Donald H. Bucher for receiving the 2026 American Association of Nurse Practitioners State Award for Outstanding Contributions for Pennsylvania.

News & Notes highlights NCSBN Member achievements and updates as well as individual leadership and staff accomplishments.



## Have news to share?

Send your News & Notes submissions via [email](#).



# Your Research Can Lead to Better Nursing

The **NCSBN Grant Program** provides funding for scientific research projects that advance the science of nursing regulation.

Investigators may apply for **grants up to \$300,000**. All projects must be completed within 24 months following the project start date.

**DEADLINE: OCT. 2, 2026**

**APPLY TODAY**

[NCSBN.ORG/GRANT](https://www.ncsbn.org/grant)





## Speed Round

Get to know NCSBN staff:

### Fabio Brienza, CAPM

Customer Experience Specialist I, Customer Experience (CX)

#### What do you do at NCSBN?

I work as a CX Specialist, supporting a wide range of stakeholders across NCSBN programs, including boards of nursing, institutions, licensed nurses and NCLEX candidates, as well as other NCSBN departments. My role often involves coordinating across departments to resolve complex issues, ensure data integrity and drive workflow improvements and overall efficiency. Within CX, we operate as a unified team leveraging cross-functional collaboration and versatile roles to deliver high-quality, streamlined customer experiences. A core strength I bring is my ability to identify solutions by analyzing root causes, navigating ambiguity and implementing improvements that enhance both the stakeholder experience and our internal processes. I contribute to CX by developing and refining training materials, SOPs and operational artifacts, and by actively training team members to support knowledge sharing, consistency and scalability across the team. In addition, I helped build and now help maintain the NCSBN Help Center, NCSBN's centralized knowledge base, and I contributed to the development of the NCSBN AI initiative by supporting requirements, design, build and UAT testing for the AI bot, which is now live and actively supporting NCSBN products and services. These initiatives are aimed at expanding information accessibility, optimizing operational efficiency and elevating the customer experience on a broad scale. I'm also an active member of the Employee Recognition Team (ERT), where I help advance initiatives that drive employee engagement and celebrate contributions across the organization.

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

The most rewarding aspect of my role is knowing that our work directly supports nursing regulation and public safety. Even small improvements can have a meaningful impact, which makes the work especially purposeful. Cross-department collaboration is important to me because it's how we align priorities, manage dependencies and deliver outcomes. CX operates at the center of many moving parts, and working closely with different teams allows us to solve complex problems and continuously learn from one another. The most challenging aspect is navigating situations where multiple systems, teams and priorities intersect. These moments require strong communication, adaptability and the ability to bring structure to ambiguity. At the same time, they highlight the strength of the CX team: we operate cross-functionally, partner closely with other departments and work in a coordinated, solutions-oriented way to move complex issues forward effectively.

#### If you weren't working at NCSBN, what would your dream job be?

My ideal next step would be to transition into a role within the Project Management Office (PMO) at NCSBN. I'm especially interested in building on my experience in cross-functional coordination, process improvement and stakeholder management in a more formal project management capacity. I enjoy bringing structure to complex initiatives, aligning teams and driving projects from idea to execution by aligning scope, timelines, and stakeholders. Being able to continue doing that within NCSBN, whose mission I strongly believe in, would be an exciting and meaningful next step. 🌟

NOW AVAILABLE

## Special Collection: Substance Use Disorder Spotlight

*The Journal of Nursing Regulation (JNR)* Substance Use Disorder Spotlight is a special collection of recent articles from NCSBN's quarterly, peer-reviewed, academic and professional journal. These curated articles are accessible to anyone interested in learning more about effective approaches for nurses experiencing SUD while enacting nursing's mandate to protect the public.

Available **free of charge** through **Dec. 31, 2026.**

Read the Collection Today

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# EVIDENCE IN ACTION

NCSBN ANNUAL MEETING  
AUG. 19-21, 2026 | CHICAGO

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